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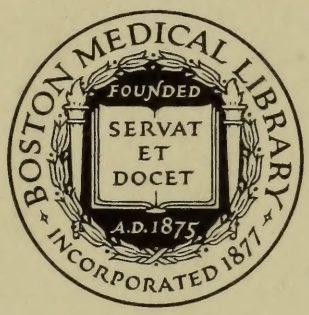

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AUGUST, 1834.

Believing that a code of Medical Ethics is much required in our country, we think that, by commencing our Journal with the following extracts from Percival's Medical Ethics and the useful commentaries of the last London editor, together with a few select passages from the system adopted by the New York State Medical Society, we shall at least be advancing one step towards eradicating the abuses so disgraceful to the profession of medicine. They will also stand as beacons to guide us in our editorial duties, which we will endeavor to fulfil to the best of our abilities. In doing this, should our Lancet occasionally cut rather severely, however unpleasant it may be, still our aim will be to deal out *even handed justice* without respect to persons, in guarding the equal rights of the Medical Profession.—Eds.

"One of Dr. Percival's last and best works," observes his biographer, "is a code of institutes and precepts, for the professional conduct of physicians and surgeons, entitled '*Medical Ethics*;' in which he has drawn a portrait of himself, by tracing with his own hand, what sort of character a physician ought to be." He deemed that "the study of professional Ethics," as in his dedication, he informs his son, "could not fail to invigorate and enlarge the understanding; whilst the observance of the duties which they enjoin, would soften the manners, expand the affections, and form the individual to that propriety and dignity of conduct which are essential to the character of a gentleman."

A pleasing account of this amiable and excellent man, is given in the Edinburgh Medical and Surgical Journal of 1808. From this we gather, that having settled in Manchester, in 1767, he rose to great eminence in his profession; and his merit was not lost in the vastness of the circle of his employment, a situation, in which many practitioners are placed; on the contrary, "he found," in the field of his exertions, "sufficient opportunities for the display of his talents as a physician, as a moralist, and as a public character." In the intervals of professional engagements, he was employed in philosophical and experimental inquiries, the results of which were published in periodical works; "for it was not then the fashion to make a volume, with what was barely sufficient to fill one chapter."*

To the young, and men of *intellectual character* we look, to afford aid, by the propagation of this work, among their friends and patients, to assist in weeding out those more noxious, but climbing things, which only encumber the ground, and choke the growth and vitality of "scions of a gentler stock."

The stream of true merit, like that of true love, perhaps, never did run smooth; but if something is effected, in these times, when it would appear to be of no price or value, that it may not be entirely "despised and rejected of men;" these pages will have compassed their purpose. To use the words of Dr. Venner, whose strain was similar to our own, "what we have written, touching the ill carriage of some physicians, doth nothing concern the worthy professors of that noble faculty; nor any thing derogate from the respect and rewards which they well deserve; but it toucheth them that disgrace the faculty and make their patient's purse the sole object or intention, and by fraudulent ways, cheat, and delude them; which true, worthy, and conscientious physicians abhor and detest."

* What an improvement has been made in the "Art of book-making" since the days of Percival. Now it is quite "the fashion to make a volume, the common sense of which might be described on the margin of their works;" "if such writers had signalized their failings, and placed beacons on the rocks where the wrecks were made, they might have been guides for posterity." We trust that future medical writers will not follow this error of their predecessors. Eds.

Our labors may be condemned by some of those hypocritical and sycophantic persons, who, to serve their own interest with all parties, exclaiming "Nefas Corrigere!" wink at the practises developed in the following pages. The fearless examples of Dr. Gregory, in his Duties and Qualifications of Physicians;* of Joseph Frank, of Vienna, in his Popular Instructions, for the knowledge and choice of a Physician, to vindicate our steps.

From the Introduction to the last edition of Percival's Medical Ethics.

ART. I.—*Extracts from the last edition of Percival's Medical Ethics, with the Editor's Commentaries, &c.*

EVERY case, committed to the charge of a physician or surgeon, should be treated with attention, steadiness, and humanity: reasonable indulgence should be granted to the mental imbecility and caprices of the sick; secrecy, and delicacy when required by peculiar circumstances, should be strictly observed. And the familiar and confidential intercourse, to which the faculty are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor.

2. The strictest *temperance* should be deemed incumbent on the faculty; as the practice both of physic and surgery at all times requires the exercise of a clear and vigorous understanding; and on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head, may be essential to the well being, and even to the life, of a fellow creature.

3. A physician should not be forward to make gloomy prognostications; *because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease.* But he should not fail, on proper occasions, to give to the friends of the patient, *timely notice of danger*, when it really occurs, *and even to the patient himself, if absolutely necessary.* This office, however, is so peculiarly alarming, when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick, that by such cordials to the drooping spirit, he may smooth the bed of death; revive expiring life; and counteract the depressing influence of those maladies, which rob the philosopher of fortitude, and the Christian of consolation.

4. *Officious interference, in a case under the charge of another, should be carefully avoided. No meddling inquiries should be made concerning the patient; no unnecessary hints given, relative to the nature or treatment of his disorder; nor any selfish conduct pursued, that may directly or indirectly tend to diminish the trust reposed in the physician or surgeon employed.* Yet though the character of a professional busy-body, whether from thoughtlessness or craft, is highly reprehensible, there are occasions which not only justify but require a spirited interposition. *When artful ignorance grossly imposes on credulity; when neglect puts to hazard an important life; or rashness threatens it with still more imminent danger; a medical neighbor, friend, or relative, apprised of such facts, will justly regard his interference as a duty. But he ought to be careful, that the information on which he acts, is well founded; that his motives are pure and honorable; and that his judgment of the measures pursued is built on experience and practical knowledge, not on speculative or theoretical differences of opinion.* The particular circumstances of the case will suggest the most proper mode of conduct. In general, however, a personal and confidential application to the gentlemen of the faculty concerned, should be the first step taken, and afterwards, if necessary, the transaction may be communicated to the patient or to his family.

5. When a physician or surgeon is called to a patient, who has been before under the care of another gentleman of the faculty, a *consultation with him should be even proposed, though he may have discontinued his visits;* his practice also, should be treated *with candor, and justified, so far as probity and truth will permit.* For the *want of success* in the primary treatment of a case is *no* impeachment of *professional skill or knowledge;* and it often serves to throw light on the nature of a disease, and to suggest to the subsequent practitioner more appropriate means of relief. Thus Percival.

As respects competitors, the despotic influence of public opinion, of fashion, and imitation, and the idea of superior security with abilities, which, whether greater or less, have been tried most, and known longest, excite decisive prepossessions. Of those of whom we think nothing, the "whistling of a name,' will cause thousands to think highly; two thirds of mankind neither can, nor will estimate medical capacity, by any other test than notoriety. What is well done by unknown talent, according to common prejudice, must be done better by a man with a name. From the one, the world will bolt at a straw; from the other it will swallow a camel. With public confidence, neglect and even homicide are as wrongfully acquitted, as without it, inadvertency is wrongfully cast.

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* The editor to that work, thus describes the intentions of Dr. Gregory's animadversions. "Whatever opposition this part of the work may meet with, from *those* who find *their own foibles, or rather vices, censured with a just severity*, the ingenuous part of mankind, however, will not fail in bestowing that degree of applause, so justly due to its merit. At present, there seems to be a general disposition in mankind, to expose to their *deserved contempt, those quackish, low, and illiberal artifices, which have too long disgraced the profession of medicine.* It is therefore hoped, that the general spirit of the work, will have a remarkable tendency to *promote this laudable end; and that it will excite men of influence and of abilities, to exert themselves in crushing that arrogance*, which hath frequently served to *cover* the *ignorance* of many practisers of medicine, by means of which alone, they *acquire such a share of practice, as they are by no means entitled to.*" p. v. Introduction.

An error of practice may be imagined by a patient, and a rival summoned. Dissembling courtesy may have marked his behaviour to his younger opponent, whilst the jealous malice of the most jealous of professions, rankled in his heart. Occasion to stab home an infant reputation, is full in his power; the secret disposition of the heart, swells the temptation; acknowledged precedence re-inforces the blow; and nothing is left to the malevolence of a little soul but to select, for its weapons, the subtle poison of a hint, or the overwhelming imputation of overcharged error. Here an extreme case is supposed, and extreme measures must meet it. To flinch in silence, is to fall. Open inquiry, if possible, must be compelled, and the parties and the profession, be made to see the whole truth. Medicine abounds in contradictory views of theory and practice; alike in unsoundness and uncertainty; and no difference of opinion, unless where error is of gross and palpable ill consequence, can justify the ruin of a rising reputation. In regard to the petty censoriousness and invidious sentiment of rivals, which always keep pace with success, wisdom returns not bolt for bolt, nor arrow for arrow. The curst fox thrives most, and the mastiff disregards the hisses of the goose.

The malevolence of rivals is seldom so fatal, as the virulence of patients themselves. How great soever may be the pretentions of the young practiser, it often happens to wound his spirits, or hurt his best interests, especially in fashionable circles, that egotism and presumptuous conceit, lavish on him cruelty, injustice, and falsehood, for such inadvertencies or want of success, as in the nature of things, must occur. There is a class of wretches, of callous feelings and bitter asperity of dispositions, whose understandings, if the gifts of fortune add nothing else, they bring at least the confidence of infallibility in their own conjectures. Did their sinister reflections never extend beyond themselves, it were of little account; but they often influence numbers, whose deficiencies render them equally incapable of discerning truth, and delighted to hear themselves talk. By a coterie of Jesabels, "the reputation of a respectable physician is frequently hunted away with the same deliberate coolness, with which Domitian would impale a fly, or an old dowager whisper away the honor of a fashionable beauty."* It is well for the young to feel, that they will be placed in those situations, from which neither superior mental powers, nor any other thing than long years of established practice will shield them. But justice requires it to be said, that in high life, the reverse of this conduct is exhibited by *real* good breading, which, in its turn, softens the smart.

To meet such obstacles requires discretion. A temper quickly ignited by the embarrassments of practice, or follies of patients, impairs the judgment and induces gross improprieties of behavior.

* Edinburgh Medical and Surgical Journal, No. LXXXI.

Next, as pre-eminent qualities, humanity and sympathy, with firmness and composure, win the confidence and affection of patients, and minister to their relief. Pity without weakness, and the blending of the friend and physician, forms a character above all price. Whatever falsehood and malignity may insinuate, these qualities, "so far from being inconsistent with intellectual vigor, are its usual attendants." "On the other hand, rough blustering manners mostly accompany a weak understanding and dastardly soul, and are indeed frequently affected to conceal those infirmities."

"Physicians, considered as a body of men, who live by medicine as a profession, have an interest separate and distinct from that of their art. In pursuit of this interest some have acted with candor, with honor, and with the ingenuous and liberal manners of gentlemen. Conscious of their own worth, they disdained all artificial colorings, and depended for success on their real merit. *But such men are not the most numerous in any profession.* Some impelled by necessity, some stimulated by vanity, and others anxious to conceal conscious ignorance, *have had recourse to various mean and unworthy arts* to raise their importance among *the ignorant, who are always the most numerous part of mankind.*"*

6. *Consultations* should be *promoted*, in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice. On such occasions no rivalship or jealousy should be indulged: candor, probity, and all due respect should be exercised towards the physician or surgeon first engaged; and as he may be presumed to be best acquainted with the patient and with his family, he should deliver all the medical directions agreed upon, though he may not have precedency in seniority or rank. It should be the province, however, of the senior physician, first to propose the necessary questions to the sick, but without excluding his associate from the privilege of making farther inquiries, to satisfy himself, or to elucidate the case.

7. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of another physician or surgeon might be objectionable to the patient, the gentleman of the faculty, whose assistance is required, in such cases, should pay only two or three visits; and sedulously guard against all future unsolicited interference. For this consultation a double gratuity may reasonably be expected from the patient, as it will be found to require an extraordinary portion both of time and attention.

In medical practice, it is not an unfrequent occurrence, that a physician is hastily summoned, through the anxiety of the family, or the solicitation of friends, to visit a patient, who is under the regular direction of another physician, to whom notice of this call has not been given. Under such circumstances, no change in the treatment of the sick person should be made, till a previous consultation

* Id. p. 3.

with the stated physician has taken place, unless the lateness of the hour precludes meeting, or the symptoms of the case are too pressing to admit of delay. Thus Percival.

In the Statutes of Morality, of the London College of Physicians, a Second Physician was enjoined not to cause the rejection of the First, nor attempt innovation, and in all cases to inquire whether any physician had previously prescribed, under a penalty of £1. Ed.

8. *Theoretical discussions* should be avoided in consultations, as occasioning perplexity and loss of time. For there may be much diversity of opinion, concerning speculative points, with perfect agreement in those modes of practice, which are founded not on hypothesis, but on experience and observation.

9. A regular *academical education* furnishes the only presumptive evidence of professional ability, and is so honorable and beneficial, that it gives a just claim to preeminence among physicians, in proportion to the degree in which it has been enjoyed and improved: *Yet, as it is not indispensably necessary to the attainment of knowledge, skill, and experience, they who have really acquired, in a competent measure, such qualifications, without its advantages, should not be fastidiously excluded from the privileges of fellowship.* In consultations, especially, as the good of the patient is the sole object in view, and is often dependant on personal confidence, the aid of an intelligent practitioner ought to be received with candor and politeness, and his advice adopted, if agreeable to sound judgment and truth. Thus Percival.

Academical Education. An author remarks, that "some enamored of collegiate distinctions, will become regular practitioners; others founding their choice on their own observations, and their real or supposed knowledge of human nature, will prefer being irregular."* Irregularity may be a matter of necessity, but never of choice; for none, who value their own peace, or who have known the precarious nature and bitter experience of reliance on their mental powers alone, would voluntarily be without distinctions; which have never been so difficult to be obtained, but that fools have been found in possession of them, who had time and money to bestow.

Where society is in an artificial state, distinctions of forms and names are more esteemed than the highest mental qualifications, and often, without farther labor or merit, smooth the way to appointments and patronage, which the utmost excellence of intellectual character cannot acquire without them.

"Nothing, in my opinion," observes Dr. Gregory, "can justify any physician from refusing to consult with another, when he is required to do so. If he is conscious he cannot behave with temper, and that his passions are so rankled as to impair his judgment, he may, and ought to refuse it. But such circumstances, as the place where the person he is to consult with had his degree, or, indeed, whether he had a degree from any place or not, cannot justify his refusal. This, it may be said, is sacrificing the dignity and interests of the faculty. But I am not here speaking of the private policy of a corporation, or the little arts of a craft. I am speaking of the duties of a liberal profession, whose object is the life and health of the human species, to be exercised by gentlemen of honor and ingenuous manners. The dignity of such a profession, can never be supported by means that are inconsistent with its ultimate object; and that can only tend to swell the pride, and fill the pockets of a few individuals."

"But if there is no mutual confidence; if opinions are regarded not according to their intrinsic merit, but according to the person from whom they proceed; or if there is reason to believe, that proposals delivered with openness, are to be whispered abroad, and misrepresented to the public, without regard to the obligations of honor and secrecy; and, if in consequence of this, a physician is singly to be made responsible for the effects of his advice, he is justified in refusing to consult with another."*

Dover, speaking of the Fellows of the London College of Physicians, says, in his Legacy, with much truth, "I would caution many people against one thing; which is, not to take every graduate for a physician, nor a clan of prejudiced gentlemen, for oracles." When artificial distinctions are insisted upon with loud boasts, and odious comparisons and illiberalities, it may be justly suspected, that degrees are the last refuge of those whose understandings can provide them with nothing better to depend upon.

10. *Punctuality* should be observed in the visits of the faculty, when they are to hold consultation together. But as this may not always be practicable, the physician or surgeon, who first arrives at the place of appointment, should wait five minutes for his associate, before his introduction to the patient, that the unnecessary repetition of questions may be avoided: no visits should be made but in concert, or by mutual agreement: no statement or discussion of the case should take place before the patient or his friends, except in the presence of each of the attending gentlemen of the faculty, and by common consent: and no *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

11. *Visits* to the sick should not be *unseasonably repeated;* because, when too frequent, they tend to diminish the authority of the physician, to produce instability in his practice, and to give rise to such occasional indulgences, as are subversive of all medical regimen.

Sir William Temple has asserted, that "an honest physician is excused for leaving his patient, when he finds the disease growing desperate, and can, by his attendance, expect only to receive his fees, without any hopes or

* Essay on Medical Reform, p. 45

* See Gregory, pp. 38, 39.

appearance of deserving them." But this allegation is not well founded: for the offices of a physician may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady; by obviating despair, by alleviating pain, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing, to fanciful delicacy and mistaken liberality, that moral duty which is independent of, and far superior to all pecuniary appreciation.

12. Whenever a physician or surgeon *officiates* for another, who is sick or absent, during any considerable length of time, he should receive the fees accruing from such additional practice: but if this fraternal act be of short duration, it should be gratuitously performed; with an observance always of the utmost delicacy towards the interest and character of the professional gentlemen, previously connected with the family.

13. Some general rule should be adopted by the faculty, in every town, relative to the *pecuniary acknowledgments* of their patients; *and it should be deemed a point of honor to adhere to this rule, with as much steadiness as varying circumstances will admit.* For it is obvious, that *an average fee, as suited to the general rank of patients,* must be an *inadequate* gratuity from the *rich,* who often require attendance not absolutely necessary; and yet *too large* to be expected from that *class* of citizens, who would feel a reluctance in calling for assistance, without making some decent and satisfactory retribution.

But in consideration of fees, let it ever be remembered, that though mean ones from the affluent are both unjust and degrading, yet the characteristical beneficence of the profession is inconsistent with *sordid* views, and *avaricious* rapacity. To a young physician, it is of great importance to have clear and definite ideas of the ends of his profession; of the means for their attainment; and of the comparative value and dignity of each. Wealth, rank, and independence, with all the benefits resulting from them, are the primary ends which he holds in view; and they are interesting, wise, and laudable. But knowledge, benevolence, and active virtue, the means to be adopted in their acquisition, are of still higher estimation. And he has the privilege and felicity of practising an art, even more intrinsically excellent in its mediate than in its ultimate objects. The former, therefore, have a claim to uniform pre-eminence.

14. All members of the profession, together with their wives and children, should be attended *gratuitously* by any one or more of the faculty, residing near them, whose assistance may be required.

15. When a physician attends the wife or child of a member of the faculty, or any person very nearly connected with him, he should manifest peculiar attention to his opinions, and tenderness even to his prejudices. For the dear and important interests which the one has at stake, supersede every consideration of rank or seniority in the other; since the mind of a husband, a father, or a friend, may receive a deep and lasting wound, if the disease terminate fatally, from the adoption of means he could not approve, or the rejection of those he wished to be tried. Under such delicate circumstances, however, a conscientious physician, will not lightly sacrifice his judgment; but will urge, with proper confidence, the measures he deems to be expedient, before he leaves the final decision concerning them to his more responsible coadjutor.

16. Clergymen, who experience the *res augustæ domi,* should be visited gratuitously by the faculty. And this exemption should be an acknowledged general rule, that the feeling of individual obligation may be rendered less oppressive. But such of the clergy as are qualified, either from their stipends or fortunes, to make a reasonable remuneration for medical attendance, are not more privileged than any other order of patients. Military or naval subaltern officers, in narrow circumstances, are also proper objects of professional liberality.

17. As the first *consultation* by *letter* imposes much more trouble and attention than a personal visit, it is reasonable, on such an occasion, to expect a gratuity of double the usual amount. And this has long been the established practice of many respectable physicians. But a subsequent epistolary correspondence on the further treatment of the same disorder, may justly be regarded in the light of ordinary attendance, and may be compensated, as such, according to the circumstances of the case, or of the patient.

18. Physicians and surgeons are occasionally requested to furnish certificates, justifying the absence of persons who hold situations of honor and trust in the army, the navy, or the civil departments of goverment. These testimonials, unless under particular circumstances, should be considered as acts due to the public, and therefore not to be compensated by any gratuity. But they should never be given without an accurate and faithful scrutiny into the case; that truth and probity may not be violated, nor the good of the community injured, by the unjust pretences of its servants. The same conduct is to be observed by medical practitioners, when they are solicited to furnish apologies for non-attendance on juries. No fear of giving umbrage, no view to present or future emolument, nor any motives of friendship, should incite to a false, or even a dubious declaration. For the general weal requires that every individual, who is properly qualified, should deem himself obliged to execute, when legally called upon, the juridical and municipal employments of the body politic. And to be accessory, by untruth or prevarication, to the evasion of this duty, is at once a high misdemeanor against social order, and a breach of moral and professional honor.

19. The use of *quack medicines* should be discouraged by the faculty, as disgraceful

to the profession, injurious to health, and often destructive even of life. Patients, however, under lingering disorders, are sometimes obstinately bent on having recourse to such as they see advertised, or hear recommended, with a boldness and confidence which no intelligent physician dares to adopt, with respect to the means that he prescribes. In these cases, some indulgence seems to be required, to a credulity that is insurmountable. And the patient should neither incur the displeasure of the physician, nor be entirely deserted by him. He may be apprized of the fallacy of his expections, whilst assured, at the same time, that diligent attention should be paid to the process of the experiment he is so unadvisedly making on himself, and the consequent mischiefs, if any, obviated as timely as possible. Certain active preparations, the nature, composition, and effects of which, are known, ought not to be prescribed as quack medicines. Thus Percival.

Curemongers. In an old pamphlet, entitled "When a man's name is up, he may lie a-bed, or the Grand Quack;" the writer says, "we frequently see some enterprising spirits start up, who live merely by imposing on the public. I have heard of a couple of extravagant fellows, who, having spent their patrimony, consulted how to subsist for the future. One proposed the highway; but that was objected to as dangerous. They, therefore, concluded to pitch upon some trade, where ignorance could not be easily discovered; for it would be easier to set up for a statesman, than a tailor. But as being made a minister depended on the favor of others, they sought to find out something that might depend on themselves; and as law and physic were professions, which required but little stock, they fixed upon these. This being agreed upon, they drew lots, and one was dubbed a counsellor, and the other a doctor. In the course of their practice, one ruined his clients, the other killed his patients; yet both grew eminent, rolled in their coaches, and left great estates."

I will give you a true character, whereby you may plainly know and discern a mountebank-like cheating physician. *He is of an insinuating disposition, and very submissive; he basely croucheth,* not only to such as keep houses of receipt, and their servants, but also most disgracefully to the hostlers and tapsters, chamberlains, &c., and for this only end, *to be commended by them to strangers, and extolled for the best physician* in the city. By these commendoes, he gets patients; by his arrogant boastings, and vain promises of cure, large fees in the beginning, and by his clinical and unnecessary observancies, a repute of his great care, and *fees* daily, for this is that money which he hunts after.

You may also discern him by his looking up and down, now here, now there, crouching unto one, insinuating with another, *bragging and vainly boasting of his own worth and skill,* as though Æsculapius were only included in his dishonest pate; and by common report, that you shall hear of the *numerous patients that he hath, and the great fees that he receiveth;* telling you of wonders that he hath done, but all lies."*

20. No physician or surgeon should dispense a secret *nostrum,* whether it be his invention, or exclusive property. For if it be of real efficacy, the concealment of it is inconsistent with beneficence and professional liberality. And if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice.

21. The *Esprit du Corps,* is a principle of action founded in human nature, and when duly regulated, is both rational and laudable. Every man, who enters into a fraternity engages, by a tacit compact, not only to submit to the laws, but to promote the honor and interest of the association, so far as they are consistent with morality, and the general good of mankind. A physician, therefore, should cautiously guard against whatever may injure the general respectability of his profession; and should avoid all contumelious representations of the faculty at large; all general charges against their selfishness or improbity; and the indulgence of an affected jocularity or scepticism, concerning the efficacy and utility of the healing art.

22. As diversity of opinion and opposition of interest may in the medical, as in other professions, sometimes occasion *controversy,* and even *contention;* whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or of surgeons, according to the nature of the dispute; or to the two orders collectively, if belonging both to medicine and surgery. But neither the subject matter of such references, nor the adjudication, should be communicated to the public; as they may be personally injurious to the individuals concerned, and can hardly fail to hurt the general credit of the faculty.

23. A wealthy physician should not give advice *gratis* to the affluent; because it is an injury to his professional brethren. The office of physician can never be supported but as a lucrative one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with, which might justly be claimed.

24. It frequently happens, that a physician, in his incidental communications with the patients of other physicians, or with their friends, may have their cases stated to him in so direct a manner, as not to admit of his declining to pay attention to them. *Under such circumstances, his observations should be delivered with the most delicate propriety and reserve. He should not interfere in the curative plans pursued; and should even recommend a*

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* We could say considerable in relation to physicians of our own country, answering the description just given; but they are so well portrayed that we will at present pass them, with a promise that they shall hear from us, unless they mend their ways.
Ed's.

steady adherence to them, if they appear to merit approbation.

25. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient, who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued, on such an occasion, is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this case, to request an immediate consultation with the practitioner antecedently employed. Thus Percival.

The London College, enjoins their graduates neither by gestures, a forbiding silence, nor any other method, to traduce a previous physician to by-standers, nor to call him "honest good sort of man," but to hold up his character in the same esteem as their own, for the honor and dignity of the profession. *Statuta Moralia.* Ed's.

26. At the close of every interesting and important case, especially when it hath terminated fatally, a physician should trace back, in calm reflection, all the steps which he had taken in the treatment of it. This review of the origin, progress, and conclusion of the malady; of the whole curative plan pursued; and of the particular operation of the several remedies employed, as well as of the doses and periods of time in which they were administered, will furnish the most authentic documents, on which individual experience can be formed. But it is in a moral view that the practice is here recommended, and it should be performed with the most scrupulous impartiality. Let no self-deception be permitted in the retrospect; and if errors, either of omission or commission, are discovered, it behoves that they should be brought fairly and fully to the mental view. Regrets may follow, but criminality will thus be obviated. For good intentions, and the imperfection of human skill, which cannot anticipate the knowledge that events alone disclose, will sufficiently justify what is past, provided the failure be made conscientiously subservient to future wisdom and rectitude in professional conduct.

27. The opportunities, which a physician not unfrequently enjoys, of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. And his councils, or even remonstrances, will give satisfaction, not disgust, if they be conducted with politeness; and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

28. The observance of the sabbath is a duty to which medical men are bound, so far as is compatible with the urgency of the cases under their charge. Visits may often be made with sufficient convenience and benefit, either before the hours of going to church, or during the intervals of public worship. And in many chronic aliments, the sick, together with their attendants, are qualified to participate in the social offices of religion; and should not be induced to forego this important privilege, by the expectation of a call from their physician or surgeon. Thus Percival.

The true Christian, appears "in the hidden man of the *heart*, in that which is not corruptible; even the ornament of a *meek* and *quiet* spirit, which is in the sight of God, of great price," not, to use Moustier's phrase, in the "canaille de celestes," of wily hypocrites and selfish spoilers, who, from worldly ambition and want of talents, to rise by less exceptionable means, connect themselves with the religious enthusiasts, and religious quackery of the day. Of the first order, were Harvey, Sydenham, Arbuthnot, Boerhaave, Stahl, Hoffman, and Haller, who were great and beautiful in their lives, and in their minds unsurpassed. Of the second, are men, who are always making public spectacles of their piety, and exhibiting in the selfishness and inconsistency of their actions, the very reverse of the spirit which they profess.*

Dr. Gregory lays down, that "religion is natural to the human heart," and that there is nothing in medicine, which leads to impiety, but rather to engage the heart on the side of religion, in the afflictive scenes which medical men so often witness, — and that it is barbarous to deprive expiring nature of its last support, by pressing scepticism on the mind; and, lastly, recommends to young physicians, "that religion which teaches us to *enjoy* life with *cheerfulness*, and to resign it with *dignity*."

This excellent man, concludes with these manly and admirable remarks: "men whose minds have been *enlarged by extensive knowledge*, who have been accustomed to *think and reason upon all subjects, with a liberal and generous freedom, are not apt to become bigots to any sect or system whatever.* They can be steady to their own principles, without thinking ill of those who differ from them; but they *are particularly impatient of the authority and control of men, who pretend to lord it over their consciences, and to dictate to them what they are to believe in every article where religion is concerned.* This freedom of spirit, this moderation and charity for those of different sentiments, have frequently been ascribed by narrow-minded people, to secret infidelity, scepticism, or, at least, lukewarmness in religion; while, at the same time, some men, who were sincere and devout Christians, exasperated by such reproaches, have expressed themselves sometimes in an unguarded manner, and thus given their enemies an apparent ground of clamor against them." pp. 58, 9.

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* No one respects *truly religious men* more than ourselves, but we fear that we are not without "religious enthusiasts" among the Medical profession, in the United States. Although we have no wish, yet it may become our duty to call the attention of our readers to this important subject, at some future time. — Ed's.

29. A physician who is advancing in years, yet unconscious of any decay in his faculties, may occasionally experience some change in the wonted confidence of his friends. Patients, who before trusted solely to his care and skill, may now request that he will join in consultation, perhaps with a younger coadjutor. It behoves him to admit this change without dissatisfaction or fastidiousness, regarding it as no mark of disrespect; but as the exercise of a just and reasonable privilege in those by whom he is employed. The junior practitioner may well be supposed to have more ardor than he possesses, in the treatment of diseases; to be bolder in the exhibition of new medicines; and disposed to administer old ones, in doses of greater efficacy. And this union of enterprise with caution, and of fervor with coolness, may promote the successful management of a difficult and protracted case. Let the medical parties, therefore, be studious to conduct themselves towards each other, with candor and impartiality; co-operating, by mutual concessions, in the benevolent discharge of professional duty.

30. The commencement of that period of senescence, when it becomes incumbent on a physician to decline the offices of his profession, it is not easy to ascertain; and the decision on so nice a point must be left to the moral discretion of the individual. For, one grown old in the useful and honorable exercise of the healing art, may continue to enjoy, and justly to enjoy, the unabated confidence of the public. And whilst exempt, in a considerable degree, from the privations and infirmities of age, he is under indispensable obligations to apply his knowledge and experience in the most efficient way, to the benefit of mankind. For the possession of powers is a clear indication of the will of our Creator, concerning their practical direction. But in the ordinary course of nature, the bodily and mental vigor must be expected to decay progressively, though perhaps slowly, after the meridian of life is past. As age advances, therefore, a physician should, from time to time, scrutinize impartially the state of his faculties; that he may determine, *bona-fide*, the precise degree in which he is qualified to execute the active and multifarious offices of his profession. And whenever he becomes conscious that his memory presents to him, with faintness, those analogies, on which medical reasoning, and the treatment of diseases are founded; that diffidence of the measures to be pursued, perplexes his judgment; that, from a deficiency in the acuteness of his senses, he finds himself less able to distinguish signs, or to prognosticate events; he should at once resolve, though others perceive not the changes which have taken place, to sacrifice every consideration of fame or fortune, and to retire from the engagements of business. To the surgeon under similar circumstances, this rule of conduct is still more necessary. For the energy of the understanding often subsists much longer than the quickness of eye-sight, delicacy of touch, and steadiness of hand, which are essential to the skilful performance of operations. Let both the physician and surgeon never forget that their professions are public trusts, properly rendered lucrative whilst they fulfil them; but which they are bound, by honor and probity, to relinquish, as soon as they find themselves unequal to their adequate and faithful execution.

Of Professional Conduct, relative to Hospitals, or other Medical Charities.

1. Hospital Physicians and Surgeons should minister to the sick, with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *steadiness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.

2. As misapprehension may magnify real evils, or create imaginary ones, no *discussion* concerning the nature of the case should be entered into before the patients, either with the house surgeon, the pupils of the hospitals, or any medical visiter.

3. The *moral* and *religious influence* of sickness is so favorable to the best interests of men and of society, that it is justly regarded as an important object in the establishment of every hospital. The *institutions* for promoting it should, therefore, be encouraged by the physicians and surgeons, whenever seasonable opportunities occur. And by pointing out these to the officiating clergyman, the sacred offices will be performed with propriety, discrimination, and greater certainty of success. *The character of a physician is usually remote either from superstition or enthusiasm:* and the aid which he is now exhorted to give, will tend to their *exclusion* from the wards of the hospital, where *their effects have often been known to be not only baneful, but even fatal.* Thus Percival.

We are sorry to say, that the injunctions of Drs. Percival and Gregory require to be much strengthened. On this subject, Dr. Gregory observes, "the conversation of a clergyman of *cheerful piety* and *good sense*, in whom a sick man confides, may sometimes be of more consequence in composing the anguish of his mind and the flutter of his spirits, than all the drugs in the dispensatory, *while a gloomy and wrong-headed enthusiast may terrify him to distraction, and cut short a life, which, by proper attention, there was the greatest possibility of saving.*"*

4. It is one of the circumstances which softens the lot of the poor, that they are exempt from the solicitudes attendant on the disposal of property. Yet there are excep-

* Observations on the Duties and Offices of Physicians, p. 35.

tions to this observation: and it may be necessary that an hospital patient, on the bed of sickness and death, should be reminded, by some friendly monitor, of the importance of a *last will* and *testament* to his wife, children, or relatives, who, otherwise, might be deprived of his effects, of his expected prize money, or of some future residuary legacy. This kind office will be best performed by the house-surgeon, whose frequent attendance on the sick, diminishes their reserve, and entitles him to their familiar confidence. And he will doubtless regard the performance of it as a duty. For whatever is right to be done, and cannot by another be so well done, has the full force of moral and personal obligation.

This warning should always be given in private practice.—Ed.

5. The physicians and surgeons should not suffer themselves to be restrained, by parsimonious considerations, from prescribing *wine*, and *drugs* even of *high price*, when required in diseases of extraordinary malignity and danger. The efficacy of every medicine is proportioned to its purity and goodness; and on the degree of these properties, *ceteris paribus*, both the cure of the sick, and the speediness of its accomplishment must depend. *But when drugs of inferior quality are employed, it is requisite to administer them in larger doses, and to continue the use of them a longer period of time; circumstances which, probably, more than counterbalance any savings in their original price.* If the case, however, were far otherwise, no *economy*, of a *fatal* tendency, *ought to be admitted into institutions*, which are founded on principles of the purest beneficence. Thus Percival.

Dr. Johnson observes, "that those who grow rich by administering physic, are not to be numbered with them that get money by dispensing poison." The *respectable* druggist, who supplies *genuine and well-garbled drugs*, is invaluable to a community. The repeated acts of parliament passed in England and Ireland, for forming Apothecaries' Halls, which begin with stating "the many frauds and abuses, which have been imposed and practised on many of his majesty's subjects, to the *injury of the fair trader, and the disappointment of the physician.*"

A pestiferous class of wholesale druggists, unworthy of support from the respectable retailer, are the usual architects of those magazines of poison.

Attempts to lower the standard price of drugs, by supporting superfluous druggists, secures to meanness and avarice, no other benefit than being surfeited with powder of post, or semi-destroyed by the first operation of substitutes, adulterations, and spoiled drugs. In the one case the drench and the bill are infinitely protracted, and in either the prescriber is assailed with the obloquy of *mala praxis*, and the trade loaded with defamation.*

The superior wisdom of the French laws, ordered rather to prevent than foster fraud and imposition, places the *pharmacien* under the most wholesome restrictions. To cut short the indiscriminate dispensing or pernicious use of drugs, the importation of them into that country for private individuals is prohibited, and the shops are regulated by the police, &c.* We have known superfluous druggists, and "what a ruthless thing it was," with impunity sell opium and arsenic to females, who made use of them for self-destruction. One of three methods is needful to reform this trade, either legislative provisions, the more circumspect and exclusive bestowing of public patronage upon respectable druggists.

6. To advance professional improvement, a friendly and unreserved *intercourse* should subsist between the gentlemen of the faculty, with a free communication of whatever is extraordinary or interesting in the course of their hospital practice. And an *account* of every *case* or *operation*, which is rare, curious, or instructive, should be drawn up by the physician or surgeon, to whose charge it devolves, and entered in a register kept for the purpose, but open only to the physicians and surgeons of the charity. Thus Dr. Percival.

The author of the biography of the second Munro, ascribes the eminence of that individual, to a habit of noting down cases. We owe the works of the late Dr. Parry,† which exhibit a pure science, but seldom found in modern writings on medicine, to a similar practice. He says, "The great book of nature, which is alike open to all, and is incapable of deceiving, I have hourly read and I trust not wholly in vain. During the first twelve or fourteen years of my professional life, I recorded almost every case, which occurred to me either in private practice, or in the chief conduct of an extensive charity. When afterwards the multiplication of common examples seemed to me an unnecessary waste of inestimable time, which might be much more profitably employed, I contented myself with the more useful task of recording chiefly such cases, or on occasions, such particular circumstances only of cases, as led to the establishment of principles. This I have generally done on the spot, or rarely deferred beyond the day of observation, always rejecting what, on repeated varied inquiry, I have not been able to verify."

* The Druggist, who for a paltry gain *substitutes adulterations* and *spoiled drugs*, is not only an injury to the *fair trader*, but a trifler with the lives of his fellow beings. We have heard complaints made against druggists in the United States, for similar practices, and as far as it may be in our power we will endeavor to put a stop to them; in doing which we call on the Medical Profession, and all others interested, to furnish us with facts of abuses under consideration,—and, should it be necessary, we shall not be found backward in freely using our *Lancet*, on those who may require it.—Ed's.

* We respectfully beg leave to call the attention of the American government to this all important subject. We have our flour, tobacco inspectors, &c. &c. and why not have inspectors of drugs? In our opinion, they would be equally important to the community.

† Collections from the unpublished medical writings of Doctor Parry, vol. i, page 48.

Sir Astley Cooper, in his lectures, was wont to observe, that it were much to be wished that country practisers would more frequently benefit the world with their observations. — Ed.

No important *operation* should be determined upon, without a consultation of the physicians and surgeons, and the acquiescence of a majority of them. Twenty-four hours' notice of the proposed operation should be given, except in dangerous accidents, or when peculiar occurrences may render delay hazardous. The presence of a *spectator* should not be allowed during an operation, without the express permission of the operator. All extra-official interference in the management of it should be forbidden. A decorous *silence* ought to be observed. It may be humane and salutary, however, for one of the attending physicians or surgeons to speak occasionally to the patient; to comfort him under his sufferings; and to give him assurance, if consistent with truth, that the operation goes on well, and promises a speedy and successful termination.*

It is an established usage, in some hospitals, to have a *stated day* in the week, for the performance of operations. But this may occasion improper delay, or equally unjustifiable anticipation. When several operations are to take place in succession, one patient should not have his mind agitated by the knowledge of the sufferings of another. The surgeon should change his apron, when besmeared; and the table or instruments should be freed from all marks of blood, and every thing that may excite terror.

7. Dispensaries afford the widest sphere for the treatment of diseases, comprehending, not only such as ordinarily occur, but those which are so infectious, malignant, and fatal, as to be excluded from admission into Infirmaries. Happily, also, they neither tend to counteract that spirit of independence, which should be sedulously fostered in the poor, nor to preclude the practical exercise of those relative duties, "the charities of father, son, and brother," which constitute the strongest moral bonds of society. Being institutions less splendid and expensive than hospitals, they are well adapted to towns of moderate size; and might even be established, without difficulty, in populous country districts.† Physicians and surgeons, in such situations, have generally great influence: and it would be truly honorable to exert it in a cause subservient to the interests of medical science, of commerce, and of philanthropy.

* The five preceding articles were suggested by Dr. Ferriar and Mr. Simmons.

† Except in our cities we have but few institutions of the description under consideration; therefore we cannot too earnestly recommend to the Medical Profession, and the public in our populous towns and villages, the establishment of *dispensaries*. Much good no doubt would result from them, not only in relieving distress, but in the improvement of Medical Science. — Ed's.

Extracts from a System of Medical Ethics, — Prepared by the State Medical Society of New York.

1. Any physician or surgeon who divides his responsibility with a known quack, and associates with him in medical consultations, receiving a fee or the usual charges for such services, or practices, with nostrums, secret medicines, or patent remedies, is guilty of quackery.

2. A diversity of opinion in consultation is to be regretted, for if unavoidable, it must cause much delay and many inconveniences before a medical umpire can be obtained. It is needless to point out what a correct sense of delicacy will in this case require from a gentleman who in spite of his opposition, finds himself in the minority; he should politely retire from the consultation, and if he be the family physician, he should consistently resign his *deliberative vote.**

3. A great reserve, and even secrecy respecting the deliberations of a consultation is indispensable. No communication is to be made to the patient or friends but by unanimous order and consent; because, whatever opinions are emitted, become subject to frequent alterations or inversions from mouth to mouth, and may become a source of contradiction, perhaps injurious to some of the physicians in attendance.

4. A physician is not to visit a patient placed under another practitioner's care, without previous and ostensible friendship or business, nor without first informing the attending physician; if then he thinks it proper to advise, he may do it, but it must be in conformity to the rules of consultation as above explained.

5. The exposure of the nature of the complaint which a physician is called upon to judge or cure, subjecting the patient to public shame or impeaching his moral character, is an unpardonable breach of Medical Ethics.

6. In urgent cases of sickness, or of injuries occasioned by accidents, a call for medical or surgical help should be obeyed immediately, unless such compliance be to the detriment of some other sufferers. It often happens in such cases that many physicians, and more than are required, meet on the spot. Courtesy then assigns the patient to the first physician or surgeon who arrives, and if he should want assistance, he has a right to request it from a physician or practical surgeon present, according to the nature of the case. But if the physician or surgeon who usually attends the family or patient be of the number, then the present urgent case is assigned to him.

7. A strict sense of justice and honor towards each fellow member of the profession, should

* Every physician must rest on his own judgment which appeals for its rectitude to nature and experience alone. — *J. Gregory, Lect. 1. on the duties and qualities, &c. Lond. ed. p.* 14.

But an obstinate adherence to an unsuccessful method of treating a disease, is self conceit — it generally proceeds from ignorance — it is a species of pride to which the lives of thousands have been sacrificed. Ib. p. 28.

prevent a physician from undervaluing his services, by items and charges in his bills, beneath the customary rate, with a view to draw patronage by exciting comparisons. A practitioner may settle his demands with his patrons on whatever terms he pleases, but he has no right to make the law or change an established usage to the prejudice of his brethren. The reputation of a *cheap doctor*, after all, is neither dignified nor enviable.

8. Whenever a physician is reduced to obtain his professional fees by compulsory measures, it is his duty first to propose, and then to prefer the settlement of the matter in contention by a reference to arbitrators.

9. There are numerous accidents and offences, the nature and degree of criminality of which are determined by medical opinion. Human passions daily occasion acts of violence which fall under the cognizance of public justice; and diseases of the mind, whether arising from vice, intemperance, sickness, or accident, have also their share of influence in the commission of crime; and often lead their unfortunate victims to suicide and murder. Crime so originating could be perpetrated in ways so disguised as to conceal the authors or the means by which they were accomplished, were it not that juries can be assisted by medical men in evidence relating to physiology. A physician should always be in readiness to answer in these jurisdictional inquisitions, and to give an opinion, on facts referred to his judgment, according to the approved doctrines of medicine and surgery, as far as these are ascertained. Ignorance, or an imperfect knowledge upon matters which place life, honor, and innocence in a fatal predicament, is unpardonable, and should subject any physician so illiterate, to disqualification for the privileges of his profession.

10. Physicians should not interfere in the final settlement of their patients' worldly affairs. These are eventually composed of various family claims and pretensions; and a physician's interference in their distribution may be taxed as arising from interested motives, or be thought by those concerned to be a disgraceful violation of the confidence reposed on his humane functions as medical attendant.

Art. II.—*Remarks upon certain Reagents or Tests for the detection of Arsenious Acid.* By Stephen Brown, M. D.

Among the different subjects connected with medical jurisprudence, the inquiry into the various tests, denoting the presence of arsenious acid, is one which has excited great interest and much experimental inquiry. And recently, chemists appear to place less confidence in those reagents which have heretofore been much relied upon than formerly. And many now appear to consider that where life is at stake, no evidence or experimental inquiry ought to be relied upon, short of the reduction of the poison to the metallic state. This process would often be difficult, and perhaps in the majority of cases, impracticable, or so much so, as not to lead to satisfactory conclusions in cases of death by poison. This might arise from the small quantity of the poison that might be obtained from the stomach and intestines; as also, from some error in the process. If therefore, by the application of certain reagents, minute portions of this poison could, beyond all doubt be detected, an important acquisition will have been made to medical jurisprudence.

During the autumn of 1829, while preparing my lectures for the College of Pharmacy, I was led into some additional experiments upon arsenious acid, the substance of which I propose giving in this short communication; intending shortly to give to the public a more extended view of the whole subject. I was induced to apply different reagents to many of the substances most likely to be found in the stomach—such, more particularly, as are used in medicine; and especially those of the vegetable kingdom. The fact, first communicated by Dr. Neale, that a decoction of onions, containing some carbonate of potassæ, by the mixture of a solution of blue vitriol, would throw down a green deposit similar to *Scheele's green*, and the discovery of Dr. Porter, (Silliman's Journal, vol. 3d, p. 355,) that a decoction of coffee treated in the same way would exhibit a similar appearance, led me into this inquiry, and I experimented upon the following substances, *gentian root, orange peel, Seneca root, saffron flower, chamomile, capsicum, coffee, yellow bark, jalap, squills, onions, ipecacuanha, myrrh, bloodroot, ginger, Carolina pink root.* A decoction of each of the first eleven named ingredients, with the addition of a small quantity of carbonated potassæ, upon the mixture of a solution of blue vitriol, exhibited a green precipitate; and in some of them very analogous to *Scheele's green.* And this continued unchanged upon pouring off the supernatant liquid and transferring the precipitate upon white paper. In most of them, it continued unchanged when dried, and even for months afterward. They were not exposed to the sun. Thus I became convinced that, however accurate Mr. Paris may have been in his experiments upon pennyroyal tea, and the decoction of onions, in which they appeared to him to exhibit upon paper, "a blue color without any tinge of green;" and that by these appearances, the importance hitherto attached to *Scheele's green*, was not, in his estimation, diminished, must be, *as far as it is in itself considered*, as a test, now regarded of little weight. The six last named ingredients, upon which I experimented in the same way, exhibited a bluish green or blue precipitate. It next became a subject of experimental inquiry, what might be the effect upon these substances by other reagents; and accordingly prepared a decoction of each of the above named articles, to which was added a small quantity of carbonate of potassæ. To a few drops of each of the decoctions upon white paper, the stick of nitrate of silver was applied gently to the

surface. In some a slight hue of a dark yel lowish cast was momentarily produced, but immediately changed to a brown, and when dried exhibited a black color. And this was the appearance which each of the substances put on after drying. In regard to the most of these substances, no yellowish appearance whatever was manifested upon the application of the silver. And the appearance which all exhibited, after a short time, was a dark brown or black.

To a solution of the arsenite of potassæ, (arsenious acid, with the addition of carbonate of potassæ,) I applied the nitrate of silver, and observed a beautiful yellow precipitate immediately to thicken the drop upon the paper. After a while some of the drops to which the nitrate of silver was applied, began to change to a reddish hue, and finally dried upon the paper, brown. But others retained the same beautiful yellow, *unchanged*, until it became dry. And much the same appearance for days afterward.

It then became a question of inquiry, why some portion of the precipitate, which was at first yellow, became brown, while another portion continued unchanged. I soon became satisfied that it was occasioned, in some degree at least, by some chemical change on the outer surface of the stick, which had been previously used, and wrapped in a paper. It also appeared in part to arise from the circumstance that the liquid received more of the silver than what was sufficient to saturate the arsenious acid, and that the remainder occasioned the change to a brown, either to its action on the paper or its forming other combinations among the elements of the fluid. For in subsequent experiments, in which I used the purest nitrate of silver, free from any impurity, and used lightly, so as to produce the formation of the arsenite of silver only, it invariably retained the yellow hue when dried upon the paper.

I now took a solution of the phosphate of soda, in which was dissolved some carbonate of potassæ, and to a drop upon white paper applied lightly the nitrate of silver—a yellow precipitate was immediately produced, similar in hue, to that produced by arsenic, but of a smoother surface. The former was rough and flocculent, the latter smooth like a water color. In a very few seconds it began to change color, and became of a "sad green," and soon to a brown, which color it retained after drying upon the paper. This peculiarity obtained in all my experiments upon the *phosphates*.

From the fact that lime-water was a favorite test among the German physicians, I was induced to observe the change which the arsenious acid would produce when added to it. A small quantity of the arsenious acid finely pulverized was dropped into a glass containing lime-water. A chemical action was soon observable in the formation of the arsenite of lime which settled slowly to the bottom of the vessel a beautiful white precipitate.

Jaeger recommends that the lime water should be used recently prepared and hot. He found it sufficiently delicate to precipitate one thirteenth of a grain of arsenic.

It appears to me that these three tests, even if we were limited to them, are sufficient, without the aid of others, to enable the experimental inquirer to decide, as to the presence of arsenic. If there be no substance present which, by its chemical action, should vary the combinations, it would be an *almost*, if not quite, infallible guide to our decisions as to the presence or absence of the arsenious acid.

What other substance is there, of either an acid, alkaline, or saline; either of the vegetable, mineral, or animal kingdom, which exhibit similar changes produced by the three reagents above spoken of, upon arsenic?—What substance soluble in water, by the addition of a fixed alkali, and admixture of a solution of blue vitriol, will present a beautiful *grass green precipitate;* and which, instead of the blue vitriol the nitrate of silver is used, producing a permanent Indian yellow precipitate, and which also, being added to lime water, will produce a beautiful white precipitate, but *arsenious acid*, from my experiments upon different substances, and from my reading, I have no knowledge of any.

The vegetable decoctions above named, do, in conjunction with an alkali and the addition of blue vitriol, produce a precipitate analagous to Scheele's green; but the application of lime water and nitrate of silver produce no such changes as are exhibited upon arsenic.

The phosphoric salts in solution, together with a fixed alkali(potassæ), upon the application of the nitrate of silver, presents a yellow precipitate, but differing in *appearance*, not only at first, but instead of being permanent, immediately changes to a dusky green, and then to a brown. Whereas, the arsenial precipitate remains permanently (or for several days, in the shade,) yellow. A solution of the phosphates also, with the addition of a fixed alkali (potassæ), and admixture of a solution of the sulphate of copper, instead of a grass green precipitate, as arsenic produces, it presents a pale blue precipitate. And a solution of the phosphates with lime water, produces no material change. There is merely a slight flocculent precipitate, rendering the mixture slightly turbid.

In taking a review of all the evidence furnished by the investigation of this subject, it does appear that the *silver*, *copper*, and *lime* tests, taken in connexion as above described, are capable, under judicious management, of furnishing infallible indications of the presence of arsenic. And in most cases would be attended with more satisfactory results than the attempt to reduce the poison to the metallic state. The application of these tests are so simple, and the results so readily perceived and appreciated, that any physician, in any part of the country, might be readily instructed in, and become capable of, conducting an investigation of this kind. But with regard to the process of reducing the poison to a metallic state, but few practitioners feel themselves competent to, or would even undertake, the

responsibility of an investigation of this kind. Hence in cases of suspected poisoning, great delays in the administration of justice, with extraordinary expenses, have not unfrequently occurred; and sometimes with results very unsatisfactory. We might instance the case of Abraham Kesler, who was tried at the Schoharie Oyer and Terminer, in the state of New York, on the 12th of September, 1817, for poisoning his wife. Kesler was found guilty; but from the unsatisfactory nature of the scientific part of the testimony in the case, the governor of the state (Dewitt Clinton) transmitted the minutes of the testimony to Dr. Macneven, Professor of Chemistry in the New York School of Medicine. The report of this gentleman, together with a statement from the foreman of the jury, induced the governor to suspend the execution of Kesler, and to refer the consideration of his case to the legislature. After an elaborate investigation of the case, however, taking in connexion the whole testimony, the committee of the legislature reported against the prisoner, and an act, directing his execution, passed both branches of the legislature and council of revision.

Dr. Macneven, in his communication to Governor Clinton, stated that "in the opinion of the best chemists, the only thing to be relied on, is the exhibition of the metal itself, in its metallic lusture and state."

Doctor Beck, of Albany, (Beck's Medical Jurisprudence, vol. ii. page 256,) who, among other physicians, was consulted on this case, by the committee of the legislature appointed to investigate the same, and who has reported in full, the scientific part of the testimony adduced, says, "I do not intend to offer many remarks on this case, but I may be permitted to say, that while I truly regret that the reduction of the metal was not effected, yet the results obtained from the tests used, present to my mind a very strong chain of evidence against the accused. I am acquainted with the fact, that exertions were fruitlessly made to procure the proper apparatus for the reduction, and therefore the invidious sneers that have appeared concerning the ignorance of the witnesses, might well have been spared."

We might urge, as an argument against the dependance to be placed upon the reduction of the metal, not only the difficulty often, especially in the country, of procuring the necessary apparatus, and the general inexperience of practitioners of medicine, whose opinions are solely to be relied upon, in experimental inquiry upon this subject, but also the liability of some practical chemists to be mistaken. Doctor Paris remarks, "it has happened, to my knowledge, to a medical person, by no means deficient in chemical address, to ascribe to the presence of arsenic that which was no other than a film of very finely divided charcoal; in this state of doubt the last resource was, to ascertain whether it yielded or not, upon being heated, an alliaceous odour." And he further remarks, "surely an unprejudiced judge would prefer the evidence of sight, as furnished by the arsenical tests, to that of smell, as afforded in the last experiment."

Dr. Paris expressed it as his opinion, that the silver and copper tests are capable, under proper management, of furnishing "striking and infallible indications of the presence of arsenic; and that in most cases they will be equally conclusive, and in some, even more satisfactory in their results, than the metallic reproduction, upon which such stress has been laid; and for this obvious reason, that unless the quantity of the metal be considerable, its metallic splendor and appearance is often very ambiguous and questionable."

Dr. Beck, in remarking upon the experiments upon the contents of the stomach of Kesler's wife, says, (Med. Jurisprudence, vol. ii. page 246,) "what substance is there that will lay undissolved in the stomach, for two months, (the length of time the body lay in the grave before examination,) in the stomach of a diseased person, and on proper trials, will give, in a fluid state, an orange colored precipitate, (or a yellow precipitate with Marcet's test), and although turbid, will present a dark green with Scheele's?" These results, he says, "must be taken *unitedly* and not *separately*."

Doctor Paris, in his application of the silver test, did not render its distinctive peculiarities as clear as the subject will admit. From the manner in which he conducted it, the precipitate, which was at first of a bright yellow, resembling "*Indian yellow*," not long after changed to a brown. In this there was not so great a dissimilarity between it and the precipitate, produced by the action of the nitrate of silver upon the phosphates in solution with the addition of carb. potassæ, as there would be under a more cautious method of conducting the experiment. It was doubtless owing to his using an *impure nitrate*, or, in making too free an application of it beyond what was requisite to *saturate the arsenious acid*. Yet he considered it in connexion with the copper test, (Scheele's green,) affording as satisfactory evidence of the presence of arsenic, in the majority of cases, and in some, more so than would result from the attempt to reduce the metal. And yet I am persuaded, that decidedly more satisfactory results would arise from the precaution, in conducting the process, as we have already stated.

The foregoing remarks apply to a solution of arsenious *acid*, separate from any mixture of animal or vegetable substances, which from their nature would alter the results expected from tests. Such substances may be found in the stomach of an individual, poisoned by arsenic; we might mention the decoction of each of the vegetable substances we have already named, the muriate of soda, which is found in the fluids of the stomach, and which would obstruct the operation of one of the tests, viz., the nitrate of silver. To obviate this, I must refer the reader to the direction of *Ure*, *Orfila*, and others. The fluid may also be much disguised by animal or vegetable substances. It may be united in the stomach

with *oil*, with *tea* and *coffee*, or other vegetable matter containing *tannin*, or with *resinous* substances or *wine*. The animal substances which might alter the result of the tests, are—*albumen*, *galatine*, *broth*, *bile*, and *milk*. But as it is not my present purpose to go into a full investigation of this subject, I must refer the reader to *Orfila*, *Ure*, Mr. Thompson, (London Dispensatory,) Paris, and other writers, for directions in conducting the application of tests, so as to guard against the chemical influence of the above named acid, and any other substances which might vary the result.

I would observe that the sulphuretted hydrogen gas, ought to be regarded, when its application is practicable, as one of the most important tests for arsenious acid. An aqueous solution of sulphuretted hydrogen gas, is said to be the preferable form of applying it, and not by passing the gas through the suspected substance, or by a solution of an hydrosulphuret. (Beck's Med. Juris. vol. ii, p. 210.) By this test an extremely minute portion of arsenious acid can be detected. It is capable of being counteracted, however, by the presence of the *phosphates*. But it will detect arsenic under circumstances, of various mixtures of articles of food and drink, where other tests are "nugatory or deceitful." Dr. Beck gives an interesting table, from Mr. Thompson, of the results of this test upon a mixture of arsenic with the following substances:—*Tea*, *coffee*, *wine*, *albumen*, *gelatine*, *broth*, *bile*, and *milk*, in all of which was deposited the golden yellow, or yellow precipitate, with no great difference in hue.

Whenever practicable this should be introduced as a test for arsenious acid, in conjuction with the *lime*, *silver*, and *copper* tests.

In conclusion of our subject for the present, we would say, that the application of chemical reagents, on solutions supposed to contain the arsenious acid, does not at all interfere with the reduction of the metal. For all the precipitates which are in this way produced, may be collected, and subjected to the process for its metallic exhibition, as directed in the books. And this course is particularly to be recommended whenever practicable; for it is clearly the duty of every medical practitioner, when called upon to decide so important a question, to prosecute every point, and endeavor to throw all the light upon the subject which the circumstances of the case will possibly admit.

Art. III.—*Observations on the Mineral Waters at Avon, Livingston county, State of New York.* By John W. Francis, M. D. &c. New York.

The experiments and observations which have been made at different periods by various writers on the mineral waters of the United States, if properly grouped together, would constitute a work of great practical utility. This service has indeed been performed, to a considerable extent, by Dr. Bell, of Philadelphia, and a large amount of information on this interesting subject, which was scattered through numerous volumes, may be found in his work on Baths and Mineral Waters.

Among the earliest papers which have appeared, of this nature, may be mentioned, an analysis of the Chalybeate water of Bristol, Pennsylvania, by the late Dr. John De Normandie, of that place, and printed in the first volume of the Transactions of the American Philosophical Society. The investigations of this learned physician, though wanting in the philosophy of modern chemistry, were such as to awaken much public attention to the Bristol water; and some sixty years ago they were deemed to possess properties analagous to those of Bath and Spa: they were at that time largely employed for their curative powers, but have latterly fallen into disuse. So early as about 1789, Dr. Mitchill instituted his first series of experiments on the waters of Saratoga Springs, and subsequently added many pertinent observations on their medicinal qualities. These waters, with those adjacent, at Ballston, are now so universally known to both hemispheres, and so extensively had recourse to, that little more need be said in this place, than to recommend the reader, for the fullest details of chemical analysis and of a practical nature, to the recent work of Dr. Steele. These waters are designated *acidulous saline chalybeates.*

The Schugl's Hills, or *Schooley's Mountain* water, deserves also to be here noticed. The water of this mineral spring is said to have been known to the aborigines, and to have been employed by them as a remarkable remedy, which they concealed from the whites. Be this as it may: the Schooley's Mountain water is situated in Washington township, nineteen miles N. W. of Morristown, and fifty miles from the city of New York. The chemical analysis of it made by Professor Macneven, my late colleague in Rutgers Medical College, furnishes an admirable specimen of this species of philosophical investigation, and were the products of other salubrious medicinal springs within the United States, examined with a like minuteness and accuracy, we should have little cause to lament our present imperfect knowledge of this class of products with which our country is so largely enriched. I may be pardoned for dwelling a moment longer on this water. Schooley's Mountain, by geometrical measurement, has been ascertained to be more than fifty-four hundred feet in height, above its immediate base. Dr. Mitchill calculates, by approximation on the falls of water at different mill-dams along the hurrying channel of the Musconetchunck to its junction with the Delaware, and on the descent thence to Trenton, that the base itself is five hundred feet more above tide water.*

This mineral spring issues from the perpen-

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* Bruce's Mineralogical Journal.

dicular side of a steep rock, about forty or fifty feet above the level of a brook that gurgles over a rocky bottom, within a few paces of it. The spring discharges a gallon in about two minutes and a half, and the quantity is not observed to vary under any change of season or weather. Its temperature, at its issue from the rock, was found to be fifty-two degrees of Fahrenheit. The bare taste and appearance show that it is a chalybeate; and it is strongly characterized by the peculiar astringency and savour of ferruginous impregnations. The iron is easily separated from the mineral water: its carbonic acid is altogether in a state of combination, and hence it never occasions flatulence, while it proves a corroborant to feeble digestive powers. Hence it is recommended in many chronic diseases and general debility, and especially in calculus and affections of the kidney and bladder. In an instructive case which Dr. Macneven has recorded, the patient took from fifteen to twenty half pint tumblers a day, with most decided benefit; and he informs me that examples of its salutary action in other disorders have come within his knowledge and observation.

The following are the results of Dr. Macneven's analysis.

Vegetable extract, 92; muriate of soda, 43; muriate of lime, 2.40; muriate of magnesia, 50; carbonate of lime, 7.99; sulphate of lime, 65; carbonate of magnesia, 40; silex, 80; carbonated oxyde of iron, 2; loss, 41,=16.50.

The White Sulphur Springs of Virginia have long enjoyed a distinguished reputation, and are resorted to at the present day, as formerly, by numerous invalids, suffering from disorders of the digestive organs, chronic affections of the liver, the sequelæ of protracted intermittent and remittent fevers, the derangements induced by the preposterous use of mercurials, cutaneous diseases, certain female complaints, &c. &c. Where these various disorders are unconnected with inflammatory symptoms, they are pronounced to be of the greatest efficacy. So far as my acquaintance with these waters extends, it coincides with that of the most favorable opinion given in their behalf. Their action on the skin is of singular efficacy and importance. They are somewhat more exciting than ordinary saline sulphureous waters. The reproach long ago made, still holds just, that they have not received the attention they merit, as objects of rigid chemical investigation. Dr. Bell's work, already referred to, contains the best exposition I have seen of their composition and remedial qualities. A Virginian is to be excused in lauding, in no common accents, the White Sulphur Springs: the facts in the case warrant it: and moreover, in so doing, he only follows his political apostle, Mr. Jefferson.*

Kentucky boasts of numerous mineral springs of a sulphureous class. Dr. Drake, of Cincinnati, considers those of the Big Bone Spring or *Salines*, and the Olympian Springs, as the most noted. The water of the Big Bone Spring, he affirms, contains sulphuretted hydrogen, in large quantities, and holds in solution the muriates of soda and lime, and the sulphates of soda or of magnesia. The disorders to which Dr. D. thinks it more peculiarly adapted, are the torpor, obstruction, or chronic inflammation, produced by acute diseases of the lungs, liver, spleen, kidneys, in short any of the viscera, and which have continued so long that the constitution is exhausted. In these cases, experience has shown them to possess all the efficacy that could be expected in any mineral waters. From a pint to a gallon may be taken, according to the strength of the patient, and its sensible effects on the system. The quantity drank at first should be small, especially by those of reduced habits. These waters do not increase the pulse, but their sensible effects on the alimentary system, kidneys, and skin, are great. The action of the former is very much increased, and the latter is frequently affected in a few days with a violent itching and an eruption of pimples or pustules, which are now and then connected with large biles.*

With these cursory remarks on some of the mineral waters of the United States, we may be the better enabled to estimate the composition and peculiar properties of the *sulphur springs of Avon.* Had the work of Dr. Bell included any account of these waters, I would have foreborne to offer the present imperfect observations on the subject: the more so, as I am still engaged in a series of chemical inquiries, to determine their respective ingredients, assisted by my friend, Dr. Ellet, the late Professor of Chemistry in Columbia College.

The Avon Springs are situated in Livingston county, state of New York, within a mile of the village of Avon. The village is on the bank of the Genesee river, and is passed through by the great western road from Albany to Buffalo. The soil in its vicinity is of the richest and most productive quality, yielding the cultivator a full reward for his labor: that of the flats, as they are popularly called, consists entirely of alluvial deposit, while the table land presents all the varieties of calcareous and argillaceous mould. The sensibilities of the valetudinarian may here cherish to satiety the beauties of Avon scenery, and the botanist find the richest materials for enlarging his herbarium.

The Avon Springs seem to have been partially known to the Seneca tribe of Indians, who, until within a few years, inhabited a village on the opposite bank of the river, which they called Canawagus. The far famed chief, *Red Jacket*, enumerated them among his remedial measures for the cure of disorders of the skin; and *wasting disorders*, as they were termed, were supposed capable of being removed by their use, even applied externally.† They may

* See Notes on Virginia.

* See Bell on Baths and Mineral Waters, p. 436-7.

† Doubtless this term, *wasting disorders*, included many physical infirmities, whose pathognomonic features greatly differed, and many other different sorts

now justly be deemed conspicuous among the mineral waters of the state of New York. They at present comprise two springs within about forty-two rods of each other; and are somewhat less than one third of a mile from the Genesee river: they issue from the foot or base of the highlands that border its low grounds. They are denominatedthe Lower and the Upper springs; while the former has been for several years known, the latter is but recently, and is preferred by some. I first became personally acquainted with them in the summer of 1827, when they were frequented by a number of infirm visitors. Professor Hadley has lately published an analysis of the upper spring, which seems to have been made with a good deal of accuracy. According to his analysis, one gallon of the water contains, carbonic acid, 5.6 cubic inches; sulphuretted hydrogen gas, 12 cubic inches; carbonate of lime, 8 grains; sulphate of lime, 84 grains; sulphate of magnesia, 10 grains; murate of soda, 18.4 grains; sulphate of soda, 16 grains; and a small quantity of other matter. According to Dr. Salisbury, a resident at Avon, the weight of the constituents of the water of the *lower* spring, are as follows: "arranged so as to form compounds existing in the water and calculated for 10,000 parts by weight; are

Carbonate of lime . . .	5.02	
United to carbonic acid . .	1.70	
		6.72
Chloride of calcium . .		1.44
Sulphate of lime		9.83
do. of magnesia .		8.49
do. of soda . . .		2.35
		28.83

By volume of 10.000, are,

Hydro-sulphuric acid . . .	4.34
Nitrogen	2.35
Oxygen	25
	6.94

Dr. Salisbury adds, the chlorine assigned to calcium as the chloride of calcium is often found in those waters which contain but little saline matter. There remains 00.6 of sulphuric acid, apparently in excess, which is accounted for by the difficulty of separating, accurately, magnesia from the other salts. The quantity of carbonate of lime exceeds the equivalent quantity of carbonic acid necessary to render it soluble in pure water, and this fact affords a probable explanation of the character this water exhibits when tested by colored paper.

The volume of water discharged from this spring, Dr. S. further remarks, is the same at all seasons of the year, and does not appear to depend in the least upon atmospheric influence: as nearly as can be ascertained, under existing circumstances, it is fifty-four gallons in a minute. The temperature of the water is invariably forty-five degrees Fahrenheit. The specific gravity 10.018. As it issues from the spring it is very limpid and somewhat sparkling.

The analysis of these waters, which I caused to be made about two years ago, did not afford satisfactory evidence of either containing iodine. Nevertheless a strong probability is, that both iodine and bromine enter into their constitution. Dr. Usher, of New York, and Dr. Steele, of Saratoga, have lately found iodine in the Congress water at Saratoga; Dr. Steele has discovered a trace of bromine, the hydrobromate of potash, in the water of Hamilton spring. It is well known that iodine exists but in the smallest quantity in the waters in which it has, as yet, been discovered; and that in waters which have been repeatedly and carefully analyzed, it has escaped detection. This occurrence took place with the saline springs of Sales, in Peidmont, from which, so recently as in 1820, M. Angelina procured iodine. There are good reasons to suppose that waters so amply impregnated with sulphureous matter, as those of Avon Springs, may contain both iodine and bromine.*

The value of these waters has, within the past three or four years been justly and highly appreciated, and induced numerous valetudinarians to partake of them. They may be ranked among the most powerful and remedial waters yet made known; but, like other active medicinal agents of a similar character, they are liable to great abuse, and in certain states of the system, may prove seriously detrimental. Possessing active emetic and cathartic properties, particularly the waters of the spring last discovered, it is requisite that caution be exercised not to indulge in them too freely at first; and as they are more or less exciting, they also demand that previous to commencing their use, the system should, in many cases at least, be first relieved by the employment of some efficient cathartic. This precaution is of saving importance, and I have known a disregard to it, lead to almost entire disappointment in anticipated benefit, for many weeks: while on the contrary, the ge-

of pulmonary disorganization. Dr. Rush declares that pulmonary consumption is wholly unknown to the North American Indians. It is generally admitted, that in countries where fever and agues prevail, consumption is of rare occurrence: Dr. Dwight also makes this observation in particular reference to the great western country; and it is sufficiently proved that intermittent fever constitutes a great outlet to the lives of our aborigines. But the declaration of Dr. Rush is not tenable. Hunter, who may be deemed good authority on the subject, remarks that pulmonary consumption among the North American Indians is established by too many familiar facts. The celebrated chief, Red Jacket, in an interview I had with him at his Reservation near Buffalo, in September, 1823, gave me the particulars of the cases of no less than seventeen of his relatives, (including, I think, ten or eleven of his own children,) who had died of pulmonary consumption. He was quite descriptive in his statement, and seemed sufficiently qualified to make a number of very fair distinctions in relation to the matter. This digression from our more immediate subject will probably be excused on account of the curious character of the facts which it records.

* See Gairdner on Mineral and Thermal Springs; very generally associated with iodine, says Dr. G., is the congenerate substance, bromine. Balard first discovered it in sea water, and subsequently it has been detected in several saline springs; it exists almost always as a hydro-bromate of magnesia.

neral powers of the system being relieved by antiphlogistic and aperient means, the waters have often accomplished all that could be desired, in a comparatively short period. As in the administration of all sulphureous waters, so also those of Avon should be closely watched, and their use for a while suspended, when febrile irritation or undue local determinations occur. This is most apt to take place in habits preternaturally full, or when local inflammation exists: where a congested condition of the viscera happens, their best adjuvants are mild mercurials or saline cathartics.

In disorders of the digestive organs, arising from torpor of the primæ viæ, hepatic obstructions, and affections of the glandular system; in rheumatism and gout, and in many of the most formidable of cutaneous affections, these waters have secured the confidence of those who had previously suffered to the severest degree from these maladies. In many forms of ill-conditioned ulcers, their utility as a wash is abundantly manifest: while the invalid uses them internally, he may at the same time have recourse to them for some twenty or thirty minutes, on alternate days, in the form of a warm bath, the temperature of which may vary from 96 to 98° Fahrenheit.

In pulmonary disorders their salutary agency is not yet confirmed, and further experience must determine their merits: if employed, their use is to be regulated by the nicest precepts of the healing art, inasmuch as these waters are eminently calculated to produce powerful changes on the system by their active operation. In the incipient and active stage of pulmonary irritation, it becomes our duty to precede their employment by venesection, and the other customary means of depletion, analogous to the practice we have recourse to with the Ballston or Congress waters. The same observation applies to hemoptysis, to acute disorders of the digestive organs, liver, and other viscera. The direful consequences which inevitably occur in such cases, from the Saratoga waters, when these cautions are not heeded, are too painfully known to be dwelt upon in this place.

In several forms of female disease, the Avon waters can be safely and efficaciously recommended. In many cases of difficult and painful menstruation, in chlorosis, and in certain complaints mainly depending on weakness, after a judicious course of preparatives, such as a careful clinical observer would enforce, these waters present themselves vested with sanative powers. Aware of the Protean character of constitutional disease depending upon uterine irritation, and chronic affections of that origin, I have no doubt, that future investigation will demonstrate that the Avon waters possess many advantages over chalybeates in cases of this nature. I would extend the same remark to the complex affections connected with ovarian disease.

I have for several years past recommended the Avon waters: to those of the lower spring I give the preference: they have proved available in the severest cases of rheumatism and gout, and in some affections of the urinary organs. After the preliminary management of the case by depletory means, and appropriate alvine aperients, the use of the water for a few days, or perhaps weeks, has wrought an alteration the most gratifying, evinced by improved appetite, increase of flesh, and invigorated health; and while the body receives the impress and partakes of all the advantages of increased physical energy, a corresponding improvement marks the capacity of the intellectual powers. When taken internally, the Avon waters prove cathartic, diuretic, diaphoretic, and tonic. They thus constitute an effective alterative; and inasmuch as their tonic properties are the results of their general influence on all the emunctories of the body, particularly those of the cutaneous and urinary functions, they claim to themselves qualities which are denied to the entire class of tonics and stimulants strictly so called, and the mischief invariably induced by these last named articles, wherever local congestion exists, are entirely guarded against by the waters of Avon. Their manifestations on the surface are conspicuous.

I am not able to say from experience that in this respect they surpass, or even equal, the White Sulphur waters of Virginia; but am scarcely ready to believe that these last fairly boast of a superiority in their action on the skin. Their extraordinary alterative effects must unquestionably be greatly owing to the changes they induce on the cutaneous surface.

In speaking of the constitutional influence of the Avon water, Dr. Salisbury, who has had much experience with them during a residence at the springs for four summers, has the following remarks: "The operation of Avon water upon the human constitution is modified by the quantity drank in a given time, and by the constitution, habit, and disease of the individual. Generally speaking, four or six half pint tumblers of the water, drank during the day, produce a mild cathartic effect, and under its long continued exhibition to this extent, no debility ensues; but, on the contrary, the appetite and strength are very much increased. In very large doses, as from ten to fifteen tumblers a day, it operates powerfully upon the bowels, kidneys, and skin. A moderate use of this water, persevered in for a considerable length of time, will insure to it a powerfully alterative effect in cases where there is no acute inflammation."

A judicious mode of commencing the use of the Avon water, is to take six or seven half pint tumblers during the twenty-four hours: a couple of tumblers may be advantageously drunk before breakfast, and some two or three hours after that meal, the same quantity may again be taken, and an additional tumbler full or two in the afternoon. To the sense of smell they present the usual properties of sulphuretted hydrogen gas, but in a very small degree, and they are in no wise oppressive to the digestive organs. Some, however, take them in larger quantity, and oftener repeat the draught. Others, again, never use them until

after the first meal. Like the Ballston and Saratoga waters, they are sometimes drunk to a most pernicious extent. It is expedient, therefore, in all cases, to regulate their administration by their immediate effects, and every regard must be paid to age, sex, disease, constitution, and individual peculiarity. To guard against undue local determination, either cerebral, thoracic, or visceral, will always become a matter of professional duty.

All observations of a dietetical character are here designedly forborne: and I need scarcely add, that as these waters are armed with such potent qualities, their influence on the system must be either prejudicial or beneficial, and that they demand in all cases, the advice of the physician.

June 12, 1834.

ART. IV. — *Case of Deficient Vagina.* By J. EDWARDS, Esq. Surgeon, Forfar. *Preceded by Observations on Deficiency or Absence of the Vagina.* By the EDITOR.

THE receipt of the communication of Mr. Edwards has suggested the propriety of adverting to the few instances of this form of defective structure on record, in order to present, at a single view, all the known facts.

It may be proper to premise, that when the outlet of the generative or vector canal in the human race is impervious, this may arise from one of two causes.

The first is obliteration of the cavity of the *vagina*, produced by mutual adhesion of its walls. Of this there may be two forms, imperfect obliteration (*atresia vaginæ imperfecta*) and complete obliteration (*atresia vaginæ perfecta.*)

It may happen that these changes are congenital. But they are much more frequently the result of a species of gangrenous or sloughy inflammation of the *labia* and *vagina* incident to infants, in the course of which the vaginal mucous membrane is completely mortified and detached as a slough, while, if the powers of life be not extinguished completely, granulation and adhesive inflammation of the raw surface afterwards take place, and produce adhesion and consequent obliteration or *atresia*, more or less perfect.

This disease of the junction of the cutaneous and genital mucous surface was first well observed by Percival, more recently by Mr. Kinder Wood, and some foreign authors; and its effects have been well distinguished by Sandifort, Osiander, and Mr. Howship. We mention it here, that it may not be confounded with the genuine want of *vagina.*

Deficient *vagina* is a very rare circumstance. Meyer mentions, in the miscellaneous writings of Schmucker, a case of this kind, in which a portion of perforated cellular membrane passed from the peritoneum, and filled up the empty space. The ovaries were reasonably natural; the *labia*, with the *clitoris*, very small; and the *nymphæ* were entirely wanting.*

A similar instance of deficient *vagina* is given by Oberteufer in Stark's New Archives of Midwifery, vol. ii. number 4.

The best example, however, of this anomaly in structure perhaps yet recorded, is given by Mr. Howship in his Practical Observations on Surgery and Morbid Anatomy. From the account given by this author, it appears that the original preparation is preserved in Mr. Heaviside's museum; and it further appears that the case had occurred to Mr. Perkins, surgeon to the Bristol Infirmary.

The case is very distinctly described by Mr. Howship in the following manner.

"November 25, 1765, a girl about sixteen was admitted into the Bristol Infirmary, who, for twelve months before, had been subject to violent pains in her bowels and back, which frequently occasioned the strongest convulsions, and oftentimes nearly deprived her of reason.

"She had, during her illness, employed several of the faculty, who never gave her the least relief; on the contrary, she was much worse, for as she had never any appearance of the catamenia, and none suspected any preternatural conformation, about the uterus or vagina, the strongest emmenagogues usually given in menstrual obstructions were exhibited.

"On examination, it appeared that there was no vagina, for on introducing one finger by the rectum, and another by the *meatus urinarius*, (which was of so uncommon a size as to admit of it with little or no distension,) nothing was found to intervene but the proper coats of each, connected by the cellular membrane. The uncommon dilatation of the urethra was attributed to her mother's forcibly introducing her finger, as she imagined, into the vagina, when she labored under a violent paroxysm; the outer extremity of the meatus was jagged, turgid, and bled freely, from the smallest violence consequent to introducing the finger.

"When the finger was in the anus, the uterus was plainly felt, and seemed as if by some cause pushed low down. In size, it was considerably enlarged, equal to a pregnant uterus far advanced; it might easily, during the pains, be felt as high as the navel, where, as well as from within the rectum, its vessels felt very turgid, and as if disposed to burst.

"After many fruitless attempts to discover the *os tincæ*, it was evident it was no where to be found. In this emergency, an immediate puncture into the uterus was judged expedient. Accordingly, the external parts being held aside by an assistant, a finger was introduced into the rectum, and a trocar was then cautiously directed, so as to wound neither rectum nor urethra, into the uterus, and immediately discharged nearly two pounds of menstrual blood, after which the orifice was considerably enlarged, and a large armed tent introduced into the new passage to the uterus.

"From the time of the operation, which was performed on November 30, she continued gradually to mend, and on January 6, 1766, she had her menstrual flux in proper quantity,

* Schmucker, Vermischte Schriften, B. ii. p. 299.

without any inconvenience. The discharge of pus from the wound gradually decreased, and by the end of the following month, she had entirely recovered her health, and had no subsequent return of her fits, or other complaints."*

In this case by Mr. Howship, it is impossible to doubt that the *vagina* was really wanting; for between the *urethra* and the *rectum* nothing was found but the cellular tissue common to both.

In the following case by Mr. Edwards, though the actual absence of this canal is not quite so clearly established, and it might be doubted whether the canal was not simply obliterated, the case is important, as adding another to the facts on the organic causes of *amenorrhœa.*

E. Machar, aged 32, and married, having, during fifteen years, suffered from bad health, had been treated by different medical men for retention of the menstrual discharge. Previous to November 8th, when I found her complaining of severe paroxysms of pain, resembling regular labor-pains, she would allow no examination to be made. To this proposal, however, she now acceded.

I then discovered the *vagina* to be wanting. A *clitoris* smaller than natural, with some appearance of *nymphæ* could be observed: and on pressing upon the usual situation of the canal a slight depression could be made.

The patient being placed in the lithotomy position, and a catheter introduced into the urethra, an incision about an inch in length was made over the usual situation of the canal, and upon dissecting cautiously through about an inch of dense fibrous substance, I could then feel a tumor similar to the head of a child, pressing downwards, into which I introduced the knife, which was followed by the forcible discharge of six pounds of menstrual fluid. The wound was stuffed with lint.

A slight sanguineous-like discharge attended the removal of the dressings, during a few days succeeding the operation, which terminating in serous fluid at length disappeared. To obviate contraction, a bougie was introduced, and retained for some time.

The patient rapidly recovered without any bad symptom, has menstruated twice since the operation, and is at present enjoying comparatively good health. In this case there did not seem to me to be any natural vagina. The fore-finger can be introduced about three inches; but whether it enters the *uterus* or not, I am, however, unable to determine. The *mammæ* are unusually small, and sexual appetite is deficient.

Her husband after remaining with her six months left her.

Edinburgh Med. and Surg. Journal, April, 1834.

REVIEWS.

Art. I.—*Experiments and Observations on the Gastric Juice and the Physiology of Digestion.* By William Beaumont, M. D., Surgeon in the United States Army. 1 vol. 8vo. pp. 280. Plattsburg, N. Y. 1833.

Since the days of Ambrose Paré, the Army Surgeons of Europe have contributed very greatly to enlarge the boundaries of surgical science, and we here recall to mind, with feelings of pride, the names of Hunter, Bell, Guthrie, Thompson, and Hutchinson, in England; and Larrey, Morand, and Percy, in France, who, in following the desolating course of those whom the world calls heroes, whilst they faithfully devoted their attention and exerted their professional skill in behalf of the war-worn soldier, were equally mindful of their duty to their profession, by contributing the results of their experience for the benefit of their fellow creatures—thus presenting one redeeming feature at least in the field of battle and of blood, and holding out in bold relief the glory and honor of that profession which aims to heal, not to inflict, in contrast with the worldly honors which are strewed along the paths of those who reap renown according to the extent of desolation which has marked their progress through the fertile fields of an opposing foe, and in proportion to the depth of that current of human blood through which they have waded into popular favor.

We need hardly say that we hail the appearance of the work whose title is found at the heading of this article; and we hope soon to see all those who are engaged in our public service following the laudable example which has been set by Dr. Beaumont, and throwing their mite also, into the treasury of knowledge.

The work under review, is the result of a series of experiments, commenced in 1825, and continued with some interruptions until 1833; and the opportunity for making them was afforded under circumstances highly creditable to the surgical skill and professional talent of Dr. Beaumont. A Canadian, of the name of Alexis St. Martin, at the age of eighteen years, was accidentally wounded by the discharge of a musket loaded with duck shot. The charge entered the left side, he being not more than a yard from the muzzle of the gun, and passed

* Practical Observations on Surgery and Morbid Anatomy, illustrated by Cases, &c. By John Howship, Member of the R. C. Surg. Lond. Lond. 1816, p. 361.

posteriorly and in an oblique direction, forward and inward, literally blowing off integuments and muscles of the size of a man's hand, fracturing and carrying away the anterior half of the sixth rib, fracturing the fifth, and lacerating the lower portion of the left lobe of the lungs, the diaphragm, and perforating the stomach. The whole mass forced from the musket, together with fragments of clothing and pieces of fractured ribs, were driven into the muscles and cavity of the chest.

The accident occurred on the 6th of June, 1822, and it is hardly necessary for our purpose here, to follow the interesting details of the case, but for which we trust our readers will refer to the work itself. By the 6th of June, 1823, one year after the accident, the injured parts were all sound, and firmly cicatrized, excepting the aperture in the stomach and side; the perforation was about two and a half inches in circumference, and the food and drinks constantly exuded, unless prevented by a tent, compress, and bandage. He now continued gradually to improve in health and strength, and the newly formed integuments over the wound became firmer and firmer. "At the point where the lacerated edges of the muscular coat of the stomach and intercostal muscles met and united with the cutis vera, the *cuticle* of the external surface and the *mucous membrane* of the stomach *approached* each other very nearly. They did not unite, like those of the lips, nose, &c., but left an intermediate marginal space, of appreciable breadth, completely surrounding the aperture. This space is about a line wide; and the cutis and nervous papillæ are unprotected, as sensible and irritable as a blistered surface abraded of the cuticle. This condition of the aperture still continues, and constitutes the principal and almost only cause of pain or distress experienced from the continuance of the aperture, the introduction of instruments, &c., in the experiments, or the exudation of fluids from the gastric cavity."

"Frequent dressings with soft compresses and bandages were necessarily applied to relieve his sufferings and retain his food and drinks, until the winter of 1823-4. At this time, a small fold or doubling of the coats of the stomach appeared, forming at the superior margin of the orifice, slightly protruding and increasing, till it filled the aperture, so as to supersede the necessity for the compress and bandage, for retaining the contents of the stomach. This valvular formation adapted itself to the accidental orifice, so as completely to prevent the efflux of the gastric contents when the stomach was full, but was easily depressed with the finger. In the spring of 1824, he had perfectly recovered his health and strength; the aperture remained; and the surrounding wound was firmly cicatrized to its edges."

In May, 1825, Dr. Beaumont commenced his first series of gastric experiments upon St. Martin, the results of which were published in the American Medical Recorder, and attracted very considerable attention at the time, in Europe, being there republished in almost all the scientific journals. About this period he left the service of Dr. B., was absent about four years, married and became the father of two children. In 1829, he returned and entered the service of Dr. B., performing all the duties of a common servant, and enjoying as good health and as much vigor as men in general. In November, 1832, at which time, through the politeness of Dr. B., we had an opportunity of carefully examining this interesting case, he proceeded to Washington City in company with Dr. Beaumont, where, with the assistance of Dr. J. Lovell, Surgeon General of the United States Army, together with Professors Dunglison, now of the University of Maryland, and T. P. Jones, Hall, Sewall, and Henderson, of the Columbian College, a more extended series of experiments was commenced and completed, the results of which are fully presented to the public in the volume before us.

We may here observe that a portion of the experiments were instituted with a view to ascertain the relative difference between *natural* and *artificial* digestion; to demonstrate the performance of digestion *out of the stomach*, by the gastric juice; and also the *continuation* of the natural process, when *taken out* during the period of chymification. The mode of extracting the gastric juice for experiment, was to place the subject on his right side, when the valve, before alluded to, was depressed within the aperture, and a gum-elastic tube, of the size of a large quill, being introduced into the stomach, he was turned on the left side until the orifice became dependent. "In health, and when free from food, the stomach is *usually* entirely empty, and contracted upon itself. On introducing the tube, the fluid soon begins to flow, first by drops, then in an interrupted, and sometimes in a short continuous stream. Moving the tube about, up and down, or backwards and forwards, increases the discharge. The quantity of fluid ordinarily obtained is from four drachms to one and a half or two ounces, varying with the circumstances and condition of the stomach. Its extraction is generally attended by that peculiar sensation at the pit of the stomach, termed sinking, with some degree of faintness, which renders it necessary to stop the operation. The usual time of extracting the juice is early in the morning, before he has eaten, when the stomach is empty and clean."

"On laying him horizontally on his back, pressing the hand upon the hepatic region, agitating a little, and at the same time turning him to the left side, bright yellow bile appears to flow freely through the pylorus, and passes out through the tube. Sometimes it is found mixed with the gastric juice, without this operation. The chymous fluids are easily taken out by depressing the valve within the aperture, laying the hand over the lower part of the stomach, shaking a little, and pressing upwards.

We now pass to the consideration of the other portions of this interesting volume, and we propose to confine ourselves to a very brief analysis of its contents.

1st. Of Aliment—we select the following observations from this chapter.

"Vegetables are generally slower of digestion than meats and farinaceous substances, though they sometimes pass out of the stomach before them, in an undigested state. Crude vegetables, by some law of the animal economy, not well understood, are allowed, even when the stomach is in a healthy state, sometimes to pass the pyloric orifice, while other food is retained there to receive the solvent action of the gastric juice. This may depend upon their comparative indigestibility; for it is well known that cathartic medicines, various fruits, seeds, &c. which operate as laxatives, are not digested; are incapable of being retained in the stomach; and pass rapidly through the intestinal tube. When such articles are in excess, they produce considerable derangement, and sometimes fatal consequences.

The variety of fish, which are generally used by the citizens of this country, may be regarded as easily susceptible of digestion. The lobster, crab, and some others of the testaceous tribe, are, perhaps, exceptions.

Solid food is sooner disposed of by the stomach than fluid, and its nutritive principles are sooner carried into the circulation. It has been observed, however, that the exhaustion from abstinence is quicker removed by liquid than solid aliment. This is undoubtedly true; and it may be accounted for on the ground of a general sympathy existing between the stomach and all the other parts of the body. It is only necessary, in proof of this fact, to appeal to the experience of almost every physician. The violent spasms, contortions, &c. affecting different and remote parts of the system, that sometimes supervene on the introduction of crude or indigestible food into the stomach, are pretty clear indications of the powerful sympathy that exists between it and other organs or apparatuses.

Condiments, particularly those of the spicy kind, are non-essential to the process of digestion, in a healthy state of the system. They afford no nutrition. Though they may assist the action of a debilitated stomach for a time, their continual use never fails to produce an indirect debility of that organ. They affect it as alcohol or other stimulants do—the *present* relief afforded is at the expense of *future* suffering. Salt and vinegar are exceptions, and are not obnoxious to this charge, when used in moderation. They both assist in digestion—vinegar, by rendering muscular fibre more tender—and both together by producing a fluid having some analogy to the gastric juice.

Drinks are nearly as essential to the animal system as the more substantial food. Though not subject to digestion, they enter into the circulation, and become important agents in the ultimate changes that are undergoing in the tissues of the organism. Simple water is, perhaps, the only fluid that is called for by the wants of the economy.

The *quantity* of aliment is probably of more importance than the *quality*, to ensure health. The system requires much less than is generally supplied to it. The stomach disposes of a definite quantity. If more be taken than the actual wants of the economy require, the residue remains in the stomach, and becomes a source of irritation, and produces a consequent abberration of function, or passes into the lower bowels in an undigested state, and extends to them its deleterious influence. Dyspepsia is oftener the effect of over eating and over drinking than of any other cause."

2d. Of Hunger and Thirst.—Dr. B. submits the following as his Theory of Hunger—his impression is, that the sensation of hunger is produced by a *distention* of the gastric vessels, or that apparatus, whether vascular or glandular, which secretes the gastric juice; and is believed to be the effect of repletion by this fluid. In support of this theory he introduces a number of ingenious and plausible arguments, which our limits will not permit us to dwell upon.

We pass over the succeeding chapters on Satisfaction and Satiety; on Mastication, Insalivation, and Deglutition, and come now to the next chapter on Digestion by the Gastric Juice. The old theories of concoction, putrefaction, trituration, fermentation, and maceration, have generally given place to the opinions of Spallanzani, who taught that chymification was owing to the solvent action of a fluid, secreted by the stomach, and operating as a true menstruum of alimentary substances, and to which he gave the name now generally recognised, of *Gastric Juice.* The truth of this theory, so far as relates to the most important part, the existence of a chemical solvent, has been sustained by all who have made fair examinations and experiments on the subject.

That chymification, says Dr. B., is effected by the *solvent* action of the gastric juice, aided by the *motions* of the stomach, and the natural *warmth* of the system, not a doubt can remain in the mind of any candid person, who has had an opportunity to observe its effects on alimentary substances, or who has the liberality to credit the opinions of those who have had such opportunities.

At the instance of Dr. Beaumont, the gastric juice was submitted to chemical analysis by Professors Dunglison and Emmett, and the following letter gives the result.

"University of Virginia,
February 6th, 1833.

"My Dear Sir,

"Since I last wrote you, my friend and colleague, Professor Emmett, and myself, have examined the bottle of gastric fluid which I brought with me from Washington, and we have found it to contain free *Muriatic* and *Acetic* acid, *Phosphates* and *Muriates*, with bases of *Potassa*, *Soda*, *Magnesia* and *Lime*, and an *animal matter, soluble in cold water, but insoluble in hot.* We were satisfied, you recollect, in Washington, that free muriatic acid was present, but I had no conception it existed to the amount met with in our experiments here. We distilled the gastric fluid, when the free acid passed over; the salts and animal matter remaining in the retort. The quantity of Chloride of Silver thrown down on the addition of the Nitrate of Silver, was astonishing."

Professor Silliman, of Yale College, also made a similar investigation, with the following results.

"*Examination of the Gastric Fluid, Aug.* 2, 1833.

"1. The fluid, after being kept in a closely corked vial, more than three months, from April to August, and most of the time in a cellar, remained unaltered, except the formation of a pellicle upon the surface, slightly discolored by red spots. A second pellicle appeared after the precipitation of the first. It was thicker, and more discolored with dark red spots, like venous blood.

"2. The Fluid was cloudy, like a solution of gum arabic; but on filtering, it became perfectly clear, and of a slight, straw yellow tinge.

"3. The pellicles, which had the appearance of inspissated mucus, after being separated from the Fluid, became, after exposure to the air, throughout of a brownish red color, resembling the inner portion of a mass of coagulated blood. This change seemed to result from a sudden oxygenation.

"4. The Fluid exhaled a slight odour—not disagreeable—rather aromatic—and very similar to that which it at first exhaled; but not so strong. It was then rather disagreeable.

"5. Taste, feebly saline—not disagreeable.

"6. Test papers of litmus, alkanet, and purple cabbage, were decidedly reddened. Turmeric paper underwent no change: but when previously browned by an alkali, (ammonia) the gastric fluid restored the yellow color.

"7. Nitrate of Silver gave a dense white precipitate, which, after standing five minutes in the sun's light, turned to a dark, brownish black; thus indicating Muriatic Acid. Mur. and Nit. Barytes gave a slight opalescence, indicating a trace of sulphuric acid; not improbably, there was also some phosphoric acid.

"8. Specific gravity—when taken in a small, thin glass tube, containing 201 grs. of distilled water—when filled with the gastric fluid, its weight was increased 1 gr.—weight of the gastric liquor, therefore, 202 grs. The specific gravity is, therefore, about 1.005. But little solid matter in solution."

After presenting these analyses, Dr. B. next gives the results which have been obtained by others from partial examinations and analyses of the gastric juice, or rather, in most instances, of the *mixed fluids* of the stomach, and thus observes in reference to his own experiments.

"I think I am warranted, from the result of all the experiments, in saying, that the gastric juice, so far from being 'inert as water,' as some authors assert, is the most general solvent in nature, of alimentary matter—even the hardest bone cannot withstand its action. It is capable, *even out of the stomach*, of effecting perfect digestion, with the aid of due and uniform degrees of heat, (100° Fahrenheit,) and gentle agitation, as will be seen in the following experiments.

The fact that alimentary matter is *transformed*, in the stomach, into chyme, is now pretty generally conceded. The peculiar process by which the change is effected, has been, by many, considered a problem in physiology. Without pretending to explain the exact *modus operandi* of the gastric fluid, yet I am impelled by the weight of evidence, afforded by the experiments, deductions, and opinions of the ablest physiologists, but more by direct experiment, to conclude that the change effected by it on aliment is *purely chemical*. We must, I think, regard this fluid as a chemical agent, and its operation as a chemical action. It is certainly every way analogous to it; and I can see no more objection to accounting for the change effected on the food, on the supposition of a chemical process, than I do in accounting for the various and diversified modifications of matter, which are operated on in the same way. The decay of the dead body is a chemical operation, separating it into its elementary principles—and why not the solution of aliment in the stomach, and its ultimate assimilation into fibrine, gelatine, and albumen? Matter, in a natural sense, is indestructible. It may be differently combined; and these combinations are chemical changes. It is well known that all organic bodies are composed of very few simple principles, or substances, modified by excess or diminution of some of their constituents.

The gastric juice appears to be secreted from numberless vessels, distinct and separate from the mucous follicles. These vessels, when examined with a microscope, appear in the shape of small lucid points, or very fine papillæ, situated in the interstices of the follicles. They discharge their fluid only when solicited to do so, by the presence of aliment, or by mechanical irritation.

Pure gastric juice, when taken directly out of the stomach of a healthy adult, unmixed with any other fluid, save a portion of the mucus of the stomach, with which it is most commonly, and perhaps always combined, is a clear, transparent fluid; inodorous; a little saltish; and very perceptibly acid. Its taste, when applied to the tongue, is similar to thin mucilaginous water, slightly acidulated with muriatic acid. It is readily diffusible in water, wine, or spirits; slightly effervesces with alkalies; and is an effectual solvent of the *materia alimentaria*. It possesses the property of coagulating albumen, in an eminent degree; is powerfully antiseptic, checking the putrefaction of meat; and effectually restorative of healthy action, when applied to old, fœtid sores, and foul, ulcerating surfaces.

Saliva and mucus are sometimes abundantly mixed with the gastric juice. The mucus may be separated, by filtering the mixture through fine linen or muslin cambric. The gastric juice, and part of the saliva will pass through, while the mucus, and spumous, or frothy part of the saliva, remains on the filter. When not separated by the filter, the mucus gives a ropiness to the fluid, that does not belong to the gastric juice, and soon falls to the bottom, in loose, white flocculi. Saliva imparts to the gastric juice, an azure tinge, and frothy appearance; and, when in large proportion, renders it fœtid in a few days; whereas the *pure* gastric juice will keep for many months, without becoming fœtid.

The gastric juice does not accumulate in the cavity of the stomach, until alimentary matter be received, and excite its vessels to discharge their contents, for the immediate purpose of digestion. It then begins to exude from its proper vessels, and increases in proportion to the quantity of aliment *naturally* required, and received. A definite proportion of aliment, only, can be perfectly digested in a given quantity of the fluid. From experiments on artificial digestion, it appears that the proportion of juice to the ingestæ, is greater than is generally

supposed. Its action on food is indicative of its chemical character. Like other chemical agents, it *decomposes*, or *dissolves*, and combines with, a fixed and definite quantity of matter, when its action ceases. When the juice becomes *saturated*, it refuses to dissolve more; and, if an excess of food have been taken, the residue remains in the stomach, or passes into the bowels, in a crude state, and frequently becomes a source of nervous irritation, pain, and disease, for a long time; or until the *vis medicatrix naturæ* restores the vessels of this viscus to their natural and healthy actions—either with or without the aid of medicine."

The succeeding chapters of the work are on the appearance of the villous coat of the stomach, together with the motions of that viscus, and on chymification, the uses of the bile and pancreatic juice, upon which our limits will not permit us to dwell. To these succeed a full and copious detail of all the experiments, with tabular views, showing the mean time of digestion of the different articles of diet, naturally in the stomach, and artificially in vials, on a bath; also the temperature of the interior of the stomach, in different seasons of the year, and at various times of the day, for which we must refer our readers to the work itself.

The work concludes by a brief recapitulation of the inferences deduced by Dr. Beaumont, from all his experiments and observations, which we take the liberty to present entire, in this place.

"1. That *animal* and *farinaceous* aliments are more easy of digestion than *vegetable*.

2. That the susceptibility of digestion does not, however, depend altogether upon *natural* or *chemical* distinctions.

3. That digestion is facilitated by *minuteness* of *division* and *tenderness* of *fibre*, and retarded by opposite qualities.

4. That the *ultimate principles* of aliment are always the same, from whatever food they may be obtained.

5. That the action of the stomach, and its fluids are the same on *all kinds* of diet.

6. That the *digestibility* of aliment does not depend upon the *quantity* of nutrient principles that it contains.

7. That the *quantity* of food generally taken, is more than the wants of the system require; and that such excess, if persevered in, generally produces, not only functional aberration, but disease of the coats of the stomach.

8. That *bulk*, as well as *nutriment*, is necessary to the articles of diet.

9. That *oily* food is difficult of digestion, though it contains a large proportion of the nutrient principles.

10. That the *time* required for the digestion of food, is various, depending upon the quantity and quality of the food, state of the stomach, &c.; but that the time ordinarily required for the disposal of a moderate meal of the fibrous parts of meat, with bread, &c., is from three to three and a half hours.

11. That *solid* food, of a certain texture, is easier of digestion, than *fluid*.

12. That stimulating *condiments* are injurious to the healthy stomach.

13. That the use of *ardent spirits always* produces disease of the stomach, if persevered in.

14. That *hunger* is the effect of *distention* of the vessels that secrete the gastric juice.

15. That the processes of *mastication*, *insalivation*, and *deglutition*, in an abstract point of view, do not, in any way, affect the digestion of food; or, in other words, when food is introduced directly into the stomach, in a finely divided state, without these previous steps, it is as readily and as perfectly digested as when they have been taken.

16. That *saliva* does not possess the properties of an alimentary solvent.

17. That the *first* stage of digestion is effected in the stomach.

18. That the natural *temperature* of the stomach is 100° Fahrenheit.

19. That the temperature is *not elevated* by the ingestion of food.

20. That *exercise elevates* the temperature; and that *sleep* or *rest*, in a recumbent position, *depresses* it.

21. That the *agent* of chymification is the *Gastric Juice*.

22. That it acts as a *solvent* of food, and alters its properties.

23. That its action is facilitated by the *warmth* and *motions* of the stomach.

24. That it contains free *Muriatic Acid* and some other active *chemical* principles.

25. That it is never found *free* in the gastric cavity; but is always excited to discharge itself by the introduction of *food*, or other irritants.

26. That it is secreted from vessels distinct from the mucous follicles.

27. That it is seldom obtained pure, but is generally mixed with mucus, and sometimes with saliva. When pure, it is capable of being kept for months, and perhaps for years.

28. That it *coagulates* albumen, and afterwards *dissolves* the *coagulæ*.

29. That it *checks* the progress of putrefaction.

30. That the pure gastric juice is fluid, *clear* and *transparent*; without *odour*; a little *salt*, and perceptibly *acid*.

31. That like other chemical agents, it *commences* its action on food, as soon as it comes in *contact* with it.

32. That it is capable of *combining* with a certain and fixed *quantity* of food, and when more aliment is presented for its action than it will dissolve, disturbance of the stomach, or "indigestion" will ensue.

33. That it becomes intimately *mixed* and *blended* with the ingestæ in the stomach, by the motions of that organ.

34. That it is *invariably* the *same substance*, modified only by *admixture* with other fluids.

35. That *gentle exercise* facilitates the digestion of food.

36. That *bile* is not ordinarily found *in the stomach*, and is *not* commonly *necessary* for the digestion of food; but

37. That, when *oily* food has been used, it assists its digestion.

38. That *chyme* is *homogeneous*, but variable in its *color* and *consistence*.

39. That towards the *latter stages* of chymification, it becomes more *acid* and *stimulating*, and passes more rapidly from the stomach.

40. That *water*, *ardent spirits*, and most other *fluids* are not affected by the gastric juice, but pass from the stomach soon after they have been received.

41. That the *inner coat* of the stomach, is of a pale *pink* color, varying in its hues, according to its full or empty state.

42. That, in health, it is constantly sheathed with a *mucous* coat.

43. That the gastric juice and mucus are *dissimilar* in their *physical* and *chemical* properties.

44. That the appearance of the interior of the stomach, *in disease*, is essentially different from that of its *healthy* state.

45. That the motions of the stomach produce a constant *churning* of its contents, and *admixture* of food and gastric juice.

46. That these motions are in two directions; *transversely* and *longitudinally*.

47. That the *expulsion* of the chyme is assisted by a *transverse band*, &c.

48. That *chyle* is formed in the duodenum and small intestines, by the action of *bile* and *pancreatic juice*, on the chyme.

49. That crude *chyle* is a *semi-transparent, whey colored* fluid.

50. That it is further changed by the action of the *lacteals* and *mesenteric glands*. This is only an *inference* from the other facts. It has not been the subject of experiment.

51. That *no other* fluid produces the same effect on food that gastric juice does; and that it is the *only solvent* of *aliment*."

Art. II.—*On a new practice in Acute and Chronic Rheumatism.* By J. K. Mitchell, M. D. Am. Journal Medical Sciences, No. 15, May, 1831.*

In no science is the pure inductive mode of reasoning more important, and in no science perhaps is it less observed, than in that of medicine.

We see this remark verified, whenever we open the pages of any of our periodicals for perusal. In arriving at the character of disease, in ascertaining its causes, but more particularly in coming to a conclusion as to the most efficient treatment, we see this mode of reasoning often violated.

To Philadelphia, as the present seat of medical literature in this country, the profession naturally direct their attention, for whatever is sound in doctrine and practice; but from Philadelphia, alas! we too often receive what is unsound in both. The American Journal of the Medical Sciences, being the channel through which this fountain of medical literature issues her streams, exercises evidently a vast influence upon the medical profession of the country.

Whatever, therefore, comes through such a channel, should be sound in every particular. Error from such a source does not end upon the leaf that receives the impression. It is communicated to the vast number of practitioners who peruse its pages; and from them, unless fortunately rejected, it is imparted in another and more disastrous shape to their patients. These reflections have been suggested by the paper which heads this article; and it appears to us as a fair specimen of most of the essays which meet our eyes in the journals of the day; their authors being hasty in laying down their premises, and still more hasty in drawing their conclusions. The doctor begins by stating, "that a patient affected with caries of the spine, was suddenly attacked with all the usual symptoms of an acute rheumatism of the lower extremities. Disappointed in the usual treatment, he began to suspect that the cause of the irritation might lie in the affected spine. The spine was accordingly leeched and blistered, and the patient recovered from the rheumatism. Striking as were the benefits of the applications, they did not lead his mind at the time to the general conclusions, which they ought to have suggested."

We agree with the doctor entirely in the latter remark; for it appears upon a review of the case, that the patient had an attack of rheumatism while laboring under caries of the spine. It appears also that the disease was difficult to manage, as is generally the case; and that after it had spent its force, it subsided of itself with the assistance of a blister and leeches, which would have had the same effect if they had been applied on the anterior part of the body.

If Dr. Mitchell's theory was correct, the spinal disease not being removed, the rheumatism should have continued; for as long as the cause existed, the effects which he says arose from that cause, should have followed also. The rheumatism, however, disappeared, while the spinal disease remained, and the case consequently invalidates the ingenious theory. The same remarks will apply to his succeeding case.

His third case is equally unsatisfactory. It was probably venereal rheumatism, and the patient was benefited by the vegetable and mineral alteratives, assisted by the counter-irritation and drain produced by the seton. What connexion the pain in the scalp, and periostitis had with the spine, our imagination will not enable us to discover. Moreover, we are not in the habit, in this latitude, of allowing our patients to decide what treatment has proved the most salutary.

His fourth case only proves that the disease often yields to general and local anti-phlogistic remedies.

The remaining eight cases, upon which he grounds his theory, are drawn up by two young resident physicians of the Pennsylvania Hospital. They undoubtedly were desirous of coinciding with the doctor in opinion, and were still more desirous of finding a sure and infallible remedy for such an intractable and merciless disease.

It appears, upon looking over their cases, however, that three of the eight were not rheumatism; some recovered in spite of the dorsal

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* We are requested by the highly respectable reviewer to say, that the want of a Journal at hand, and professsonal engagements, prevented him from noticing Dr. Mitchell's paper earlier.

treatment; and one was so confounded obstinate, it would not yield until they applied cups upon the side immediately over the seat of the disease.

The evidence upon which the doctor, therefore, rests his theory, being unsatisfactory; he must permit us, consequently, to reject his inferences. That the subject of spinal irritation has been overlooked, and that it is a prolific source of disease, we are willing to admit; and we were rejoiced to see the judicious paper from Dr. Parish on that topic. But we do object to the solidistical notions of the Philadelphia school being infused into every thing that relates to pathology. Much more sound and satisfactory do the old-fashioned theories appear to us, although they savour so strongly of the humoral pathology; "that the disease depends upon a peculiar morbific or rheumatic matter in the blood, which being thrown or concentrated upon some particular part, was thought to be the immediate exciting cause of the local inflammation."

Or the opinion of Cullen, "that an inflammatory state of the blood, in connexion with a peculiar phlogistic condition of the muscular or fibrous structure, constitutes the proximate cause of the disease." Or the opinion of Richter, "that rheumatic inflammation is the consequence of irritation from restrained perspirable matter."

These are notions, to the accuracy of which common observation or experience will bear its testimony. But time and the short space allotted, admonish us to close.

In the course of this brief review, we have studiously avoided every thing that the author of the paper might consider offensive, and although we are compelled to differ with him in opinion, we have no other feelings than those of respect for his talents and his character.

P.

The Black Death of the Fourteenth Century. From the German of I. F. C. Hecker, M. D., &c., Berlin. Translated by B. G. Babington, M. D., London, 1833. 12mo, pp. 205.

We select from the Edinburgh Medical and Surgical Journal, for April 1834, the following article, in which will be found not only an interesting account of "the black death of the fourteenth century;" but will show that the indefatigable researches of our distinguished countryman, Noah Webster, to obtain a history of pestilential diseases, if not justly appreciated in our own country, are so in another, although it was known "that he was not a medical man." Ed's.

The great pestilence of the fourteenth century, which swept away, it is said, in the space of four years, a fourth of the population of Europe, has found an able, though fanciful historian in Dr. Hecker of Berlin. This pestilence, denominated in Germany and the north of Europe the *Black Death*, and the ravages of which extended over a wider space, and with a more dreadful mortality than any other visitation of the same nature before or since, has been but slightly alluded to by general historians. Even medical writers have shunned the investigation of a subject which promised information so little satisfactory; and the cause of the plague or the pestilence has thus been left to the traditions of the vulgar, who have in all countries, and in all times, stifled inquiry, by referring the mortality and prevalence of diseases to the Divine displeasure. The appearance of a comet, the bursting of a volcano, or the shaking of an earthquake, are connected, in the minds of many, with every unusual appearance of disease; and even the production of insects in unwonted numbers, and other less palpable warnings, have been supposed to usher in the pestilence, and have been stated either as causes or effects of a tainted atmosphere, inimical to life. Even Dr. Hecker himself seems inclined to think that there is a necessary connexion between "mighty revolutions in the organism of the earth," and the "plagues which have visited the world."—"The powers of creation come into violent collision; the sultry dryness of the atmosphere; the subterraneous thunders; the mist of overflowing waters, are the harbingers of destruction. Nature is not satisfied with the ordinary alternations of life and death; and the destroying angel waves over man and beast his flaming sword."

Without denying that great and sudden changes in the constitution of the atmosphere may produce disease, either directly by acting on the human frame, or indirectly by affecting man through the medium of his food or his local situation, it may be remarked, that, beyond the qualities of humidity or dryness,—beyond the alternations of heat and cold,—little is satisfactorily known. The meteoric changes producing a succession of seasons, which affect the proper ripening of the crops that serve as nutriment to man and beast, have certainly been proved to induce disease from the scarcity or bad quality of the food. This fact has been observed from the earliest times; and in the oldest record of the human race, *famine*, or a deficiency of food, is always represented as ushering in the *pestilence*. Not only is this the case, in reference to famine produced by natural causes, or a deficiency of the crops, but even in artificial scarcity, occasioned by the operations of contending armies, as in towns besieged, the same effect is produced in a narrow space, though the other parts of the same country, not exposed to the same causes of disease, may enjoy their usual state of health. But, at the same time, it is readily granted, that changes may occur in the combinations of our atmosphere unfavorable to life, although not perceptible to the senses, or to be discovered by the most delicate instruments. It is well known, in the case of odors, that a space incalculably great may be filled by an odorous body without adding to the weight of the air; so, in the case

of a supposed epidemic constitution of the atmosphere, it is perfectly possible that a source of disease may exist to a dangerous extent, without its presence being capable of being detected by the resources of the most refined chemistry. But allowing this as a possible case, by no means proves the actual existence of such causes of disease; and until the presence of noxious principles in the atmosphere be demonstrated, it is safer to look for less direct causes, in the state of the country, food, temperature, and other local circumstances, which may be induced by variations in the component parts of the atmosphere, — or in the meteorological alternations of extreme heat and cold, aridity and moisture, affecting the human constitution by means of the thousand channels which connect these changes with the health of man.

According to Dr. Hecker, the Black Death of the 14th century was preceded by revolutions of nature such as had not been remarked to the same extent before. "From China to the Atlantic, the foundations of the earth were shaken, — throughout Asia and Europe the atmosphere was in commotion, and endangered, by its baneful influence, both vegetable and animal life." Fifteen years before the plague broke out in Europe, the indications of the coming desolation were observed in China. In 1333 a parching drought in the tract of country watered by the rivers Kaing and Hoai occasioned a famine. This was followed by torrents of rain in and about Kingsai, the capital of the empire, to such an unprecedented extent, that 400,000 people perished in the floods; and the mountain Tsincheou, sapped in its foundations, fell in, leaving vast clefts in the earth. In 1334 the neighborhood of Canton was inundated; while in Tche, after an unexampled drought, a plague arose which carried off about five millions of people. A few months afterwards Kingsai was surprised by an earthquake; the mountains of Ki-ming-chan sunk below the surface; and a lake of more than a hundred leagues in circumference was formed on the site. In Hou-kouang and Ho-nan a drought of five months prevailed; and swarms of locusts destroyed the remaining vegetation. Renewed floods took place in 1336; and in 1337 four millions of people perished by famine from similar causes. Contemporaneous with these revolutions in China, Dr. Hecker remarks, "uncommon atmospheric phenomena, and in the winter, frequent storms were observed in the north of France; and in 1333 an eruption of Etna took place."

In 1338 Kingsai was visited (according to Dr. Hecker's investigations) by an earthquake of ten days' duration; and at the same time France suffered from a failure in the harvest. From this time till 1342, there was in China a constant succession of inundations, earthquakes, and famines; and in this latter year great floods occurred in the vicinity of the Rhine and in France. In 1343 the mountain Hong-tchang in China fell in, and caused a destructive deluge; and in other provinces of the empire, after three months' rain, inundations followed which destroyed seven cities. Violent earthquakes took place also in Egypt and Syria; and, in fine, the war of elements recurred in China in 1344, and floods and famine devastated various districts of that country till the year 1347.

Dr. Hecker, who has an evident leaning to connect these deviations from the ordinary course of nature in Asia, with similar revolutions in Europe, traces in the older writers the recorded signs of terrestrial commotion, as they began in the island of Cyprus in the year 1348. An earthquake and hurricane almost converted this island into a desert; and a pestiferous wind spread an odor so poisonous, that many fell down suddenly and expired in agony. Various accounts quoted by Dr. Hecker, the early record of magnified traditions, state, as subjects of common belief, that a thick mist advanced from the east, and spread itself over Italy; and that locusts in myriads, blown into the sea by a hurricane, produced noxious exhalations baneful to the principle of life. On the 25th of January in the same year an earthquake shook Greece, Italy, and the neighboring countries. Naples, Rome, Pisa, Bologna, Padua, Venice, and many other cities suffered; villages were swallowed up, and castles, houses, and churches overthrown. In Carinthia thirty villages were demolished, and the city of Villach was almost completely destroyed. This earthquake, which lasted for a week according to some, or a fortnight according to others, extended as far as the neighborhood of Basle, and recurred with intermissions until the year 1360. It was felt throughout Germany, France, Silesia, Poland, England and Denmark; and it is mentioned by Dr. Hecker, in proof of a change in the constitution of the atmosphere, that the wine in the casks became turbid.

In addition to all this, portentous signs — extraordinary meteors — the appearance of which in all ages have powerfully impressed the uneducated mind, added horror to the actual evils of physical convulsions. A comet appeared in August 1347; a pillar of fire is related to have been seen on the 20th of December 1348, at sunrise, over the Pope's palace in Avignon; and a fire-ball in August of the same year hung over the city of Paris.

These meteoric and other changes were not without their effects upon the seasons, and the production of food. The crops generally failed; the grain was of bad quality; and in Italy and surrounding countries, a year before the Black Death burst out, with its typical forerunners, earthquakes and inundations, numbers of the poorer classes were starving for want of food. At Florence, in April 1347, it is said 94,000 loaves of bread, each of eight ounces in weight, were daily dispensed to the poor. The necessary and never-failing result of famine and its concomitants is disease; and as there existed at that time no extent of superabundant cultivation, and no general transit of superabundant produce, — when disease occurred, it made progress with giant steps in virulency, and was only mitigated by

the exhaustion of the subjects thus subjected to its sway.

"Destruction by destruction was destroyed."

Such were some of the physical changes in the earth's surface, which, along with simultaneous changes in the constitution of the atmosphere, preceded the appearance of the Black Death in Europe. But Dr. Hecker, though he mentions atmospheric influences as one cause of its production and increase, does not limit himself to this agency alone. Believing that the plague existed in Europe before nations were united by the bonds of commerce, and that its latent germs lurked unnoticed till a concurrence of atmospherical changes excited them into malignity, he accounts for the appearance in Europe of the Black Death of the fourteenth century, in the *first* place, from the corruption of the atmosphere; and *secondly*, from contagion. This latter agency, says he, "far more powerful than the excitement of the latent elements of the plague by atmospheric influences, was the contagion communicated from one people to another, on the great roads, and in the harbors of the Mediterranean." In this view, and supposing the disease to have originated in China, he attempts to trace the route of the caravans through Central Asia to Tauris. From Tauris ships took the produce of the East to Constantinople, the medium of connexion between Asia, Europe, and Africa. Other caravans went from India to Asia Minor, and touched at the cities south of the Caspian Sea; and lastly, from Bagdad, through Arabia, to Egypt. In all these directions Dr. Hecker supposes the contagion to have made its way; and he is disposed to believe that Constantinople and the harbors of Asia Minor were the foci of infection. From Constantinople the disease was communicated in 1347 to Cyprus, Sicily, Marseilles, and some of the sea ports of Italy; and the remaining islands of the Mediteranean — Sardinia, Corsica, and Majorca, — were visited in succession.

In January 1348, this plague appeared at Avignon, and afterwards in other parts of France, and in all the southern provinces of Spain. At the close of the same year it made its appearance in Dorsetshire in England, and speedily spread over the whole country. In 1349, Ireland, Scotland, and Holland, were visited by this plague; in 1350, Germany, Hungary, and the north of Europe; and in 1351 it broke out in Russia, more than three years after it had appeared at Constantinople. The appearance of the disease at different periods in different towns of the same district, is a puzzling fact in the explanation of its origin and progress through meteorological changes of the atmosphere; while, on the other hand, the transit of the disease by contagion supposes it to have proceeded from Constantinople by the circuit of Southern and Central Europe, England, the northern kingdoms, and Poland, before it reached the Russian territories, — in place of the more direct route from China by Tauris and the Caspian Sea.

The period of the appearance of the disease in England is by one author stated to be the month of September, and by another as just after Christmas. It raged about five months, according to Archbishop Parker; though, according to other authors, this plague prevailed in parts of London and its vicinity till the autumn of 1349. Short, on the authority of Johan. Cole de Billona, states that a cloudy and moist atmosphere, with a high degree of heat, had occurred for some years, and that a malignant peripneumony prevailed throughout Europe. The year 1347 was in England excessively rainy, and the air humid; and the prevalence of unusual numbers of loathsome insects is remarked, as proving the pestilential state of the air, not only in China, but in Europe. These unusual visitors are described (Webster's Hist. of Pestilential Diseases, i. 215.) "as young serpents, or as venomous insects, or as large vermin, with tails and eight short legs," — a description, adds Mr. Webster, in which "probably a frightened imagination had some share of influence." But of the fact of their existence there can be no doubt.* In the Ouse there was a great inundation just before Ascension day; and the plague broke out in York immediately after.

The death of the fish in the rivers is also recorded as attending the Black Death in England. This circumstance, originating from what source it might, or whether absolutely or relatively true, gave rise to a report that the Jews had poisoned the wells and springs; and the consequence was, that the prejudices of the people were inflamed against the unprotected Israelites by this charge, and urged to new acts of cruelty and oppression. In some places of Germany many Jews were even assasinated on this fanciful charge. Disease among animals, particularly among sheep, the consequence perhaps of over-moist pasture or deteriorated herbage, is also recorded as occurring simultaneously with the plague to man. In England it is said 5000 died in one pasture; and both air and water were so saturated with the seeds of disease, that, as historians record, even the fowls and fishes

* The wonderful animal here referred to as the harbinger of disease, and the sign of a vitiated atmosphere, at no distant date alarmed the inhabitants of Edinburgh by its appearance in great numbers in Blair Street. Crowds assembled to look upon the tiny monsters, — regarded as the forerunner of dreaded evils, — which no one dared to touch, and which none could name. This happened nearly thirty years ago, during the late war. Their appearance powerfully affected the minds of the vulgar; and the little serpents had the honor of being noticed in the newspapers. There were few entomologists at that time in Edinburgh, and perhaps not half a dozen were able to say they had ever seen the creature. The animal in question, with its long rat-tail, is the larva of a species of *Musca*, which breeds in drains and sewers, aud which, after passing a part of its existence in water as a larva, seeks the land to undergo its metamorphosis into a fly. In some seasons they are particularly numerous; and in the meadow ditches, while they formed the outlet of the common sewers in the neighborhood, they were annually to be found.

were found with the characteristic blotches of the dominant plague.

In 1349 the Black Death reached Scotland. It proved fatal, according to Fordun, in forty-eight hours, (Fordun, xiv. 7,) and the bodies of persons seized swelled much. It was remarked as being particularly fatal among the poorer classes of the community. A disease or pestilence, with the same symptoms, is also recorded to have occurred in Scotland in 1361.

Dr. Hecker, in his Account of the Black Death, limits the period of its more destructive violence in Europe, with the exception of Russia, from the year 1347 to 1350. The succeeding epidemics of the same century he does not consider as belonging to "the great mortality." On the contrary, he regards these recorded plagues as similar to the pestilences of former and succeeding times, which were distinguished from the Black Death, from not being accompanied by inflammation of the lungs,—and of which the seeds lurked in every country, ready to be excited under circumstances favorable to the production of disease. But the accounts transmitted of the succeeding years of this ill-fated century, do not bear out the doctor in his opinion upon this point; for the recurrence of the plague in Scotland in 1361, with exactly the same symptoms, is recorded by one of her most veracious historians; and meteorological changes of a similar nature seem to have preceded and accompanied a disease, differing only from the former, as acting upon a smaller amount of population.

At the close of Dr. Hecker's period, in 1350, there were severe earthquakes in Italy. A severe drought distinguished the same year; and a comet appeared in 1351, accompanied by dreadful storms, and the bursting of a meteor. The winter following was severe. In 1352, 900,000 people are said to have perished by famine in China; in 1354, Africa and Cyprus were devoured by locusts; and in the same year, an epidemic madness prevailed in England. In 1358, the winter was particularly severe; and in the following year, 1359, an eruption is recorded to have taken place in Iceland, and a wasting plague in Italy. Florence alone lost 100,000 citizens; and, according to Petrarch, scarcely ten of a thousand survived. The mortality among women in child-bed is noticed as an adjunct of this plague; and a disease or murrain prevailed among the cattle. A remarkable storm of hail and snow took place in April 1360; and in January 1361, a violent tempest spread desolation over Europe. In 1361, the pestilence, in its renewed attack, became nearly general over Europe. Milan which had escaped the scourge in 1340, was now attacked; and France, England, and Ireland, shared in the calamity. As to Scotland, it was computed that in that country one-third of the inhabitants perished, among whom were many persons of distinction.*

* Fordun, xiv. 24.

In March 1362, a comet with a vast coma appeared in the north-east; a new eruption of the active volcanos in Iceland took place; and a dearth, accompanied by a murrain among cattle, supervened. This last pestilence is said to have differed from the former in 1348, in that it was more severe in mountainous districts, which the former disease had not affected, and in attacking the nobility and rich people with more severity.* The comet and volcanos of 1362 were followed in 1363 by a winter, which lasted with unusual severity from September to April. The Rhine is said to have been covered with ice for ten weeks. The year 1365 was rainy, and 20,000 people in Cologne and its vicinity perished by the plague. In 1366, another eruption in Iceland took place, which destroyed seventy farms; and in England the year was remarked as a sickly one, and the deaths sudden. In March 1368, a comet appeared, and the crops failed. The necessary consequence of the failure of the crops was the *third* great plague, which had ravaged England in the reign of Edward III. It increased in virulence till the following year, when its ravages were greatest. It was particularly fatal about Oxford. In Ireland the disease appeared in 1370.

The last thirty years of the fourteenth century are signalized by similar meteorological changes, and failures in the crops, and diseases. In 1373, an epidemic madness prevailed among the lower orders in England; and in 1374, a similar affection among the inhabitants of France and Italy. In 1374, Iceland's volcanoes were again in action; and famine and plague prevailed in Italy and some parts of France. In 1379, great sickness is recorded to have taken place in the north of England; and in 1380, another comet appeared. Earthquakes were felt in England in 1381-2; and the plague appeared at Avignon in France, which prevailed for the following four or five years in Italy, France, Germany, England, Ireland, Greece, and the East. An eruption of Etna took place in 1381, and the year closed with great rains. The year 1382 is remarked as being without winds. This plague is remarked as having been most fatal to children and to friars. The city of Lubeck is said to have lost 90,000 people. In 1388, on account of the drought, the Rhine was fordable at Cologne; in 1389 tempests raged in England; a singular meteor was seen; and great numbers of children died in all parts of England. In the following year the north of England was visited by plague; and gnats and flies in unusual numbers were the precursors or the evidences of the tainted atmosphere. Some parts of the continent were also at this time overrun with locusts. An uncommon redness of the sun distinguished July 1391, followed afterwards for six weeks by thick vapors or clouds; and in this year a malignant dysentery, the sequel of plague, as Mr. Webster remarks, prevailed in England. This seems the last of the general calamities

* Webster's Hist. of Epidemic Diseases, i. 221.

that fell upon the European people in the fourteenth century.

The fifteenth century is distinguished by a succession of storms, comets, volcanoes, earthquakes, and all those physical changes, the consequences of which it is the delight of the geologist to investigate, but with less marked calamity to the human race than in the century preceding. As connected with the present subject, we only mention the sweating sickness, or *Sudor Anglicus*, which appeared in England in 1483, and return to the Black Death of the fourteenth century. The beginning of this century, though Dr. Hecker passes in silence over its young years, was pretty prolific in the same kinds of natural phenomena, — comets, earthquakes, moist and dry seasons, and cold and wet ones; and these in their turn were naturally followed by their usual effects on vegetation and the productions of agriculture. The animals supported by the fruits of the earth must have been affected by the scarcity or unwholesomeness of unripened or contaminated food, when no commerce existed to balance the wants of one country by supplies from another; and these facts account, in no improbable manner, for the effects of scarcity, damp, and cold, aggravating disease among a half-civilized people. The murrian among horned cattle, and the diseases of sheep, which often accompanied the plagues of the middle ages, are referrible to the same causes.

(*To be concluded in our next number.*)

ANALECTA.

1. New Researches on the Composition of the Serum of Human Blood, by M. Felix Boudet. (*Journal de Pharmacie, No.* vi. *June* 1833.) *Critical and Chemical Essay on the Blood, by M. Felix Boudet. Form of the globules; existence of cholesterine, and an alkaline soap in the serum, and the discovery of seroline, a new principle.*

The object of these researches is to determine the nature of the relation between the globules of the blood and the coloring matter and the serum, and to ascertain the chemical constitution of the latter fluid. M. Boudet takes a general view of all the representations which have been given of the nature of the globules, from the time of Leeuwenhoeck to that of Hewson, Home, Prevost and Dumas, Young, and lastly, Raspail, Donné, and Muller. It is well known that Hewson represented the globules as flat, orbicular or circular bodies, like coins, but with prominent centres, and that the observations of Prevost and Dumas are in favor of the same idea. Home, on the other hand, inferred, from what he conceived careful microscopic observation, that they were minute spherical bodies, consisting of a central globule, enveloped in coloring matter during life. This idea was also maintained by Young, who considered the central *umbilicus* or prominence as an optical illusion.

The general tendency, in short, of different observations on the constitution of these minute and problematical bodies appears to be, that they consist of two concentric spheroids. The separate and essential existence of the inner spheroid appears to be established, especially by the experimental observations of M. M. Prevost and Dumas, and M. Donné and M. Muller. Thus the first inquirer found, that, if dried blood was diluted in a saline solution, the central globules were easily recognised; and that, conversely, when the blood was diluted with pure water, the coloring matter was dissolved, or rather divided in this fluid, and the internal spheres appeared then to be colorless. Donné found, among numerous microscopical observations, that, whether he operated on human blood, or that of the frog, the globules were effaced, indeed, when diluted with water on a glass plate; but that, if he waited till the coloring matter had spread over the margins of the plate, he then observed these globules colorless and transparent floating in the fluid, and that it is absolutely impossible to dissolve them in a large quantity of water within a space of more than twenty-four hours. M. Donné, in short, regards the globules as minute bodies of a lenticular shape, formed of a fundamental tissue of fibrine, in the interstices of which albumen and coloring matter are deposited.

Lastly, in a letter recently addressed to the Institute, and inserted in the *Annales des Sciences Naturelles*, (*October*, 1832, p. 222,) M. Muller adds the following confirmatory statements, derived from the blood of frogs. "The globules of blood are composed of a colorless *nucleus* and red crust, which undergoes gradual solution in pure water, but not in salt or sugared water. After the solution of the red crust in water, the central *nuclei* remain insoluble in simple water, but are dissolved in alkaline water. The most effectual mode of detaching these *nuclei* from their red capsules, is to mix a drop of acetic acid with a drop of blood from a frog, or any other animal, and to observe the effect microscopically. The red crust is instantly dissolved in the acetic acid, while the elliptical *nuclei* remain, and may be examined in their proper form."

From all these testimonies, combined with his own observation, M. Boudet infers, that, whatever discordance prevails on other points, it is certain that the globules of the blood consist of two substances, — a colorless and a red coloring matter, and that in configuration they form two concentric spheroids. To us it appears from the facts more natural to rep-

resent them as consisting of a central spheroid, and an inclosing spheroidal capsule,—both concentric.

On the diameter and size of these globules, M. Boudet merely repeats the inference formerly established by several observers, that though these diameters vary in different species, and much more in different animals, they are invariably the same in the same animal. This might demonstrate the impropriety of transfusing the blood of an animal of one species, into the vessels of an animal of a different species. The odorous principle of the blood, he is of opinion, depends on the presence of some volatile acid substance, analogous to those which were found by Chevreul in adipose substances. This opinion derives some probability from the fact, that M. Matteucci, in distilling the serum of goat's blood with sulphuric acid, obtained a mixture of lactic and caproic acid.

On the important question, as to the state in which the fibrin exists in blood, M. Boudet rejects as untenable, the common opinion, that this principle forms part of the globules, partly in consequence of the experiments of M. Le Canu on the coloring matter of the blood, and partly by reason of the experiments of M. Muller, which are entirely at variance with such a supposition.

This observer maintains that the fibrin in the coagulable part of the blood is not contained in the globules, but is dissolved in the serum. To demonstrate this inference he selects the blood of recent frogs, the globules of which are too large to pass through the pores of filters. Having amputated the thigh of a frog, he causes the blood to fall on a moistened filter, and mixes with it an equal quantity of pure water, or rather of sugared water. There escapes a clear liquid, in which is quickly formed a clot of fibrin, which is speedily condensed and becomes white. The globules in the meantime remain on the filter, unchanged and undissolved if sugared water have been mixed with the blood. From this experiment it results, that the coagulation of the blood is not justly explained by referring it to aggregation of the globules. This experiment succeeds in summer, spring, or autumn, but not in winter, because the blood of frogs does not coagulate at this season.

These experiments, M. Boudet infers, concur in showing that the fibrin exists in the *serum* in a state of solution.

M. Boudet has further detected in the blood, at least, its *serum*, the presence of three principles,—two entirely new, which had hitherto escaped analytical examination; and he is led to express the opinion that, as it was only by operating on very large quantities that he discovered the principles alluded to, it is necessary to have recourse to a new mode of analysis, as the circulation and repair of the blood are so rapid that any given quantity taken at any particular point of time may contain mere traces of the substances found to exist. He further thinks, that, if examined in this manner, the blood must contain not only the material of all the organs, but even the characteristic principles of the different secretions, as cholesterine, urea, &c.

The substances next found in the human blood by M. Boudet are,—1. an alkaline soap; 2. cholesterine; and, 3. a fat substance hitherto unknown, and to which he applies the distinctive name of *seroline*.

These substances were obtained in the following manner.

A large quantity of *serum*, formed by the combination of three blood-lettings, being dried by a gentle heat, washed by boiling water, and dried again, was reduced to powder, and treated with boiling alcohol. The alcoholic liquors which had been colorless, became turbid on cooling, and from them were precipitated very slowly white *flocculi*, separable by the filter. These flocculi, which presented the aspect of little adipose pearly plates, slightly translucent, but without crystalline form, were the new principle denominated *seroline*.

Viewed by the microscope, these adipose whitish pearly plates seem to be formed of filaments, swelling at intervals with minute white opaque globules, which give them the aspect of chaplets or strings of beads.

Seroline melts at + 36°=97° F. evinces no reaction on reacting papers, and reddens, like cholesterine, in contact with concentrated sulphuric acid.

It does not form an emulsion with cold water, and if warmed it swims on the surface of the fluid in the form of a colorless oil.

It is readily dissolved by sulphuric ether even in the cold. It is in no degree affected, or the contrary, by alcohol in the cold, and traces only are dissolved in that fluid at 36° = 92° F. and at ebullition.

Subjected to warm *aqua potassæ* for six hours, it undergoes no change, and hydrochloric acid causes no precipitate in such alkaline liquor.

Long heated with nitric acid it is not dissolved, but becomes soluble in *aqua potassæ*, which then acquires a brown color.

Distilled at the lamp in a glass tube, it emits a very characteristic odour, furnishes alkaline vapours, is partly volatilized, and leaves a carbonaceous residue.

The alkaline soap and cholesterine were obtained in the following manner.

The filtered liquor distilled in the sand-bath, and reduced to one-fourth of its volume, exhibits, upon cooling again, a milky turbidity, yet without remarkable precipitate.

The evaporation being continued, furnishes a residue of a yellowish-brown aspect, of the consistence of turpentine, forming with cold water an emulsion of a bitter taste, and a smell analogous to that of the phosphorated fat of the brain.

This residue triturated cold with alcohol at 36° = 97° F. gave it a yellow color, and became attached to the tube in the manner of a soft resin. The alcohol was renewed till it ceased to acquire color, and the mixture was then separated into two distinct products; one

soluble in alcohol, corresponding to the only matter of M. Le Canu, the other insoluble in the fat matter of the brain.

From the first of these left to itself were precipitated, at the end of a certain period, minute crystalline plates, of an appearance analogous to that of cholesterine, and which, indeed, present no material difference of character from that substance.

When the serum after this precipitation was decanted and evaporated to dryness, it furnished a viscid residue of a bitter taste, very soluble in alcohol, and retained some cerebral fat, which was afterwards detached as far as possible by the aid of alcohol, at 22° = 72° F. which appeared to M. Boudet to exercise no sensible influence on the substance. Lastly, he dissolved it in ether, which separated from it some traces of saline matters.

Thus purified, this new product was soft, sensibly transparent, of a bitter saponaceous taste, a little altered by the taste of the phosphorated fat, very soluble in alcohol and ether, sensibly soluble in water, cold or hot, and rendering it mucilaginous, like a genuine soap, and speedily restoring the blue color to turnsol, reddened by acid. From these characters M. Boudet felt it impossible to mistake this substance for an oily matter, and most probably in the shape of a genuine soap. He afterwards confirmed this inference by the addition of hydrochloric acid to the watery emulsion upon which drops of oil came to the surface. He regards the soap as a probable mixture of oleic and margaric acids.

M. Boudet regards the oily matter of M. Le Canu as partly alkaline soap, partly *seroline* and cholesterine.—*Ed. Med. and Surg. Journal.*

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2. Worms in the Blood.—*History of a Case in which Animals were found in Blood drawn from the Veins of a Boy, with Remarks, by* J. Stevenson Bushnan, *F. L. S., Surgeon to the Dumfries Dispensary.* London, Edinburgh, 1833, pp. 74.—A boy, eight years of age, living on the banks of the Nith, the waters of which he had always drank, "was visited professionally in June last, by Mr. Bushnan of Dumfries, who found him laboring under influenza, at that time epidemic."—"He complained of great headache, his pulse was full and strong, and one hundred in the minute." The mother of the patient, when she requested Mr. Bushnan's advice, informed him that her son had been bled, and that fifteen worms had been found in the blood drawn; one of which she produced in a cup of water. The worms were stated to have been visible in the blood in less than a quarter of an hour after it had been drawn.

Mr. Bushnan deemed it expedient to abstract about six ounces of blood, in which he could discover nothing perternatural. He covered it with a basin in such a way as that it could not be disturbed without his knowledge.

In an hour afterwards he found five animals swimming in the serum, all most vigorous and lively. On dividing the clot, the animals made powerful efforts to disengage themselves from it. Eight were disengaged, making with the five discovered in the serum, and the fifteen obtained by the previous bleeding, twenty-eight. Specimens were sent immediately to Mr. Rhind, the naturalist, who gives the following description of them.

"The animals I received from you lived with me two days, in a little blood serum, when I had an opportunity of examining them, most attentively. They are from about half an inch to six or eight lines in length, when dead the bodies relax and become about one inch long. They consist of an articulated body of eleven joints, of a head with rudiments of four organs, (antennæ and palpi,) with an appendage immediately below the articulation of the head, which is ciliated and very similar to the respiratory tubes at the other extremity. The tail terminates in two tubular bodies or stigmata, having ciliated margins; they are the external respiratory organs; besides these, there are two or three bands on each side, which are mere fleshy appendages. Within the articulated body extending on each side from the tail to the head, the respiratory organs are distinctly visible with the aid of a microscope. They consist of a continuous tubular structure, of a pale silvery color, through which the air passes. The color of the animals is bright-red. These animals exactly correspond in structure, color, and size, to the larvæ of the *Tipula oleracea* which in summer is so abundantly found in ditch or river water. The eggs of these flies are very minute, and at a certain season of the year, are deposited in great numbers in running water, by the Tipula fly, well known by its long legs and slender body. The worms cannot be mistaken for any of the Entozoa of the human body, or of other animals, because they have distinctly formed ærating organs, which intestinal worms never have been discovered to possess. They are in many points entirely different. Their red color is a specific distinction, and not likely to be accidental, from the color of the fluid in which they were formed, and on which they appeared to feed. They also seemed to respire equally well in the blood serum as in water, for I could distinguish a constant succession of air globules in their respiratory tubes." The short monograph from which the above account is extracted contains a brief view of the narrations given by various authors of similar occurrences, and a discussion of the various theories of their formation, to which, as we have not space here, we must refer the reader.—*Ibid.*

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3. Surgical Pathology.—*Wound of both Femoral Arteries without Hemorrhage.*—Larrey, *Histoire Chirurgicale du Siege de Citadelle d'Anvers.*—An artilleryman, while standing with his legs asunder near a cannon which he was preparing to sponge, was struck by a bomb, which burst, passed between his thighs from behind forward, without fracturing either femur, and tore all the soft parts situated at the middle-third of the internal and posterior side of these members. No hemorrhage en-

sued, though the two femoral arteries appeared, amid the havoc of the soft parts, completely divided, and exhibiting a motion altogether erectile. The pulsations of both were very perceptible superiorly, till within three or four lines of the divided extremities, where a sort of resistance to pressure was felt, as if the orifices of the two arteries had been stopped by a foreign body. It was true torsion of the vessels. It is almost needless to add, the patient did not survive.—*Ibid.*

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4. A Case of Scorching by Electric Fluid, by M. Volpeliere, of Arles. *From Journal de Medecine Pratique, Oct.* 1833.—A very delicate woman, 68 years of age, of a nervous bilious, temperament, while closing her window on the evening of 26th May 1829, during a violent thunder-storm, with torrents of rain, was struck with lightning. The electric fluid proceeded from the iron fastening of the window along her left hand and sleeve, till it reached her shoulder, whence it descended along the thorax, abdomen, groin, internal part of the thigh and leg, to the sole of the foot, keeping always on the same side. She fainted, fell backwards, and sustained a contused wound in the occipital region. After remaining an hour in this state of stupor, she with difficulty got up, and threw herself on her bed till day break, when she called her neighbors. On visiting her soon after, M. Volpeliere found her with a wandering countenance, feeble concentrated pulse, and cold skin. All the parts touched by the electric fluid were scorched. In some places the epidermis was raised, and the thigh presented an erysipelatous redness. Simple cooling dressings were applied, and a stimulant exhibited. On a second visit, the strength was a little restored. On examining the patient more minutely, it appeared that the skin had acted as the conductor of electric fluid. The sleeve of the shirt was not burned, except at the shoulder, where, at the time of the accident, the arm formed with the body an angle of 46°. She had a cloth under-vest lined with scarlet. Wherever the electric fluid had been delayed for a longer or shorter period, the scars were larger and deeper. The wrist, shoulder, upper part of the pelvis, were severely burnt. The inner surface of the thigh, at first of an erysipelatous red, presented soon after the reaction, an enormous wound. The leg confined by the garter did not arrest the course of the fluid. There were observed here only two holes, one below the knee, and the other above the *malleolus internus.* Reaction took place several times, but was subdued by abstinence. After the separation of the eschar, the cicatrization of this enormous wound took place; but upwards of two months after the accident, the patient died of gastro-enteritis.

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5. Professor Roux' opinion on the Cause of Death after very Painful Injuries.—A man was admitted into the La Charité Hospital, with an immense tumor on the upper and inner side of the thigh. The operation for its removal was very protracted and painful, in consequence of the deep adhesions to the ossa pubis and ischii. The patient died on the third day, in a state of alternative stupor and delirium. On dissection, the only morbid appearance observed was, an effusion of serum into the lateral ventricles of the brain. Mr. Roux stated, that in almost all cases where death is consequent upon very severe suffering, he has found an effusion of serum either between the membranes, especially between the arachnoid and pia mater, or in the lateral ventricles. He has very often noticed it in patients who have died from burns, and more frequenty in children than in adults, who can better resist pain.—*Med. Chir. Rev.*

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6. On Hydatids, and their Conversion into Tubercles.—M. Kuhn has lately read before the French Academy a memoir on acephalocysts, and the manner in which these parastical productions gave rise to tubercles. He holds the opinion of Laennec, Bremser, and others, that they are to be considered as truly of an animal nature; and draws a distinction between those found in the human body, from what are seen in sheep and other lower animals; the former, says he, are always propagated by internal buds, or growths which are thrown off from the inner surface of the original hydatid, and may be, therefore, denominated 'endogenous;' they may be compared to a nest of boxes, one within the other, whereas the latter produce buds only on their outer surface, and are, therefore, 'exogenous.' It was after a very careful examination of the lungs of oxen, which had died of a species of phthisis called 'pommelière,' that M. Khun was led to the belief of the degeneration or conversion of hydatids into tubercles. The hydatids, by their irritation, cause cysts to be formed around them; these cysts become stronger, fibrous, or even cartilaginous; meanwhile, the acephalocysts enlarge by sereous imbibition, and multiply by buds from their inner surface; these again, in course of time, give rise to others, the whole nest being contained in one bag. From the inside of this bag is secreted a yellowish viscid matter, which becomes thicker and thicker; M. Kuhn regards it as the primitive tuberculous deposit: it gradually solidifies, and, with a simultaneous shrinking of the cyst, tends to squeeze and kill the enclosed animals, thus giving rise to a nucleus of tubercles. Sometimes the tubercles are not entirely filled up, but are hollow, and we observe only the shell or dried husk of the acephalocyst; we may even separate the thin layer of the animal from the debris within, by immersing some of the tubercles in water. M. Kuhn has enriched his memoir with beautiful illustrative drawings; they throw much light on the etiology of the tubercles which are found in the lungs and liver of ruminating animals. The co-existence of hydatids and tubercles, in the same organs, is a fact at once curious and most interesting. The subject is

one of much importance, and deserves future examination.—*Révue Medicale.*

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7. Parliamentary Report on Vaccination.—We beg to direct attention to the very important document relating to vaccination which will be found in our present number. It has been expected for some time, but has only just been printed; and we have the satisfaction of being the first to lay it before the professional public. We shall probably take a future occasion of adverting to the subject more at length; but mean time we must take leave to protest, *in limine*, against the proposal, 'that, considering that the duties of this Board are like to be rather honorary than burthensome, the persons to be apppointed members of the Board should, before appointment, be requested to signify their consent to perform the duties gratuitously." We really must say, that medical men do quite enough for the public gratuitously, without any fresh calls upon them. If the services to be performed by the Board be of importance to the country, they ought to be paid for, like other government offices; if they be not, then no Board ought to be appointed. At all events, some great necessity, and some important saving, can alone warrant the above proposal; but we find that the expenditure of the Vaccine Establishment, according to the arrangements already made, is 2,100*l*, and the expense according to the proposed plan of a *responsible* but *gratuitous* Board, is 1,605*l*; so that the entire saving is under 500*l*. Surely the country is not yet so near a bankruptcy as to require such a miserable gratuity as this at the hands of the medical profession.—*Med. Gaz.*

MEDICAL INTELLIGENCE.

LIST OF MEDICAL GRADUATES. 1834.

1. College of Physicians and Surgeons in the City of New York.

William Arnold,	Diseases of the teeth.
Aaron Bain,	Sero Enteritis.
C. H. Bibighaues,	Incised and Contused Wounds.
George Brown,	Encephalitis.
T. B. Downing,	Digitalis.
Henry S. Downs,	Hydrocephalus.
I. P. L. Dyett, A. M.	Idiopathic Fever.
George Gilfilland,	Cathartics.
Albert G. Grunly,	Aneurism.
James Hitchcock,	Opium.
William Hulur,	Phlogosis.
Edward Jones,	Trachitis.
John S. Lasher,	The Nervous System.
P. B. McKelvey,	Pathology & Proximate.
A. Maclay, Jr.,	Menstruation.
Per Lee Pine,	Retention of the Placenta.
Samuel A. Purdy,	Aneurism of the Thoracic Aorta.
Jeremiah Daly,	Medical Profession.
Thomas Lea Smith,	Bronchitis.
James W. Sinclair,	Thyroid Gland.
John L. Taylor,	Varioloid.
Uriah Upjohn,	Diet and Exercise.

2. University of Pennsylvania.

Armstrong, R. C.	Fever & its Treatment.
Allen, Samuel A.	Scarlatina.
Abbot, Thomas H.	Bilious Worm Fever.
Anderson, Richard	Gonorrhœa.
Alexander, John T.	Capillary Circulation.
Arrott, Collin	Injuries of Head.
Armistead, W. A.	Intermittent Fever.
Bouchelle, Robert M.	Pneumonia.
Bond, John W.	Hepatitis.
Booker, Shields	Digestion.
Bindford, Henry A.	Remittent Fever.
Baldwin, Isaac H.	Organic Force.
Beekman, W. F.	Strictures of Urethra.
Balfour, William T.	Strictures of Urethra.
Bellamy, Samuel C.	Scarlatina.
Boyd, John	Hydrothorax.
Boyer, Conrad R.	Digitalis Purpurea.
Bower, William H.	Coxalgia.
Bryan, James	Epidemics.
Buchanan, A. H.	Mental Derangement.
Baugh, John M.	Scarlatina.
Crump, George	Hydrops.
Camm, Edward.	Intermittent Fever.
Chambers, B. F.	Vermes.
Calhoun, John B.	Ulceration.
Coleman, Richard	Acute Hepatitis.
Chewing, Albert G.	Acute Hepatitis.
Cotten, John A.	Catamenia.
Conover, William J.	Fever.
Caristian, Andrew H.	Scarlatina.
Cross, Richard	Conception.
Coate, Daniel	Nephritis.
Dossey, A. B. C.	Cold.
Drake, Joseph A.	Dysentery.
Denig, George W.	Scarlatina.
Dulaney, William J.	Scarlatina.
Davis, William	Laryngitis.
Ealy, Elijah	Fungus Hæmatodes.
Ely, Henry P.	Intermittent Fever.
Egbert, Daniel	Fungus Hæmatodes.
Finley, Clement A.	Dysentery.
Fowler, Newton	Ascaris Lumbricoides.
Frayser, John R.	Intestinal Worms.
Franklin, James E.	Moveable Cartilages of Knee Joint.
Germany, William	Hypertrophy of Heart.
Gregg, David R.	Tetanus.
Graham, Calvin	Sympathy.
Grattan, John	Bilious Colic.
Gordon, B. W.	Variola.
Gilpin, J. Bernard Jr.	Old Age.
Gilliam, John R.	Small Pox.
Gaskell, Isaac P.	Apoplexy.
Godon, Victor L.	Iodine.
Harrison, T. A.	Cynache Trachealis.
Hambleton, A.	Hysteria.
Harvie, John B.	Calorification.
Hite, Walker M.	Indigestion.
Hull, Peter K.	Principles of Revulsion.
Huxton, William W.	Influence of the Mind.
Hicks, Benjamin J.	Mental Emotions, &c.

Hollingsworth, J. Y.	Epidemic Erysipelas.
Huston, Nathan J.	Cynanche Laryngitis.
Holmes, William J.	Variola.
Hastings, John G.	Ranula.
Helm, William D.	Delirium Tremens.
Hope, Thomas M.	Remittent Fever.
Hamilton, Charles C.	Acute Peritonitis.
Henry, William	Cholera Infantum.
Horlbeck, Peter	Bilious Fever.
Johnson, Peter T.	Traumatic Hemorrhage.
Johnston, Madison	Inguinal Hernia.
Jones, James S.	Acute Gastritis.
Irvine, James F.	Diabetes.
Kemp, William M.	Peculiarities of Fœtus.
Kirk, John W.	Intermittent Fever.
King, Charles R.	Effects of Cold.
Kennedy, Edward H.	Metastasis.
Kerr, William	Hæmoptysis.
Kinsey, Jefferson	Modus Operandi of Emetics.
Ker, John James	Hypochondriasis.
King, David D.	Variola.
Lathrop, Horace	Puerperal Peritonitis.
Lofland, Hazlet	Jaundice.
Lincoln, Henry	Metastasis.
Leitch, James A.	Arsenic.
Longshore, Joseph S.	Digitalis Purpurea.
Leib, George C.	Cartilages of Knee Joint.
Lovelace, P. E. H.	Chronic Hepatitis.
Lewis, Norbone W.	Cholera Infantum.
M'Ruer, Daniel	Inflammation of Mucous Membrane.
Montgomery J. F.	Chlorine.
Mauck, Aaron	Fœtal Circulation.
Malone, T. Stith.	Animal Magnetism.
M'Daniel, R. H.	Asphyxia from Drowning.
Miller, Francis E. K.	Inflammation.
Murphy, Charles T.	Bilious Fever.
M'Nutt, Benjamin F.	Chemical Affinity.
Michie, James W.	Pathology of Fever.
M'Cantz, R. J. P.	Typus Fever.
Neves, Albert G.	Pathology of Dropsy.
Norcom, B. R.	Nitrate of Silver.
Postell, Philip S.	Epilepsy.
Pannill, David	Sympathy.
Pleasants, Henry	Chloride of Soda, &c.
Palmer, George W.	Acute Hepatitis.
Philips, William	Intermittent Fever.
Punnett, John	Lithotomy.
Powell, Francis W.	Scarlatina.
Pitchfield, Thomas J.	Bilious Fever.
Porcher, Edward	Scrofulous Ophthalmia.
Powell, Lemuel B.	Pathology of Intermittent Fever.
Prince, Abner	Acute Hepatitis.
Peete, George W.	Strictures of Rectum.
Rice, Edward	Erysipelas.
Robinson, James S.	Tetanus.
Read, Robert A.	Functions of Liver.
Radford, John B.	Peritonitis.
Richardson, H. W.	Trachitis.
Roberts, Charles B.	Rubeola.
Ricksecker, Moses	Indications of Amputation.
Rain, Edward F.	Bubonocele.
Reese, Henry W.	Hectic Fever.
Smith, Joseph A.	Liver and Bile.
Scales, Richard	Peurperal Peritonitis.
Semple, G. W. M.	Blood-letting.
Sterett, Green	Tripletts.
Stokes, George	Dysentery.
Taliaferro, W. Q.	Copper.
Taliaferro, E. P.	Digestion.
Tennent, Henry	Intermittent Fever.
Taylor, Isaac E.	Hæmoptysis.
Turnipseed, Z.	Exercise.
Taliaferro, W. Jr.	Scarlatina.
Turner, Pitticus	Scarlatina.
Thomas, George W.	Scarlet Fever.
Wingfield, James N.	Scarlatina.
Woodworth, Robert	Iodine.
Wickes, Stephen	Spontaneous Hæmorrhage.
Wall, Richard Z. R.	Emetics.
Watson, Beverley O.	Acute Gastritis.
Wildman, Elias	Intermittent Fever.
Wright, David M.	Revulsives.
Woolverton, Jonathan	Ophthalmia.
Watson, Edwin	Puerperal Convulsions.
Wade, Elbert C.	Catamenia.

At the preceding Commencement, held July 15th, 1833, the Degree of Doctor of Medicine was conferred upon

James L. Bunch,	Ascites.
John Carter,	Cynanche Trachealis.
James G. Turpin,	Gun-shot Wounds.

W. E. HORNER, M. D.
Dean of the Medical Faculty.

3. JEFFERSON MEDICAL COLLEGE.*

Thomas N. Battez,	Georgia.
Ezra W. Glezen,	Pennsylvania.
Patrick Gregg,	New York.
William R. Jones,	England.
Robert Battersby,	Ireland.
A. N. M'Nair,	Philadelphia.
George P. Rex,	"
George Field,	"
John V. F. Walker,	Georgia.
Edward L. Orth,	Pennsylvania.
Philander Stewart,	New York.
Daniel Houtz,	Pennsylvania.
Thomas Hannay,	Philadelphia.
B. W. Whitney,	New York.
Daniel Brainard,	"
James P. White,	"
Henry Frawcett,	"
Robert M. Stansbury,	"
W. H. Bissett,	"
Hatton Ganson,	"

* We think that the professors in the Jefferson Medical College "*beat all hollow*" the professors in the University of Pennsylvania in *making doctors*, — we understand that the former institution *graduated* nearly one half of its class, while the latter graduated about a fourth, — we cannot account for this difference, unless it is that the professors in the old institution neglect to embrace the *vast improvement* in the art of *doctor making;* be this, however, as it may, we believe that the old fashioned plan is the best for public good. It may appear strange, but we believe that the two Medical Schools in Philadelphia, turn out annually nearly as many Graduates in Medicine, as those of the whole kingdom of Great Briian. It may also appear strange, it is nevertheless the truth, that notwithstanding the city of New York possesses many more advantages than any other in our country to medical students, yet we see by the list of graduates before us, that numbers go to Philadelphia from the State of New York; and, what is perhaps more mortifying, our medical institutions, in point of numbers, rank only to about one eighth with the others of our country — there is fault some where, and, whether it is with the Medical Faculty, Regents of the University, or the Legislature, we will not now pretend to say — trusting that the writers for the *premium* we offer for the best Essay on the present state of medicineand the causes which impede its progress, &c., will freely canvass the cause why the Medical School of the city of New York does not hold that rank it is so justly entitled to.

B. H. Woolridge,	Virginia.
T. P. Hereford,	"
A. M. Newbill,	"
Madison Haden,	"
Albert G. Allen,	"
Albert P. Woodson,	"
Zacharias Lewis,	"
Sabastian B. Eats,	"
John T. Austin,	"
Samuel Nixon,	"
Benjamin B. King,	Georgia.
Jacob K. Neff,	Pennsylvania.
David King,	Rhode Island.
Charles A. Hacker,	Pennsylvania.
Israel K. Wilson,	Nova Scotia.
John P. Richmond,	Maryland.
Lewis D. Bodden,	Philadelphia.
George W. Hays,	Maryland.
George V. Mitchell,	Pennsylvania.
W. B. Dobbson,	Philadelphia.
James A. Crawford,	Ireland.
David G. W. Ward,	North Carolina.
Samuel B. Swett,	Massachusetts.
Thomas J. Crossman,	Philadelphia.
George W. Allen,	"
Terence Loughran,	Ireland.
Robert E. James,	Pennsylvania.
A. M. Cassidy,	Ohio.
James Simmond,	Virginia.
Edward M. Kackin,	Ireland.
D. Edward Watson,	Virginia.
James N. Bell,	North Carolina.

4. YALE MEDICAL COLLEGE, NEW HAVEN.

Nathan Adams,	Fungus Hæmatodes.
Epaphras J. Arnold,	Traumatic Hæmorrhage
Cornelius S. Baker,	Depleetion of Blood.
Henry Byington,	Iodine.
William W. Ely,	Dysentery.
David B. W. Hard,	Sympathy.
David Hull Nash,	Gun-shot Wounds.
Peter P. A. B. Yale,	Purulent Ophthalmitis.
Noble B. Picket,	Hernia.
W. H. Richardson,	Digitalis purpurea.
George W. Scranton,	Scarlet Fever.
T. B. Shelton,	Typhus Mitor.
F. W. Shepard,	Heracleum Lanatum.
John Vanetlen,	Aneurism.

5. UNIVERSITY OF MARYLAND.

T. J. M'Gill,	Marsh Miasma.
Augustus Barnum,	Pleuritis.
James C. Palmer,	Vita.
John C. Richards,	Consumption.
John Harrod,	Lateral Curvature of the Spine.
Albert G. Welch,	Antimony.
Ellis Hughes,	Hydrothorace.*
William T. Boyd,	Hæmoptysis.
S. F. Newcomer,	Dyspepsia.
Thomas E. Bond,	Malaria.
John Oswald,	Delirium Tremens.
William Ghiselin,	Epilepsy.
William B. Rowland,	Apoplexy.
T. B. Harris,	Cynanche Trachealis.
John Turner,	Hepatis.
John Mommonier,	Abortu.
John T. Boteler,	Bilious Fever.
T. J. Franklin,	Lithotomy.
Carlton S. Sams,	de Concoctione.
Joseph Flint,	Yellow Fever.
Francis Butler,	Rheumatism.
A. H. Tyson,	Importance of Legislative enactments for the suppression of empiricism.
James A. Muse,	Cellular Tissue.
Michael J. Stone,	Emetism or Vomiting.
William H. Stokes,	Gastro-duodenitis.
George J. Robertson,	Cholera Infantum.
C. C. Brown,	Purgative.
Charles H. Oter,	Inflammation of the Mucous Membrane.
Hiram King,	Medical Theories.
John F. Leigh,	Therapeutics.
Nicholas J. Hutchins,	Menorrhagia.
W. S. Sanderson,	Syphilis.
T. Edmonson, Jr.,	Electro Magnetism.
James Power,	Eupatorium Perfoliatum
W. C. Macpherson,	Cholera Infantum.
W. L. Watson,	Osteology.
Samuel E. Bogs,	Puerperal Fever.
William R. Rose,	Influence of the body on the mind.
J. W. Poindexter,	Inflammation.
Charles L. Ashton,	Epilepsy.
James L. Cabell,	ChronicNervousDiseases
Joseph G. Hays,	Scarlet Fever.
A. M. Osborn,	Milk Sickness.
William G. Mills,	Apoplexy.
John H. Brown,	Apoplexy.
William Stanton,	Dyspepsia.
L. A. Frampton,	Hydrocyanic Acid.
Samuel J. Carr,	Lepra Tuberculosa.
Henry A. Grant,	Gastritis.
Basil Duke,	Pneumonia Biliosa.
Theodatus Garlick,	Chronic Enteritis.
Josiah N. Wilson,	Spasmodic Cholera

The honory degree of Doctor of Medicine was at the same time conferred on the following gentlemen:

Dr. Joseph Gazzam,	Pennsylvania.
Dr. M. H. De Leon,	South Carolina.
Dr. William Rogers,	New Orleans.
Dr. Otho Wilson,	Maryland.
Dr. W. G. Williams,	Kentucky.
Dr. G. W. Bœrstler,	Maryland.
Dr. James Roberts,	Pennsylvania.

THE writer of the following communication, assigns as a reason for selecting the columns of a newspaper, *the want of a Medical Journal in our city;* this is a common expression among the Medical Profession. The question is also frequently asked, not only by the profession in the state of New York, but pretty generally in the United States, *Why is not an American Medical Periodical,* published in the city of New York? Particularly so, where there are so many distinguished men, whose opportunities to give Medical and Surgical information, are so much greater than in any other part of the country. And why have the several Medical Journals edited in New York not succeeded? We think the answer is very plain, and, may be told in a few words; every one acquainted with the manner in which the JOURNALS under consideration have been conducted, must know

* The medal for the best latin thesis was awarded to this gentleman.

that they have been under the direction and management of some particular party, to promote their own interests, — this we believe to be the reason of their not being supported, — be this, however, as it may, we shall probably soon learn how far we are correct in our belief.

Our Journal is, and will remain free from the *trammels* of all and every party whatever, offering the profession a chance for fair and honorable competition, in the promotion of the Medical Sciences, &c. — therefore should our Journal not be patronized, then we may say that we have not understood the cause why Medical Journals conducted in New York have not succeeded. — Ed's.

6. *Scarlet Fever.* — Allow me to avail myself of your widely circulated journal, to offer to the profession a few practical remarks on the treatment of Scarlet Fever.

The want of a Medical Journal in this city, and the great importance of the subject at this moment, will, I trust, sufficiently excuse this mode of publication on a strictly medical subject.

In the treatment of the *mild* form of the disease, as soon as the efflorescence is established by the use of catmint tea, and bathing the feet in warm water, it is my practice to do little else than to give lemonade, or cream-of-tartar water *cold*, and a dose or two of magnesia. For food, oranges, or roasted apples, taking care to keep the room well ventilated and cool, and to make the bed covering lighter than usual. To the throat itself, I only apply a piece of flannel and volatile liniment.

In *severe* cases, the invasion of the disease is attended with great prostration, paleness of the skin, and weakness of the pulse. In such cases I direct sinapisms to the feet and stomach, an emetic of ipecacuanha, warm catmint tea, or even a few props of hartshorn. After the surface has become warm, I direct a purgative of calomel, rhubarb, or more usually doses of syrup of rhubarb, and of ipecacuanha, in equal proportions, at short intervals, so as to ensure an evacuation at least every six hours, and insisting, as before, upon all the minutiæ of cool air, cool bedding, and cold drinks. Leeches to the head if there is stupor or delirium, and to the throat a warm poultice and leeches, if the fauces are of a *bright red color* in those parts which are contiguous to what are called sloughs.

Much diversity of opinion prevails in regard to local applications to the fauces. Some physicians rely upon their favorite gargles. Others reject them altogether, or employ those of an opposite character. I am not aware that any one has attempted to establish the principle upon which these opposite remedies are found to be useful. This I shall endeavor to do.

If a medical man were to direct stimulating or caustic washes to a newly blistered surface, or to an inflammation of the skin or eye, the color of which was bright red, any student acquainted with the first principles of his profession, would know that he was doing wrong. For the same reason the physician is wrong who directs gargles, astringent, stimulating, or caustic to the fauces in a state of *active* inflammation. At this period, none but cool or emollient gargles are proper, and could our little patients explain their own feelings, I have no doubt they would remonstrate against the use of stimulating gargles as much as a person with a fresh blister would if it were washed with raw brandy.

There is another period, after the activity of the inflammation has subsided, when stimulating gargles are equally improper: and that is, when the sloughs are being separated — a raw surface is thereby exposed, as when a dead portion of skin is detached, and the surface is equally tender.

In my opinion, it is only when the fauces are livid or pale, that stimulating gargles are proper. In such cases, they *may* be of service; but in children too young to use them voluntarily, much, if not all, the good they are capable of doing, is counterbalanced by the difficulty of applying them. Little, I believe, is lost, and often much is gained, by giving, at short intervals, some pleasant liquid, which the child will swallow without coercion.

In conclusion, I ask leave to state my conviction, that repeated doses of calomel often cause fatal sloughing of the throat. It acts as a mercurial after the disease has receded, and attacks the very parts which the disease has just left; precisely as in another disorder, for which it is deemed a specific. Hence the deaths after partial recovery. * * *

In regard to the use of the sulphate of Quinine, and other tonics and stimulants, I believe they are not often required, except when the system is in a state of prostration from the previous use of Calomel; and where there is local determination, especially to the head or chest, they may do great injury.

P. S. — Allow me to say one word respecting the use of Belladona, as suggested by a correspondent in your paper of Thursday. The writer does not appear to understand that this article, from its power of inducing symptoms somewhat like those of Scarlet Fever, in which it resembles our stramonium, has been supposed to be capable of *preventing* that disease while the patient is under its influence. The German physician who first employed it, is the same who prescribes doses of the ordinary articles of the Materia Medica, such as rhubarb, jalap, calomel, tartar emetic, and camphor, in about the *one-thousandth* degree of strength of those which in this country, and in most parts of Europe, are found sufficient. Belladona is not a remedy of established reputation certainly; and so far as I know, it has not been used at all in the cure of that disease. — *Commercial Advertiser.*

A PRACTITIONER.

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7. "*The Pepper Box.*" — A portion of our readers will probably recollect the contest last summer, into which we were drawn, about the efficacy of red pepper in Cholera. This arti-

cle was recommended in a little pamphlet, written by Dr. Cartwright, and was used with extraordinary success by him, particularly on Pine Ridge, in this country. In consideration of the services rendered by Dr. Cartwright during that period, and as evidence of the estimation as a Physician in which he is held, by the planters in that neighborhood, they presented to Dr. Cartwright, last week, a splendid *Vase*, with a suitable inscription.

The vase is of silver, plated with gold, and is very large. The cost was about six hundred dollars. The Doctor ought to keep it well filled with *Capsicum*.

The following proceedings in relation to the vase, are published with pleasure.

Certain citizens of Pine Ridge, Adams County, Miss., having resolved to present Dr. Samuel A. Cartwright of Natchez, some testimonial of their sense of his eminent services, in the year 1833, during the prevalence of the Cholera, had manufactured a large Vase, and

At a meeting of the citizens convened at the school house on Pine Ridge, on the 24th April, it was

Resolved, That in addition to the engraving already made on said Vase, the following words and figures be engraved on a conspicuous part of said Vase, to wit:—"In 361 cases, no deaths."

Resolved, That a committee of seven persons be appointed to present to Dr. Cartwright the said Vase, which has been procured for that purpose; whereupon the following persons were nominated and appointed on said committee: William Bisland, James Bisland, John P. Watson, William B. Sessions, Simeon Gibson, John Grafton, and James F. Roach.

Resolved, That the thanks of this meeting be voted to William Feariday, and Thomas C. Coit, Esquires, for their aid in procuring said Vase.

Resolved, That the proceedings of this meeting, signed by the Chairman, and countersigned by the Secretary, be handed to the Editor of the *Courier & Journal*, at Natchez, and that he be requested to publish the same in his paper.

(Signed,)
WILLIAM BISLAND, Chairman.
WILLIAM B. SESSIONS, Secretary.
Natches Courier & Journal.

A flattering address and modest reply from Dr. Cartwright follow these resolutions. Dr. Cartwright's practice consisted in meeting the disease in its incipient stage, by a combination of camphor, calomel, and cayenne pepper, the particulars of which we expect to have for our next number. Dr. C. is well known to the medical profession as the author of several prize essays published in the American Medical Recorder. Quere, what will the Broussais and Homœopathic gentlemen say to Dr. Cartwright's practice?—ED'S.

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8. *A Triumph in Surgery.*—"*Ad extremos Morbos, extrema remedia.*"—The writer of this paragraph witnessed on Saturday morning one of the most appalling and painful operations ever performed upon any living human being, and while it reflects credit upon the surgeon, and does honor to the country, it serves as a convincing proof to suffering humanity, that while there is life, there is hope, and that none need despair even in the most aggravated forms of disease. The operation above referred to, was performed by Dr. Mott with his usual skill and intrepidity. The subject of it was a young man about twenty-six years of age, who had been for a long time afflicted with *stone*, and which had increased with unprecedented rapidity, until it attained a size so great as to occupy the whole of the bladder in its distended state; yet, wonderful to relate, this *huge mass* was entirely and successfully removed. Several attempts were made by the surgeon, both to crush it and to drill it into pieces, in order that it might be taken away with greater facility, as well as with more safety to the individual; but these efforts were all abortive—leaving no alternative but that of enlarging the wound, and removing it entire.

Since the operation, the patient has been doing well, and bids fair to recover. The stone was ascertained, immediately after, to weigh 17oz. 3dwts. avoirdupois, which is nearly double that of any other ever taken from the human subject, while living. Sir Astley Cooper has remarked, in his lectures, that eight or nine ounces is the largest size that can pass the bony structure in the gripe of the forceps, which is mentioned for the purpose of conveying, if possible, to the mind of the reader, an idea of the great difficulty and danger necessarily attending so important an operation.—A FRIEND TO MERIT. *From the Evening Star.*

We republish the above, not only on account of its being a notice of a *master piece* in surgery, but to make a few remarks in relation to the manner of publication; even did we approve of newspaper puffing, we know that the professional character of Professor Mott as a distinguished surgeon does not stand in need of such hackneyed aid, we therefore hope that a "Friend to merit," and all other medical writers who may have fallen into the same error, will in future seek some proper channel for their medical communications, and divest themselves of every thing like bombast. "A friend to merit," speaking of the size of the stone extracted, says that it "is nearly double that of any other ever extracted from the human subject while living," this is a mistake, as will be seen by referring to Sir Astley Cooper's lectures; that gentleman extracted from the human subject while living, a whole stone weighing sixteen ounces. ED'S.

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9. *Baker's Bread.*—To the Editor.—*Sir*—You will oblige one of your readers, in answering through the Journal of Science, the following question:—Does Baker's bread contain *any Alcohol?*

The last No. of the Edinburgh Review, page 107, speaks of a patent taken out in

England "for distilling from the quartern loaf, by collecting the spirit which evaporates during baking." Yours respectfully. *An Inquirer.*

Reply.—Our readers are probably aware, that the generation of alcohol in the fermentation of dough, has been denied by the French chemists. Having never repeated the experiments, I can say nothing on my own authority.

As regards any scruples that may possibly be entertained by our correspondent or others, as to eating bread, it is obvious, that if there be alcohol in dough, it will not remain in the bread when baked, it will be expelled by the heat of the oven, and upon this fact is founded the arrangement for deriving profit from the alcohol supposed to exist in the dough. Baked bread evidently contains no alcohol.

10. Loss of memory from the use of gin. —Extract of a letter to the Editor, from a man of science, who had been a severe sufferer from asthma.—"My health is better than it has been, since my asthmatic affection commenced, in 1824. I have been enabled to dispense with my hops and Holland gin preparations (tincture of hops) for about one year. I imagined that the gin part injured my memory; although my physicians would not assent to it. Since I am in a measure independent of its use, I am sure my memory is restored. Alcohol has its uses; but still I verily believe, that none but Armstrong's "athletic fools" (where want of brain is compensated by having brawny limbs) can use it in the stomach with impunity. I had never swallowed a thimble-full, until I was forty-eight years old. I neither drank cider, nor wine, nor beer. While I used only a very little, as a tincture of hops, my mind seemed clouded, and I could not remember as well. Wine never aids me in the asthma; therefore I have tried the effects of old Holland Gin only. It relieves, temporarily, by promoting expectoration. I assure you, that after a trial of several years, I have scarcely any confidence in any preparation of alcohol."

11. *Ligneous Stems of American Coal-fields desired.*—We take the liberty of inviting the attention of our scientific friends and correspondents to the interesting researches, now going on, in the hands of H. T. M. Witham, Esq. of Edinburgh, and also of Lartington, Yorkshire. Of that gentleman's discoveries we gave a notice in this Journal, Vol. 25, p. 108; he is still prosecuting them with ardor and success, and as we understand from him, that he is very desirous of receiving specimens or sections of the coal plants of this continent, whether from the bituminous or anthracite beds; we take the liberty of soliciting aid for him in this research which is so important to geological science; and if specimens are transmitted to us it shall be our care to forward them with expedition. Early in our editorial labors we made a similar request in behalf of Mr. Alex. Brongniart, and it was not without success in promoting the very interesting discoveries of his son, Mr. Adolphus Brongniart, respecting the Flora of the ancient world and especially of the coal formations, upon which he has thrown such important light.

12. *Crystalline Lenses of American Animals desired.*—On this subject we have to prefer a request similar to the one stated above. We learn from Sir David Brewster that he has been engaged, for many years, in an examination of the crystalline lenses of animals and has just published in the Philosophical Transactions the first of a series of papers on the subject. As there are many fishes in America, which cannot be obtained in Europe, their crystalline lenses and especially those of the cuttle fish as well as those of any animals peculiar to this continent would be particularly acceptable to Sir D. B. whose brilliant researches in optics have shed lustre on his name and on this branch of science.

It is necessary, only, to throw the lenses, for a few seconds, into boiling water; they are then taken out and dried and wrapped in paper upon which should be written the name of the animal to which they belonged. We respectfully invite the aid of naturalists and especially of ichthyologists upon this subject. It is among the rewards of scientific zeal and labor that the friends of science and liberal knowledge are thus led to cherish a kindly feeling towards their co-workers in distant countries, which is as favorable to their personal happiness, as it is to the prosperity of the common cause.

13. *Septaria of extraordinary size and beauty.* —These curious combinations of different mineral substances, are usually seen in cabinets, only of a few inches in diameter. We owe to the kindness of Mr. Mantell two magnificent specimens of Septaria, (one of them for the cabinet of Yale College.) They are respectively 22 and 24 inches in diameter, forming circular polished tables of exquisite beauty. They are from the Lias, an argillaceous limestone, and their locality was near Lime-Regis on the channel coast of England. Their prevailing ground is smoke grey, but they are superbly variegated, by both broad and narrow veins of calcareous spar of a light straw color, which, with the bordering edges of dark iron, and (apparently) sulphate of barytes, winds its way, in the most delicate flexions, through the sober ground work of the lias, and forms a picture, not unlike that of the ramifications of a great Delta, whose bright waters inosculate and cross in many mazes, dividing the territory into innumerable islands. It is not easy for an observer to persuade himself that these tables are natural pictures; the first impression is, that they are a kind of mosaic work.

We have selected the five preceding articles from professor Silliman's valuable and interesting Journal, (April, 1834) the prospectus of which is published under the head of advertisements at the end of this number, and to which we would direct the attention of all lovers of science. Ed's.

14. We have received a review of a letter by Count Des Guidi on Homœopathy, translated from the French by Dr. Channing, which shall appear in our next number. In the meanwhile we republish the respectable translator's preface. We do not belong to the *Homœopathic school*, yet we are willing to make its novel doctrines known amongst the medical profession. Ed's.

"The letter embraced in the following pages, agitates a question of the deepest interest to all who either practise or need the aid of the healing art. It is a question, the merits of which in this country have been perhaps as little examined by the professional as by the non-professional; and of the small number of the former to whom it has been presented, few indeed have bestowed upon it, besides idle or declamatory speculation, the little attention of *personally canvassing the verity of a single fact alleged by the Homœopathic school;* so predominant are the prejudices, so active the influences, which embarrass the very commencement of such an examination.

To obviate the more formidable of these apparent difficulties, and thus to induce a careful, a candid investigation of the claims of this school upon the serious consideration of those who appreciate the sacred responsibilities of health and life, is the object of this Letter; and with the philanthropic spirit of a sound philosophy, it urges upon such the maxim—not less applicable to rational medicine than to rational theology—"*Prove all things, hold fast that which is good;*" for, "Veritas, a quocunque dicitur, a Deo est."

THE TRANSLATOR.

New York, May 15, 1834.

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15. *Medical Prize Essay.*—The conductors of the Medical and Surgical Journal, being determined to spare no pains to better the condition of the Medical Profession, through the pages of their Journal, offer a premium for the best dissertation *on the present state of Medicine in the United States; also the causes, if any exist, which tend to impede its progress, together with a plan by which an improvement, in the Medical Sciences, &c., might be effected.*

The premium will be a well bound copy of Conner & Cooke's fine edition of Sir Walter Scott's works.

The plan of our Journal not admitting of long and unnecessary details, and believing that the whole of the subjects for the proposed Essay may be comprised in eight or ten pages of this Journal, we therefore think it proper to state that not more than that number of pages will be allowed to the essay.

Candidates will please deliver their essays at the bookstore of Messrs. Bliss, Wadsworth, & Co., No. 111 Fulton Street, New York, on or before the 15th day of August, 1834, accompanied with a sealed note containing the name and residence of the party—to be addressed, "Medical and Surgical Journal."

Three respectable and disinterested physicians will be selected as examiners—the unsuccessful essays, together with the sealed notes will be returned as may be requested.

We are aware that there are many medical gentlemen very competent to write on the subjects under consideration, but not willing to have their names before the public in this way; particularly so, if in doing justice to the subjects, they were compelled to freely criticise matters and things that come under their notice; not that they would be backward in defending that which they might say, but the dislike to entering into litigation: therefore, under this view of the matter, it is thought proper to state that the name of the successful candidate will not be published or made known, if required; unless, indeed, some *wilful* mistatement or misrepresentation should be made—in a case of this kind, agreably to the conditions of our Journal, we should give up the name, provided that we found it necessary to do so. No one dispises anonymous writers that *wilfully inflict* wounds on their fellow-men, more than ourselves, and there are perhaps few that would go greater lengths to detect such dishonest conduct. Ed's.

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16. The Harveian Society has fixed on the following subject for the prize essay for the year 1835, viz. "The influence of atmospheric pressure on the animal economy."

Dissertations on this subject must be transmitted to either of the Secretaries, on or before the 1st day of January, 1835. Each dissertation must be accompanied by a sealed letter, containing the name and address of the author, and inscribed on the back with a motto. The same motto must also be prefixed to the dissertion to which the letter belongs.

The prize given by the society to the successful candidate, is either a copy of the quarto edition of Dr. Harvey's works, published by the College of Physicians of London; or a silver medal, with a suitable inscription, at the option of the candidate. The prize is presented to the successful candidate at the annual festival in April.

The candidate is at liberty to employ his dissertation afterwards, in any way he may think proper: And accordingly, some dissertations presented to the Harveian Society, have, in consequence of publication, been productive of considerable honor and emolument to the authors.—By order of the Society,

William Moncrief, M. D., 7 York Place,
Richard Huie, M. D., 8 George Square,
Secretaries.

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17. *Biography and treatment of the Insane.*—We are promised for our next No. from the pen of a competent hand, a biographical sketch of the late Dr. Todd, for many years physician to the Connecticut Retreat for the Insane, embracing the mode of treatment so successfully pursued by that lamented gentleman, "so eminently distinguished for his philanthropy and usefulness." While on this subject we take occasion to say to the managers and physicians of Insane Institutions, Hospitals, and Alms Houses, that the pages of our Journal will always be

open to them for their Clinical reports, statements of important operations, &c.; the publication of which, will, no doubt, be advantageous to the profession and mankind in general. Ed's.

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18. To the presidents and members of the different medical societies in the United States, the Canadas,&c. the conductors of the Medical and Surgical Journal beg leave to present their respects, and say that it would afford them pleasure to receive all, or part of the papers read before their respective bodies, with permission to analyze, or abridge, or publish them entire, as may appear best calculated to promote the interests of medicine and surgery: by granting our request, we believe that many valuable facts that have already and may hereafter be made known to our societies only, might be so communicated as to be of vital importance to humanity, which, under other circumstances would be lost in oblivion. They also beg leave to say, that other transactions of the societies, such as proceedings of their meetings, &c., will be published in our Journal, if forwarded to us, the mode of doing which is pointed out in the conditions of the work. Eds.

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19. The conductors of the Medical and Surgical Journal, respectfully solicit from the profession generally, communications on the plan mentioned in the prospectus; viz: short papers, no doubt many interesting facts which come under the notice of the practioner, if made known would be useful in the practice of medicine, and as we do not wish for "fine spun theory," little time would be occupied in the narration, and not so much attention as to style, &c., as is usually the case. One of the most practical medical writers that we know of, says, "as the result of experience is the only useful knowledge in physic, every interesting fact, founded thereon, should be rescued from oblivion; and they who have contributed their mite to form collections of this sort, deserve much more of mankind than many who have written volumes of inspired imitation."

Communications for the next number will be in time if received by the 15th of August.

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20. We have made considerable exertion to procure lists of the numbers of medical students atttending the different medical schools in the United States during the past winter, but have not succeeded; we, however, believe that we shall have correct lists for our next number—from information received the number will not fall far short of twenty-five hundred!!! Ed's.

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21. Will be published in our next number, a review of Dr. Morton's work on Pulmonary Consumption, its anatomical character, symptoms, treatment, &c.—Also, Medical and Surgical Cases, by Dr. Atkins, together with an analysis of American and foreign medical and surgical journals, &c.

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22. We conclude this first number of our Journal with an appropriate extract from the Editor's introduction to Percival's Medical Ethics, with which and the other matter, plans, &c., we throw our frail bark before the medical profession, relying wholly on the merit of the work for support.—Ed's.

In adopting an anonymous form, we have used a privilege, of which, from Swift, who wrought under it, more powerfully and beneficially than any man who ever lived, to the most eminent of the present day, all have availed themselves. We have relinquished in these times, when public principle, for the most part is resolved into servility and hypocrisy, general, for private approbation, money for truth; and where a name could have served the cause, given it. But we would rather subject the enemies, which this work may make, to the dilemma of rebutting facts, which are stubborn things, than afford them the more favorite alternative of private persecution. There is no moral obligation, which compels a man to stand at an ass's heels, nor any precaution, which deprives vipers of their power to sting.

We have adhered to one rule, more particularly incumbent on anonymous writers; that no particular individual is here mentioned, or held up to contempt: but the blemishes in our profession are exposed, that the young, who are about to enter upon the exercise of it, "by the honest and liberal practice of it, may be an help and ornament to it, and carry a respect not to descend into any course that is corrupt and unworthy of it; but *preserve themselves from the abuses, wherewith the same professon is noted to be infected.*"* We take this help and ornament, to be still better performed, if besides shunning curved and narrow courses, "a man be able to visit and strengthen the roots and foundation of the science itself; thereby, not only giving it a reputation and dignity, but also amplifying it in profession and substance." We wish them not to be led away, because they see the arts and intrigues which have been pointed out, visited by the auriferous stream of public favor; for, however successful for a time, they have mostly in the end, brought those who have exemplified them, into contempt with society, and invariably with the profession; nor to despair, because they themselves may lie the longer for sound conduct, on the sunless and cheerless side of fortune.

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* Lord Bacon's Elements of the Common Laws of England.

THE

UNITED STATES

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No. II.

SEPTEMBER, 1834.

Art. I.—*Observations on the Treatment of Intermittent and Remittent Fevers.* By R. Archer, M. D., U. S. A.—Fortress Monroe, Virginia.

In writing a therapeutical essay, it is usual to begin with a history of the disease to be investigated—to proceed, secondly, to exhibit its character, by detailing its diagnostic, prognostic, and pathognomonic symptoms, its physiological and pathological peculiarities, and conclude with the methodus medendi: but as the diseases under consideration are endemic in most parts of our country, and familiar to every practitioner, I shall depart from the established rule, and confine myself chiefly to the latter branch of the subject.

In this section of the United States, and I believe throughout the whole Southern Atlantic coast, bilious diseases, so called, are not so general or frequent in their occurrence as in former times. On the other hand, the country above tide water has become, and is yearly becoming, more obnoxious to their influence. I am sure the remark is true, as applied to Virginia, and I believe equally so of the other southern states. To what cause this is to be ascribed, I will not stop to inquire. In neighborhoods where, twenty years ago, intermittents annually prevailed to a great extent, it is now rare to meet a case, and this exemption is by no means to be ascribed to any particular or visible improvement in medical police, as the supposed causes of malaria still exist in all their former vigor; there are the same streams, the same fetid marshes, and the same hereditary indolence on the part of the inhabitants, now as then.

With us, autumnal intermittents are far more common than vernal; in the spring, a few sporadic cases occur, but a physician is rarely called to a case.

Since the introduction of the sulphate of quinine, we have but little cause to desire a farther addition to our remedial means, in the treatment of this disease. It is the *ne plus ultra*, and as specific in its operation as a medicine can be. I have never seen a case of simple intermittent unattended by visceral derangement, that has not readily yielded to its influence, and you may predict the result of its exhibition with as much certainty as that of a dose of tartar emetic. As a general remedy, it has completely superseded every other.

In the treatment of intermittent fever, our usual course is to commence with a mercurial carthartic, followed by an emetic to disburthen the stomach and bowels, and prepare the system for the exhibition of the quinine. I generally prescribe a calomel pill of ten or twelve grains, to be taken at bed time, and on the following morning an ounce of Epsom salts, with two or three grains of tartar emetic, in divided doses, to operate as an emeto-cathartic. I have never entertained any fears of inducing gastro-enteritis from this practice, and if the first prescription should not operate freely and effectually, I repeat it. During the whole course of the disease, the bowels should be kept open; and with this view, during the pyrexia, the patient should drink freely of tamarind water, cream of tartar, or the like.

If the disease be of the quotidian form, the quinine should be administered in doses of one or two grains, *pro re nata*, every hour or two, so soon as the apyrexia be fairly established; but if a tertian or quartan, I omit it on the sick day, and commence early the next morning. In general, the next attack does not appear much mitigated, but it is rarely succeeded by a second, and the disease is arrested. It is always proper to continue the quinine three or four days, in gradually reduced doses, after the patient is entirely well; as no disease is more liable to recur on the least exposure or change of weather. To guard against this, I would always recommend that the patient wear flannel next the skin. I do not think it necessary to restrict him to any particular diet;

on the contrary, I would advise good substantial food, and generous wine.

It frequently happens, that from habit, or morbid concatenation, the patient continues a long time predisposed to the disease; and every now and then, experiences a fresh attack. The quinine again readily arrests it, but furnishes no immunity against its recurrence. In this case, change of residence is the most effectual cure, and it appears to matter very little, whether the change be from an insalubrious to a salubrious locality, or *vice versa*, the charm appears to be in the change.

There is no disease that partakes so much of the nervous character, or that so eminently depends upon nervous influence, as intermittent fever.

The thousand inert nostrums that have in all ages been lauded by quacks, and resorted to by the ignorant, and even the charms and magic incantations devised by superstition, and practised sometimes with strange effect, when ordinary remedies would fail, are well calculated to confirm the idea, that the disease is in a great degree dependent upon a deranged action of the nervous system, and is curable by producing a new action, either by operating directly on the system remedially, or indirectly through the imagination.

I know a gentleman, much subject to ague and fever, on whom one ounce of bark a day would exercise no salutary effect, and who always cured himself by sucking half a dozen limes; others have succeeded by swallowing a few cloves of garlick, or a few pounded cloves, when all other remedies would fail. These facts evidently prove that by destroying or interrupting the morbid association, by a sudden shock upon the nerves of the stomach, you arrest the disease; and I will also show that the same result will follow by operating on the nervous system through the medium of the imagination.

My attention, many years ago, was directed to the peculiar character of this disease, from my acquaintance with a gentleman who had the reputation of curing ague and fever without medicine; he did not even require to see the patient; fame had bruited his name in all directions; applications by letter were addressed to him from all quarters, and had he abandoned his proper vocation, and set up for an ague doctor, I am sure he would have realized a fortune.

I was curious to know the magic influence he exerted, and conversed freely with him on the subject. His answer to all questions was, that he was bound to secrecy, but of one fact he could assure me, that he was certain of curing when the patient had faith. He would direct them to perform some trifling ceremony, telling them, when that was done, they should have one other attack, and no more; the fiat was issued, and the patient cured accordingly.

In the year 1814, I was attached to duty in a militia regiment on the Norfolk station. Intermittents prevailed to a great degree amongst the men, who, from the novelty of their situation, being badly clothed and badly provided in every respect, were much discontented, low spirited, and fit subjects for the disease. I found the usual course of treatment with bark, &c., rather tedious, and thought I would try the efficacy of my friend's practice. The only difficulty was to secure the patient's confidence in my prescription, and this I happily effected by means of an ingenious steward, who circulated through the line that I had purchased at great price, a sovereign remedy for the ague, and that a failure from it was out of the question: the artifice succeeded, and a couple of bread pills, with a positive assurance that they should have but one more fit, effected more cures in a shorter time than I ever accomplished before or since.

Persons long affected with intermittent fever are subject to enlargements or scirrhosities of the liver and spleen, vulgarly called ague cakes: these proceed, no doubt, from the engorgement of the viscera, consequent upon the constriction of the cutaneous vessels in the cold stage, and the increased mass of blood thrown upon them, and not to the abuse of bark as was once imagined, as hundreds of cases can be pointed out where a dose of bark was never administered. The result of these, if improperly treated, are general derangement of the chylopoietic and lymphatic systems, tabes, anasarca, ascites, and hydrothorax. It is in the treatment of these chronic forms of the disease that the resources of the skilful physician are proudly contrasted with the empiricism of the quack. Every pretender can cure an ague, but it requires a profound investigator of pathological and therapeutical science to restore diseased functions to healthy action.

The treatment of these affections would come more appropriately under their own particular heads, than in a cursory examination of intermittent fever.

REMITTENT FEVER.

Remittent or bilious fever prevails extensively throughout the southern section of the country, in the summer and fall. It is confined to no particular locality, although most common in the vicinity of rivers, swamps, and low grounds. The inhabitants of towns are more free from it than those of the country; and those residing on the sea shore, in dry, sandy situations, still more exempt. At this post, erected on an arid sand beach, the disease may be said to be of rare occurrence, but becoming yearly more common from the increased supply of vegetation, to promote which every means have been adopted.

For two years after the establishment of the garrison here, I had not a solitary case of bilious fever originating at the post, but *ceteris paribus*, we have no reason to expect that we shall much longer enjoy a greater degree of exemption than our neighbors.

The attack of bilious fever commences very like that of intermittent. The patient complains for a day or two of nausea, feeling sickish, sluggish, well expressed by the French under the term *malaise*. He next has slight

pains in the back, headache, chill succeeded by burning fever, the face flushed, eyes inflamed, and pulse full and bounding. If you examine the tongue, you find it covered with a thick ash colored saburra; the albuginia, face, neck, and breast, are of a yellowish tinge; the patient restless, and complaining loudly of pain in the back and lower extremities, great thirst, and a disposition to coma. Towards morning the fever moderates, and remission takes place without diaphoresis; a few hours after, the exacerbation returns, and the disease, unless cut short immediately, continues thus with slight variation nine or ten days, when, if not then arrested, it assumes a typhoid type. The pulse is now small and frequent, the tongue dry and tremulous, coated with a thick brown sordes; delirium, jactation, carpens floculos, death.

In the treatment of this disease, the primary object is to evacuate thoroughly the stomach and bowels, and the efficacy of the Hamiltonian practice in no disease can be more freely illustrated than in this. It is here that the fashionable doctrines of Broussais are entirely at fault;—purge freely, and with calomel too; don't be alarmed; and if the first dose will not do, repeat it again and again, if necessary, during the early days of the disease. Let it be remembered that calomel is indispensable, and the remedy chiefly to be depended on; and that whilst no disease requires a more prompt and energetic practice in the onset, none is more manageable by a judicious course of treatment.

My practice is to administer, as soon as I am called to a patient, ten or fifteen grains of calomel, followed three hours after by broken doses of Epsom salts, and tartarized antimony: if it produce vomiting, so much the better; it is certain to bring away copious dark colored bilious stools, and the patient immediately feels better, and not unfrequently requires no other medicine. Should the disease not be arrested, I then commence with the following powders, administered every three or four hours, viz:

℞ Nit. Potas. ʒi.
Pulv. Antim. gr. xii.
Sub. Mur. Hydr. gr. vi.
M. et divid. in dos. no. vi.

Should the second or third paroxysm be undiminished in violence, I repeat the mercurial cathartic with the addition of jalap, and resume the powders immediately after the operation. Ice water is allowed freely to the patient, and the surface sponged with cold vinegar and water. When coma or severe headache exists, a blister is applied *ad nucham*, and ice or cold applications to the head. No one who has not experienced the sufferings of a bilious fever, can appreciate the luxury of this application. About the fifth or sixth day, when intermission or a decided and palpable remission takes place, the quinine, in doses of a grain or two every hour during the apyrexia, may be prescribed with a reasonable hope of success. I have oftener failed, however, by giving it too early than too late, and if it be found to excite the patient, and increase the violence of the succeeding exacerbation, it must be administered with extreme caution, or discontinued until further evacuation.

By pursuing this course, the disease very generally yields before it reaches the typhoid stage, and I confidently assert, after twenty years intimate acquaintance with it, that a more timid practice, such as omission to purge freely, and the too early exhibition of tonics, will not once in ten times avert it.

In hospital practice, and where the prejudice is not too strong against it, I carry the mercurial practice, in conjunction with antimonials, to the point of slight ptyalism: when this takes place, an immediate amelioration of the symptoms follows, and I have sometimes, throughout a whole season, treated the disease without resorting to one grain of quinine or bark, except in the typhoid stage.

In this last stage of the disease, recourse must be had to external as well as internal stimulation; but even here let me warn the young practitioner to be extremely cautious, lest by avoiding Scylla, he fall into Charybdis. A judicious course of stimulants is not at all incompatible with a moderately evacuating one; and whilst you administer decoction of bark and snakeroot with wine and carbonate of ammonia, you may still with safety prescribe small doses of calomel and rhubarb to keep the bowels free. Blisters to the head and neck, and mustard cataplasms to the extremities, may now be freely applied: and in conjunction with the infusion of serpentaria, I am particularly partial to the nitro-antimonial powders before mentioned, with the addition of three or four grains of camphor.

Opium in small doses, as a stimulant, is a favorite prescription with some practitioners in this stage of the disease. Experience teaches me that it is a dangerous practice, and one that should rarely if ever be resorted to, as its invariable tendency is to determine to the head, and increase the delirium or coma attendant on this stage. Bleeding, as a general remedy, is not much practised in the treatment of bilious fever; but it is sometimes indispensable in the early stage, when the febrile symptoms run high, and evidence exists of much cerebral congestion.

Debility is the rock upon which many practitioners split in the treatment of this disease. The bugbear, typhus, sits like an incubus upon their imagination, and they induce it by the very means they exert to avert it, to wit, the indiscriminate use of stimulants, and reluctance to purge lest the patient be debilitated. However guarded on this point in the early stage of the disease, they are a thousand times more so after the typhoid state has manifested itself; to evacuate then, according to their notion, would be fatal, and nothing but the most decided course of stimulants can excite the system to healthy action. Experience proves this to be erroneous reasoning, and very many practitioners must have observed what has occurred more than once in my practice, that a copious and critical catamenial dis-

charge, when the patient might be said to be in *articulo mortis*, has rescued her from the grave.

The summer before last, I was called in consultation with two distinguished physicians, to an interesting young lady, who had been confined upwards of four weeks with bilious fever; the disease had progressed through all its stages; she was almost pulseless, wildly delirious, the face hippocratic, and no hope left of her recovery. She manifested a desire to go to the stool, and to the great consternation of every one, on examining the vessel, it was found she had evacuated per anum upwards of a quart of apparently pure blood: in the course of an hour, she had another evacuation of the same nature, and almost as large: suffice it to say, she began to improve from this moment, and was ultimately restored to perfect health.

ART. II.—*Inflammation of the Uterus and appendages terminating in death.* By JOHN P. HARRISON, M. D., of Louisville, Kentucky.

Mrs. S. was married last fall to a respectable merchant of our city. She had always enjoyed good health, although of a delicate construction of frame, and was twenty-five or six years of age when she entered on the married state. Six months subsequent to marriage her catamenial effort, which had been regularly and healthily performed up to this period, was accompanied with much pain in the region of the uterus, and some constitutional disturbance; these, however subsided on the disappearance of the uterine secretion, after its usual time of duration. On the next regular periodical eruption from the uterus, a more intense pain arose, attended with fever and a tumor in the left inguinal region, about half way between the anterior superior and inferior spinous processes of the ileum. Upon pressure this tumor gave some pain; not, however, very great. She was bled and otherwise actively depleted by her attending physician, and a blister was applied over the tumor. Great irritability of stomach existed from the commencement of the attack, but the bowels were not very reluctant to the impression of purgative remedies. I was called in to visit the lady in conjunction with the attending physician, from whom I received the above related facts of the case. Upon examination per vaginam, I found that the os tincæ was tumid and tender, and the uterus slightly enlarged. The tumor still existed, but was not so painful as it had been, on pressure—there was no discharge, nor had there been, from the uterus or vagina, either of a purulent, or mucous character—the stomach rejected every thing but calomel, in the form of medicine—and constant nausea existed to such a degree, that no nutrient article could be tolerated, except a little milk with ice in it. Whenever injections per anum were used, great inconvenience, and at times agony, was endured; and the nurse who administered them found a difficulty in the introduction of the pipe of the syringe into the rectum. There was a regular accession of fever every afternoon, which had persisted in its exacerbations now for twenty-four days, but with some abatement of violence. She had taken repeated doses of calomel with benefit, and the warm bath was employed in this stage of the disease with great relief to her sufferings. As leeches could not be obtained, and as the general circulation was too prostrate to permit blood-letting by the lancet, counter-irritation, by tart. emetic, was employed. The pain in the back and hips, which had been most urgent from the commencement of the attack, gradually declined during my attendance, and several days before I retired from the case, a healthy, but spare quantity of catamenial fluid was evacuated. From this time an evident melioration of the symptoms ensued; the tumor sunk from beneath the touch, the pain in the uterus and back had vanished, and so favorable did I consider the phenomena then manifested, that a certain, though distant cure, seemed warranted. The only inauspicious symptom of the case now present, was the condition of the stomach—it still refused almost every article of diet that could be devised for the sustenance of the system. The emaciation was great, and the debility alarming. Lime-water and milk sat better on the stomach than any other remedial article, but so utterly disgusted was the lady with any and every thing in the form of medicine, that she would begin to retch as soon as the cup containing it was presented. Upon the amendment noticed above, all remedies were abandoned, and she was allowed to take whatever article of diet she fancied. Enemata were used to keep the bowels open. After my retirement from the case, another medical practitioner saw her, with the attending physician, and he could detect no tumour, nor any other special phenomenon of local affection. But still her digestive powers remained incurably sunk, and though upon her removal to a mineral spring she appeared to revive for a few days, her strength gradually declined until her husband, becoming alarmed at her situation, brought her home, where I again saw her. At this time, four weeks subsequent to my last visit, she labored under cough and hectic fever, which had come on about a week previously.

After a few days, she died. Permission having been obtained, her body was opened, and the viscera of the thorax, and of the abdominal and pelvic cavities, were inspected. The lungs were slightly tuberculated—the stomach and intestines were perfectly healthy—the colon at its sigmoid flexure, and a portion of the omentum major, were found adherent to a tumor seen in the left inguinal region, which proved to be an enlargement of the left Fallopian tube. These connexions being easily separated, the uterus and appendages were removed from the body, for a more careful examination. But in this attempt of removal, though the above named adhesions were found to be slight, there was an adhesion existing between the

ovaries and the rectum, which was with difficulty torn asunder, without endangering the rupture of the intestine. There was a large mass of morbid growth firmly adherent to the rectum, and this mass was constituted by the lesion of nutrition, which had existed in such activity in the ovaries. The uterus was found slightly enlarged, with a small purulent deposit on its inner surface, and with the os tincæ enlarged, tumid, and red. The Fallopian tubes were distended with pus to the size of a small intestine, and their fimbriated extremities were agglutinated to the ovary of the correspondent side. The tubes could not be permeated by a probe from the uterus. The ovaries were enlarged to about four times their ordinary size, were adherent to each other, and lying firmly attached to the rectum. The vagina was free from disease.

The post mortem examination corrected several erroneous inferences which the medical attendants had drawn from the symptoms. 1st. The nature of the tumor—it was thought by one to be fœcal accumulation in the colon, and by another, to be inflammation, and enlargement of the round ligaments. 2d. The state of the stomach. It was conjectured that either gastritis was present, or that the mesenteric glands were obstructed by morbid accretion or growth. We were correct in, first, the opinion that there was a diseased condition of the uterus; and second, that the obstruction detected in the efforts to introduce the pipe of the syringe into the rectum, was occasioned by the presence of a tumor in the pelvic cavity. A great variety of medical means were employed besides those incidentally noticed above. Among other remedial agents tried in the case was iodine—with what result is shown by the final catastrophe of the case.

Louisville, July 15, 1834.

Art. III.—*A Biographical Sketch of the late Eli Todd, M. D., Physician to the Connecticut Retreat; embracing a brief notice of his Treatment of the Insane.* By Wm. H. Rockwell, M. D., one of the Physicians of the Retreat.

There are few subjects on which we can dwell with more interest or profit, than the characters of those who have been distinguished for their eminent talents and usefulness. By noticing the events of their lives, and contemplating the principles and motives by which they were actuated, and by which also they arrived at such honorable distinction, and conferred such signal benefit on their fellow men, we are insensibly inspired in a greater or less degree, with the same principles and motives, and are involuntarily impelled to imitate their virtues and their deeds.

In attempting to delineate the character and services of the late Eli Todd, M. D., Physician to the Connecticut Retreat for the Insane, it will not be expected, that, within the limits here allowed, any thing more than a brief sketch of the more prominent features of his life should be represented.

He was born in New Haven, Conn., in the year 1769. His father, who was a respectable merchant, had designed his son to follow the same business. When a youth, he was placed at a school in Durham, under the immediate care of the late Rev. Elizur Goodrich, D. D., who soon perceived that he possessed talents, which, if properly cultivated and directed by wisdom and virtue, would become extensive blessings to the public. At the urgent request of Dr. Goodrich it was determined that he should receive a collegiate education. In 1783 he entered Yale College, and graduated in 1787, distinguished for his literary and scientific attainments.

After receiving his collegiate honors, he passed some time in travelling before he commenced the study of his profession. He then studied with Dr. Ebenezer Beardsley of New Haven, and at that time one of the most eminent physicians in the state. Naturally ardent and enterprising, endowed with a perception ready and acute, with an understanding comprehensive and profound, he prosecuted the study of medicine with a determined zeal and untiring assiduity. While he spent the live long day and trimmed the midnight lamp in investigating the mysteries of his profession, he laid a permanent foundation for his future usefulness.

At an early age he commenced the practice of medicine in the town of Farmington. By his skill, kindness, and assiduity to the sick, and by his detestation of every thing which would reflect disgrace on the profession, he soon acquired an extensive practice and the confidence of his professional brethren. In a few years he was much employed in consultation. He was frequently called by the older members of the profession; a circumstance that rarely occurs, except where superior years are united with superior wisdom.

After practising medicine in Farmington with an increased reputation for more than twenty years, he left that town at the solicitation of some friends in New York, to pursue his professional practice in that city. So great, however, was the attachment of the people in Farmington, and their confidence in his medical skill and integrity, that they immediately exerted themselves to the utmost to induce him to return; and such was his characteristic attachment to his former friends, that he yielded to their entreaties, notwithstanding the inevitable pecuniary sacrifice.

In 1819, he received a pressing invitation to remove to Hartford. As it was an adjoining town to Farmington, and at so short a distance as to enable him to attend in consultation upon his former friends and patients, he complied with the request. Having been frequently called in consultation in that city, he immediately entered upon a full and extensive practice. Such was his open, generous, and honorable course with his professional brethren, that his counsel was much solicited by them, and he was soon called in consultation

more than any other physician in the state —which confidence he retained as long as he was able to perform his professional duties.

From his unusual success in nervous disorders, and particularly in those in which the intellect was disordered, he was almost universally consulted in those cases in that section of the country. Notwithstanding his comparative success in cases of insanity, he had frequently to lament however that it was impossible in a private family to carry into effect the necessary measures for restoration, and at last resolved to call the attention of his professional brethren and the public to the importance of an institution for this unfortunate portion of the community. With a zeal and assiduity worthy of such a cause, he persevered in his efforts until the Retreat for the Insane was completed.

In selecting a superintendent or physician for that institution, the attention of all was turned to Dr. Todd as pre-eminently qualified for that important station. But such was the characteristic delicacy of his feelings, that for a long time he resisted their solicitations, lest it should be thought that selfishness was the moving principle which caused him to make such unwearied exertions for establishing the Institution. He finally yielded to their urgent entreaties, and entered upon the performance of its duties with a martyr's zeal, and with, if possible, more than parental kindness and anxiety for those placed under his care. And next to the joy which the angels experience upon the conversion of a sinner, was apparently his joy in witnessing the return of reason in any of his patients.

In adopting a system of practice for this institution as in every undertaking he was determined to be governed by the theories and dogmas of no one, however long they might have been sanctioned by authority, unless they appeared to him reasonable and just. He consulted the opinions of all with candor, and derived instruction perhaps from all. He combined the former experience of others with that of his own, and established a discipline at once kind and humane. The recoiling horror with which he viewed the clanking of chains and the stripes of the scourge, which were in use in some of the ancient institutions, produced such an effect upon his own mind, that if he erred in any part of his treatment, it was on the side of lenity or indulgence. But justice requires me to say, that the practice of some of the ancients suggested hints from which he derived much advantage. The practice of the Egyptians, who conducted the insane to those temples which contained whatever could attract the eye and engage the attention, and were endowed with that variety of magnificent and interesting objects by which the mind in the midst of admiration and interest became divested of the delusive phantoms by which it was enveloped, suggested to him the essential importance of moral management. The practice of the Grecians, and particularly that of the followers of Hippocrates, who had obtained much popularity by the skilful application of physical remedies, suggested to him the indispensable necessity of medical treatment. The success which attended some of the European institutions in consequence of the humanity of its managers, suggested to him that the law of kindness, which was so congenial to his nature, should be the ruling principle of his institution. Perhaps the great secret of his successful practice was the skilful application of those several modes of treatment, accompanied by that variety and versatility of tact and talent, by which he could adapt them to the peculiar circumstance and condition of every inmate.

So various are the forms in which insanity presents itself, he found that no system of treatment could be adopted which would admit of universal application. His whole practice, however, consisted in medical and moral treatment. His moral management chiefly consisted in allowing every patient all the liberty consistent with his own safety and that of others; in attempting to excite the sentiment of self respect and ambition for the good opinion of others; to draw out the latent sparks of social affection; to occupy their attention; to exercise their judgment in useful employments; to divert them from their hallucinations by amusements; to conciliate them by kindness and gentleness of manners; and at the same time to make them perceive the impolicy as well as folly of their forwardness, by the consequent privations and the prompt and decisive restraint to which it would invariably subject them. His medical treatment consisted in restoring every part of the human system to its healthy functions.

Dr. Todd was eminently qualified to carry in effect the above system of treatment. He was naturally possessed of a strong and vigorous constitution, which seemed capable, not only to the eye, but also from what it accomplished, of enduring the most arduous duties. His mind, which was alike vigorous, exhibited what the ancients considered the greatest of earthly blessings, mens sana in corpore sano. His person was commanding and dignified; his countenance beamed with kindness and benevolence; his manners were courtly and affable, adapted to the most polished and refined, but attentive, gentle, and affectionate, especially to the humble, the timid, and the young; and always marked by the most scrupulous delicacy. Being eminently skilful as a physician, he was well qualified to adopt a system of remedies which would result in restoring the patient to physical health. He possessed a happy tact and ingenuity in discovering those obscure and latent seats of disease, which are frequently the causes of insanity. Well acquainted with the reciprocal action of the mind and body on each other, and possessing a profound knowledge of the secret motives of human action, and of the numberless and diversified considerations by which the mind of man may be arrested, awed, and conciliated, he skilfully and successfully applied those medical and moral means which

soothed and quieted the ravings of the furious, and raised and encouraged the hopes of the desponding, and never failed in gaining the confidence and affections of both.* The treatment at the Connecticut Retreat, has been attended with a success which has exceeded that of any other public institution of which we have any knowledge. In this performance Dr. Todd has left a "monumentum ære perennius" to his reputation and worth. It has been ascertained that the proportion of those who recover from insanity out of a lunatic asylum, is but one third of the whole number; but at the Connecticut Retreat more than nine tenths of all the recent cases that have been placed at that Institution, have been restored to their reason. It is to be regretted that the public generally are not sufficiently informed of the importance of placing their friends at a lunatic asylum as soon as possible after they become insane. Too frequently the friends of a patient, through doubts and hesitation, hopes and fears, lose the only opportunity which might have been successfully employed in restoring the clouded and shattered intellect to its wonted serenity and vigor. By this delay the patient is confirmed in his insanity and his case becomes for ever hopeless.

Notwithstanding his incessant care and anxiety for the inmates of the Retreat, he was much employed in the vicinity and neighboring country by way of consultation. I have already spoken of his reputation as a counsellor, and the confidence in which he was held both by the patient and the attending physicians. He was deservedly popular with his medical brethren, and received the highest honors which it was in the power of the medical society to bestow. He procured and read the latest and best writers, not only on insanity but also on other branches of his profession, and never failed to keep pace with the improvements of the age. He never took upon trust, however, what authors had written upon any disorder, but formed his opinion from his persevering and untiring clinical observations. In this manner he became acquainted with the correct pathology of disease, and acquired that skilful adaptation and administration of remedies for which he was so eminently distinguished.

He was endowed with a mind qualified in an eminent degree for original investigations; and this was one of its most prominent characteristics. He could apprehend the most remote truths with a quickness of perception which seemed almost intuitive, and at the same time with a wariness that prevented a precipitate judgment. His conceptions were strong, clear, and original, and he possessed the power of bringing before him every object in all its parts, that engaged his attention. So strongly did he investigate every object which was presented to the laboratory of his mind, that he rarely formed an opinion on any subject in which he did not foresee every difficulty that would be suggested.

There is one circumstance we have to lament perhaps more than all others in the life of Dr. Todd, which is, that he has favored the world with so few communications from his pen. From the number of original facts which he noticed by the bedside of the sick, from his superior opportunity during his numerous consultations, from his connection with the Retreat, which disclosed to his mind the complicated relation that exists between the mind and the material organs, and their reciprocal influence on each other, and also from his own inductive reasoning, he must have acquired a stock of knowledge, which, in no small degree, must be lost to the world. He was ever ready and willing to give his opinions to others in a frank and open manner in conversation. Whenever he spoke upon any subject which engaged his attention, he illustrated it with that comprehensiveness of view, both in its outline and detail, and with that luminous conception and expression, which flashed like rays of light on the minds of his hearers, and with that ornamented, brilliant, and logical style, which carried with it a conviction of its truth, that no one ever went away from his conversation without being delighted and informed.

Dr. Todd was possessed of strong social feelings. No one delighted more in social intercourse, or imparted greater pleasure to his friends; and whether in public or private, he seemed to animate and delight all who enjoyed his society. His colloquial powers, which were ever accompanied with frankness and sincerity, and with his happy manner of conciliating affection and commanding respect, never failed to enlist the understanding and secure the friendship of all who heard him.

The benevolence of Dr. Todd was unbounded. Man he regarded as his brother, and always rejoiced in his prosperity. Whenever he saw him in affliction, he was ever ready to contribute to his relieif. For this purpose he not only gave of his substance, but often exposed himself to cold, hunger, and fatigue; visited the abodes of wretchedness, penury, and even

* In the summer of 1833, we accidentally met with Dr. Todd in Onondaga county, New York; he was then travelling with his family for the benefit of his health. During our short intercourse with him he mentioned an interesting incident which we think worthy of record here as illustrative of his amiable character. After conversing freely on the nature of his disease and of its probable speedy termination, he remarked nearly in these words—"in leaving this world I shall part from two families, one my patients, I might almost say my children, of the Connecticut Retreat—but I believe I can say that I have discharged my duty to them and to the cause of humanity—when about setting off on this journey, never shall I forget the pleasure and regret I experienced on taking leave of the inmates of that Institution. It having been made known to them that I was about to part from them probably for ever, they all crowded around me, and with the most tender expressions of regard bade me farewell, and expressed their hopes of my speedy return with renewed health and strength—this, (continued he,) was one of the most gratifying scenes of my life—to witness those who had once been bereft of reason, changed to expressions of sympathy and charity, the more pleasing to my feelings when I reflected that by the mild treatment pursued I had been instrumental in restoring reason to her throne."—Eds. U. S. Journal.

of guilt; relieved by his personal attentions their immediate sufferings, and soothed their hearts by his kindness and humanity. No one ever knew him "pass by on the other side" to avoid scenes of affliction, or free himself from the trouble of administering to their wants.

He continued to perform his arduous duties until disease of the chest in which the heart participated largely, made such insidious, gradual, and destructive inroads upon his constitution, as compelled him to relinquish all his labors. His condition during the last year was very severe and afflictive. The frequent and constant return of paroxysms, which seemed more like the agonies of dissolving nature than ordinary disease, would sooner have subdued a less vigorous constitution. In the midst of all his trials and afflictions he fully exhibited the manifestations of Christian fortitude and resignation. In his last hours he evinced the support of the Christian's hope, and on the 17th of November, 1833, his disembodied spirit was borne to the regions of immortality.

Art. IV.—*Case of Imperforate Vagina.* By A. B. Shipman, M. D., of Cortlandville, New York.

Miss ——, ætat 15, of a good constitution and plethoric habit, was taken on the 14th of May last, with a total retention of urine—she did not inform any one of her condition until the evening of the 15th, when the pain and distention were such as to compel her to disclose her case to her mother—several domestic remedies were made use of but to no purpose, when I was sent for, at 11 o'clock in the evening. On arriving at the house, I found her suffering great pain, and perspiring profusely; there was but little fever, tongue clean; bowels regular.

She was of good size, of a healthy robust aspect, and every appearance indicated that she had arrived at the period of puberty, although I was assured that she had never menstruated—I found the abdomen greatly distended and proposed using the catheter; this, after some reluctance, was at length consented to, and I drew off six pints of urine with complete relief—on visiting her next day I found she had made no water since I left, and I used it again, and drew off three pints more, bled her to 16 ounces, gave a cathartic of sup. tart. potass. and jalap with mucilages—after this she passed water freely and was otherwise as well as formerly. On the 19th of June, I was sent for again, she had remained perfectly healthy since the last attack in May, just one month. About three days previous to my visit the last time, she was taken with pain in the hypogastric region, which increased to such a degree as to deprive her of sleep for the last two nights—she had made water freely, and when I arrived a cathartic of Ol Ricini, which they had given her, had operated freely; this, together with fear, kept her quiet while I remained. There was no febrile action, tongue clean, skin warm and moist a slight examination of the abdomen discovered considerable fulness there; but I did not examine her critically as the patient was very timid. I gave her an anodyne of morphine, and left with directions to repeat it if necessary. On the 21st I was again sent for and was informed that she began to complain immediately after I left, the anodynes gave no relief, that she had now pain in the back and hips, extending down the thighs, with alternate intervals of ease, but of short duration—she had not slept since the 17th, and looked exhausted, like one worn down by long and severe suffering—she was covered with a profuse cold perspiration, and the remedies which had been used, such as the steam of hot herbs and stimulating drinks, had all served to aggravate her sufferings.

The pulse was now frequent but soft, the tongue moist but coated; she passed water frequently, but in small quantities at a time, the abdomen was much distended, and tender upon pressure—I was led from this assemblage of symptoms to suspect retained menses, and communicated my views to the mother, when I made an examination and found as I expected the vagina closed by a firm but elastic membrane, and by pressing it upwards with the finger, could distinctly perceive fluctuation.

I proposed, as the only remedy, that the membrane should be laid open; this was readily assented to, and with a scalpel I carefully made an incision in the most prominent portion of the membrane which was about on a level with the nymphæ—as soon as the membrane was divided, which was nearly half an inch in thickness, dark fluid blood about the consistence and color of molasses to the amount of 3 pints escaped. I enlarged the opening sufficient to admit the fore finger and found the vagina dilated into a large smooth cavity. The base of this membrane was situated about half an inch beyond the nymphæ, and the edges of it, after the opening was made, felt like a firm ring surrounding the vagina. As the menstrual fluid continued to flow, I did not then introduce a tent, but the next day I employed one of as large a size as could be passed, which was retained by the T bandage. The patient experienced immediate relief after the operation, and fell into a sound sleep, which continued for several hours—the menstrual fluid continued to flow for 3 or 4 days when a discharge resembling the lochia took place. This lasted several days, when the patient regained her usual health and strength, and on the 16th of July the menses again made their appearance and continued eight days without pain or inconvenience.

Art. V.—*Letter to J. W. Francis, M. D., subsequent to the Cholera of* 1832.

Dear Sir,

In accordance with your wish to obtain the individual views of those who have seen the

disease denominated Cholera Asphyxia, I submit with pleasure the general result of the observations that I have been enabled to make.

Waiving all speculations upon the inscrutable origin of the disease, its mode of propagation and the nature of the poison which produces such fatal effects upon our systems, I shall confine myself to the remark, that it is the impression of an unknown agent, through the medium of the prima viæ, upon the ganglionic nerves, producing certain phenomena, such as diarrhœa, vomiting, suppression of the functions of the Chylopoetic and Uropoetic viscera, spasm, decomposition of the blood, Asphyxia and death. The symptoms, post mortem examinations and analyses of the evacuations and of the blood, fully substantiate the correctness of this opinion.

In the various examinations of the two last, made by O. Shaughnessey and others, the blood was found to be deficient in its aqueous and saline constituents and the evacuations to be composed of the very materials of which the other was deprived. The conclusion then is obvious, that the immediate cause of Asphyxia and death, is alone attributable to the effect produced upon the blood, which in proportion to the discharges, is decomposed and ceases to be a proper stimulus to the heart, hence the feeble and final loss of arterial action, and with its expiring effort, the injected state of the veins.

The appearances upon dissection have led to no satisfactory results, unless it be the fact, that no cause sufficient for so speedy a termination of life has been discovered as a consequence of the disease. In truth, they seem to have been as various as the habits of the individuals, the modes of treatment and the anatomical and pathological knowledge of the investigators.

The symptoms are too obvious and too well known to be mistaken or to require additional explanation.

In limiting my observations to the treatment which I have seen and known most effectual, I would remark, that with most of those with whom I have conversed upon the subject, there seemed to be a strange combination of cause and effect in their opinions on the disease, and an evident desire of addressing remedies exclusively to the symptoms, regardless of the system which has received the fatal impression, and which is rapidly conveying it to every portion of the body.

Admitting that the opinion on the operation of the poison be correct, what should be the object of the means employed for its removal? Should it not be the creation of an impression destructive to the influence of the one already existing? If this be granted, then all that remains to be accomplished is the selection of those agents, known to be the most speedy, the most certain, the most powerful and permanent in their effects upon the animal fibre.

To mercury, I would give a decided preference over all other remedies, whose effects I have had an opportunity of witnessing. In the early stage of the attack, large doses of calomel, with or without opium as may be indicated by the presence or absence of pain, followed by the eccoprotic mixture, will in by far the greater number of instances, destroy the power of the morbid cause, without the necessity of any further medical treatment. In a more advanced stage, or in that in which the impression upon the nervous system is more violent, and when from the symptoms there is reason to apprehend a rapid advance of the disease, no time should be lost in connexion with the calomel, in obtaining all that revulsion can effect by the free application of irritants to the skin. For the last purpose, in conjunction with a mustard plaster to the abdomen, no combination has appeared to me so beneficial in its effects and so fortunate in its results as the ointment used by Dr. Roe at the Greenwich Hospital.* These, with the use of a pill, every hour, composed of two grains of calomel, one gr. camphor and one-fourth gr. of opium,† will in most cases allay irritation, stimulate sufficiently, and speedily establish a mercurial action to the annihilation of every other, and place the patient in comparative safety.‡

Bleeding in these stages of the disease, I have seen practised by many, and I fear opposed by too few. I admit that it has been frequently resorted to in connexion with other remedies, and the patient has recovered; but I cannot avoid thinking, that the same result would have been obtained, although the chance was lessened, without the intervention of that most dangerous expedient.

If it be true that the cause of Asphyxia and death are the consequences of the symptomatic condition of the blood, and that the material poured out from the body is the aqueous part of that fluid, does not the very action of the cause prostrate the patient sufficiently, without requiring any of the assistance of art? What practitioner of ordinary observation, would think of bleeding in the various diseases and accidents which are attended or followed by great prostration of all the energies of the system? Would he not say, I must first remove the cause, excite reaction, and then, and only then, must I resort to depletion, in order to guard against the powerful efforts of nature in regaining her equilibrium.

Much has been said, in justification of this practice, of inflammation of the alimentary canal and of a congested state of blood vessels generally. This is an opinion scarcely worthy of reply. Those who are acquainted with the phenomena of inflammation of that viscus, must have observed the absence of all those by which it is usually characterized and received upon examination after death, a full

* The absorbent system appears to be peculiarly active in this disease. In one or two cases attended by Dr. T. Ferris, the saline fluid was accidentally injected into the sub-adipose tissue, and the rapidity with which it was removed by absorption was almost incredible. The ointment is composed of one pound Ung. Hydr. F. half pound camphor, ℥iv Capsicum.

† I would now use calomel in much larger doses.

‡ The free use of ice is indispensable.

confirmation of its non-existence, unless in those cases whose histories would fairly refer its presence to causes altogether independent of epidemic influence. And now let us suppose, that this congested condition of the blood vessels does really exist, what salutary effect can relieving them of their contents, if practicable, possibly accomplish? Is it not a consequence of the condition of the blood itself, and will the abstraction of a few or more ounces from the veins change its nature or exercise any power over the controlling cause? In short, will it not by enfeebling the already languid circulation, hasten the very symptoms which all our resources are directed to prevent.

In the collapsed stage of the disease, hopeless at best, still would I place more dependence on the action of mercury and revulsion, than on any other remedies. Even in this stage the only hope of success, is the removal of the cause, and however we may succeed in abating or improving the symptoms, it will be, as it were, but in mockery of our efforts unless this can be achieved.

From the success of the practical experiments made by Latta, Craigie and McIntosh, of injecting into the veins a saline fluid, many have been induced, to repeat them in this city. In every instance, as far as I can ascertain, the peculiar effects ascribed to it have been realized: but with these gratifying appearances, with a few exceptions, came either a return of the evacuations and the previous state of collapse, or an alarming congestion and probable effusion in the brain. When I have used it or seen it done by others, such were the results. It must however be borne in mind, that it has only been resorted to under the most unfavorable circumstances and after every hope from all other remedial agents had been abandoned. That this remedy restores the blood to its normal state and the circulation to its wonted energy, cannot I think be doubted by any one who has seen its almost magic influence upon the latter, and observed the condition of the former after it has been drawn from the body. Here its powers end. Acting only on a symptom, a most important one it is true, the still existing cause, again arouses itself into action and speedily completes its works of destruction.

In those cases in which cerebral congestion was the only result, there is every reason to infer, that the morbid impression had been counteracted, and that the individuals were sinking exclusively from the symptomatic effects of the disease. It is under these circumstances that this remedy becomes a powerful auxiliary to a speedy recovery, provided the sudden and violent reaction induced, be energetically met by corresponding antiphlogistic means.*

* Since the above was written, I have ascertained that this remedy succeeded in six cases out of nine at the Brooklyn Cholera Hospital, under the care of Drs. Fanning and Thorne. These gentlemen adopted the practice of bleeding freely, during the injection, from the opposite arm, with the view of meeting the excitement so suddenly produced.

With these limited views, allow me to express my admiration of your talents in elucidating this soul-harrowing subject, and wish you every success to which your laudable efforts so justly entitle you.

With great respect,
I remain your obedient Servant,
ALEX. F. VACHE.

JOHN W. FRANCIS, M. D. & P., New-York.

ART. VI.—*On the use of Liquor Ammoniæ Puræ in Cholera.* By A. STEART, ESQ.

THE cholera made its appearance at Mundlesir, a small station on the north of the Nurbudda early in August, 1830, for the first time after I had taken charge of my present appointment, as Surgeon to the Political Agency there. The disease had sometime previously shown itself above the Vindhya range, and also to the southward of the Nurbudda, and the first case I had here was a man who had just descended the Ghaut.

For many previous years, the cholera had prevailed annually, in the Nimar districts; but during the month of August, 1830, it showed itself in a most aggravated form, the symptoms, and treatment, &c. of which, I will now state.

With a very few exceptions, in all the cases I have had, the patient, without previous illness, suddenly feels a general uneasiness and anxiety, instantly throws up with great force an immense quantity of fluid, much resembling conjee [rice-water] or buttermilk, and falls senseless to the ground. He passes the same kind of fluid by stool, in large quantities, (at first sometimes mixed with fæces,) and he lies in an insensible state.

The pulse immediately becomes imperceptible, either at the arm, fore-arm, or temples. The body cools so rapidly, even in this hot climate, that in a few minutes no heat is felt in any part of it; and there is a little, cold and clammy perspiration about the head and chest. The nails are like those of a dead person, and the skin of the inside of the hand puckered and soddened.

The breath feels cold, the respiration is quick and difficult, with little or no action of the diaphragm.

The mouth open; tongue rough; eyes shut and very much sunk in their orbits; if opened they appear glassy and without the least brilliancy; conjuctivæ pale, and iris apparently not affected by light. Around the eyes is a black circle or mark, and the person appears ghastly and looks many years older than he did an hour previously. A violent spasmodic extension of all the limbs takes place whilst in the act of vomiting; excepting when this occurs, the patient lies quiet and insensible as to what is passing around. When vomiting comes on, the body is completely stiffened. There are little or no efforts at retching, but the evacuations both upwards and downwards pass in immense quantities. There is no fæ-

tor in the evacuations, except sometimes a little in the first motion; the belly is completely flattened.

The blood is dark, thick, and apparently in a state of decomposition; when it imperfectly coagulates it looks like liver, or rather of the consistence of, and resembling, bad black-currant jelly.

Treatment.—Give immediately 30 drops of pure Liquor Ammoniæ [half a tea-spoonful] diluted with 3½ drams [nearly a table-spoonful] of distilled water; and a few drops of any essential oil may be added or not. In some cases, I used an essential oil supposed to be the true spikenard, prepared from a grass which grows in this country. Instead of distilled water, brandy more or less diluted may be used if deemed advisable, but perhaps a good plan will be to get an eight-ounce bottle with a glass stopper, into which pour one ounce of pure Liquor Ammoniæ, and very nearly fill the bottle with distilled water; should you wish to give any essential oil, add about a tea-spoonful of Oil of Peppermint, or a large quantity of essence, or any other essential oil you may prefer. A table-spoonful of the mixture will be a dose for an adult. It must be swallowed immediately after being poured out: take great care also that the bottle be kept carefully closed. You must forcibly close the patient's nostrils and mouth, ere the medicine will be swallowed; the act of doing which generally induces a slight cough. This and breathing are the only symptoms which show the patient to be still alive.

A bottle containing Volatile Alkali is to be applied at intervals to the nostrils. I have also held it to the mouth.

If the medicine be rejected by vomiting, repeat it again and again till you get a dose to remain in the stomach, eight or ten minutes after which the patient will be certain of recovering. Repeat the dose at intervals of five, ten or fifteen minutes, according to the state of the patient; but the moment you find reaction has commenced, lessen the quantity. To children give a less quantity of the Alkaline Mixture, diluted according to their ages.

Apply heat in every possible way to the body; to all the extremities apply heated bricks, tiles, or bottles of hot water: but with care, as the patient is generally insensible.

Open one or more veins, and do your best to procure blood, which will flow most probably only in drops, and even at that rate not without much trouble and perseverance. Continue your efforts to procure blood till reaction has taken place, but when this has fully commenced, stop. When reaction is about taking place, you will find that after calling several times, and doing your utmost to rouse the patient, he will give an indistinct answer, apparently with great difficulty, and as if he was in a stupor.

The first symptoms of recovery are, there being neither vomiting or purging. The breathing gradually becomes easier, and the pulse begins to be perceptible, first in the temples and arms, and then in the fore-arm, about which time the skin very gradually gets warm. After this, the patient gets sensible, speaks in a very low tone with difficulty, but complains of nothing but thirst: for which give a small quantity of any mild bland fluid. The pulse after reaction has taken place is very quick and small, skin tolerably comfortable, and thirst gradually lessens. The patient has some disturbed sleep during the night.

In the morning give a small quantity of Magnesia and Rhubarb, or in fact any mild purgative, to the extent of producing a few motions; the first and second of which are generally of a dark color. Very little urine is secreted for a considerable time after an attack.

The patient now complains of his throat, speaks in a low tone, and with difficulty; also experiences very great weariness and aching of limbs, which does not wholly leave him for three or four days. There is a want of appetite for some time after recovery, the digestive organs being much debilitated by the attack. The sooner assistance is rendered the better, for without it the patient will not survive more than a few hours, if the attack be at all severe.

When I decided on this plan of treatment, not being able at this remote station to procure [unless by very great delay,] a pure solution of Ammonia, I distilled some myself, for the process of which, see Henry's Chemistry, vol. i. p. 397, 1823.*

On the appearance of the Cholera here in August, 1830, it should be mentioned, that in the few first cases I had, in which I adopted the treatment usually followed, of large doses of Calomel, Opium, and stimulants, and also tried blisters of scalding water, all the patients died; when fearing I might be equally unfortunate with others, should the symptoms be at all violent, I was induced after much reflection to adopt the course which I now have the honor to transmit; and in which I have been as successful as my most sanguine hopes could have anticipated.

My reason for not having communicated the result of my practice, immediately after the sickness of 1830 had subsided, arose from anxiety to be more fully satisfied of its efficacy; and this, from the usually annual visits of this dreadful disease to Nimar, I had but too much reason to suppose, I should soon have an opportunity of ascertaining. This year, thank God, I had but six patients; four of whom were insensible, and two not; but the whole recovered, and I may therefore consider the usefulness of the remedy as sufficiently established, without waiting for further experience.

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* Mix three parts of quick-lime (*choona,*) with one part of Sal-Ammoniac in powder (*Nousader,*) in a retort, and by the heat of a lamp, the pure Ammonia is extricated in a gaseous form; it combines rapidly with water, which is capable of absorbing 780 times its bulk of this gas; and when saturated to that degree, the quantity of the liquid is increased in the ratio of 4-15 its original bulk.

Abstract of 118 *Cases, treated as now recommended, from* 8*th August to* 7*th Oct.* 1830.

108 suddenly affected without previous illness.
9 affected with giddiness or uneasines for some hours previous to vomiting.
1 died in an hour and a half.

118

6 cases in July 1831,—four suddenly, two not.

124

Of the whole number, eight were not bled, in consequence of their friends objecting; these recovered more slowly than the other cases. The average quantity of blood taken was about seven ounces.

Twenty-nine persons in the village, who did not come under my treatment, died in less than 12 hours after being attacked; and from all inquiries made, it appears that during the season of 1830, every person who was attacked with Cholera, and trusted to native remedies, died. Some of the above patients died so suddenly, as to prevent assistance being rendered them. Of the fatal case which came under my treatment, I beg to remark, that the man had been ill nearly two hours before I saw him. He had repeated doses of medicine administered, but none would remain in his stomach, he died in about an hour and a half. The symptoms otherwise were exactly the same as those of other patients. In this instance, the Liquor Ammoniæ made by myself being exhausted, it was found to be both weak and impure. The body was not examined from religious prejudices.

Although it may be remarked, that in all the cases above alluded to, the patients were natives of India; this does not at all lead me to the slightest doubt as to similar good results amongst Europeans, attending of course to the proper modification of this remedy as with all others.

Various circumstances have hitherto prevented my offering such other observations on Cholera as it was my intention to have done, but which I still hope hereafter to do, should an opportunity occur.

Mundlesir, Minar, Dec. 1831.

P. S. Within the last month Cholera has again appeared in the Nimar district, at a place about sixteen miles from Mundlesir. The Komisdar immediately applied for medicine, and now reports as follows: that of fourteen people to whom he gave medicine ten recovered, eight of whom were insensible, two not so; and that four died. The medicine taken by those who recovered was measured out and sent to them by the Komisdar in small Hindoostanee phials: but having no more, he put the medicine for the people who died into two small "lotahs,"* and as it had to be carried to a village distant about two miles in an open vessel, it spoiled, and the people for whom it was sent died.

Camp near Mundlesir, Feb. 12, 1832.

* Lotah is a small brass vessel.

Observations of S. Ludlow, *Esq. Superintending Surgeon, Western Division, on sending Mr. Steart's communication to the Medical Board of Bengal.*

"Whilst on my tour of inspection at Mundlesir, early in December last, Mr. Steart invited me to inquire into his treatment of the Cholera; and after comparing his own statements with those of Political Agent Captain Sandys, and the native doctor of the station, and even some of the persons themselves, who were the subjects of Mr. Steart's care, I certainly came to the conclusion that his practice was unusually successful.

Just at this time, the public accounts from Europe were of the most alarming nature, in regard to the near approach of the disease to our native shores; and as Mr. Steart wished to take advantage of the steam packet that was about to leave Bombay, and make known to persons in England his remedies in the cure of Cholera, I most willingly complied with his request to afford him my humble testimony of his success; but at the same time, strongly recommended him to furnish me, as soon as practicable, with an official report on the subject, for the information of the Medical Board. This did not reach however until my return to Neemuch, on the 23rd of last month.

There may be objections to the confident manner of Mr. Steart's report; nevertheless, I think he has proved the Liquor Ammoniæ to be a most valuable remedy, in those attacks of Cholera where the patient sinks rapidly, and a powerful stimulus is required, whilst attempts are made to restore the lost balance of the circulation, by that best of all remedies, I am apt to believe, in nine cases out of ten, *blood-letting.* My confidence in the good effects of the Liquor Ammoniæ, was much strengthened, by knowing that Mr. Mottley had found it extensively and decidedly beneficial last year at Ajmeer: which circumstance was duly reported by me to the Board; and when at that station on my tour of duty, I had an opportunity of ascertaining on the spot, that the Ammonia alone, even without bleeding, had deservedly attracted much public notice and discussion, and it was looked upon as a remedy in Cholera, which would be generally resorted to in future attacks; but it should be observed, that the Ajmeer cases happened at a season of the year, and in a situation, that were more favorable for a mild or modified disease than the Mundlesir ones, which seem to have been of a nature exceedingly severe.

The Board will, I am assured, observe with satisfaction the successful endeavors of Mr. Steart in making the Liquor Ammoniæ of great strength and purity on an emergency with very imperfect means at hand, which on examining I found to be the best I have ever seen in India. This it is true was only resorting to a knowledge which we all possess; nevertheless, the professional zeal and diligence exhibited in the case of the medical officer at Mundlesir, is worthy of praise and imitation. Probably the Board may conceive that Mr. Steart has laid too much stress on the ne-

cessity of having the Liquor Ammoniæ of the greatest strength and purity, and that if it should be in a degree weak or inodorous, it would lose its effects altogether. It is true, that this preparation, when exposed to the atmosphere, attracts rapidly carbonic acid, whereby it becomes in some measure impure; and it is desirable of course, that the bulk of the gaseous ammonia should abound as much as possible: but then a somewhat larger dose of the remedy would produce the same effects as the more potent liquor in a diminished quantity.

Under the impression that the usual treatment of Cholera with opium and calomel, especially in large doses, is far, very far from being successful, and that the Liquor Ammoniæ is worthy of more extensive trial; whilst emetics perhaps, and bleeding are resorted to, to restore the lost balance of the system; and gentle purgatives or mercurial ones, as the case may point out, to assist in carrying off the morbid secretions; I shall think it my duty to suggest such practice, and to order a supply of the Liquor Ammonæ Puræ, to all the stations of the division, out of the 20 lbs. which has just reached the Depôt: but as this quantity is small, I would take this opportunity of recommending to the consideration of the Board, whether it would not be advisable to order a supply to be sent up immediately by dawk bangy, in well stopped phials, of ounce, two ounce, and eight ounce quantities; which could then be served out to medical officers, without opening; or even sent to individuals, if it should be required.

Neemuch, March 8, 1832.

[*Transactions of the Medical and Physical Society of Calcutta.*

Art. VII.—*Observations on some of the Effects of Iodine.* By W. Twining, Esq.

The efficacy of Iodine in promoting the absorption of Bronchocele, and the beneficial results which have followed its administration in other Chronic Diseases, have induced some medical practitioners to employ the same remedy for the cure of obstinate Chronic Affections of the Liver. As far as I have been made acquainted with the effects of Iodine administered in Chronic Hepatic Disease, that practice appears to have been remarkably unsuccessful; and although my present experience does not authorize me to assert that it can never be beneficially employed in any such cases; the symptom which I have occasionally observed subsequent to the use of that remedy, in European patients, who were believed to have been free from any disease of the liver previously; as well as the consequences of the internal administration of large quantities of Iodine, of which mention is made in some recent medical works in Europe, would afford grounds for believing that the greatest caution is requisite in prescribing it for patients in whom any affection of the liver exists. I have not yet met with any case of Hepatic Disease in which the internal use of Iodine appeared to me justifiable; therefore I cannot venture to speak of the effects of that medicine in such complaints: but in twenty-three cases of Europeans, for whom I have prescribed it internally, in the course of the last two years, for the cure of various diseases, five patients were affected with pain in the right side. In some of these the pain was felt about the region of the gall-bladder, but more generally the pain was referred to the middle of the ninth rib on the right side, and was slightly increased by a full inspiration. In most of these cases, the Tincture of Iodine had been taken in various doses, from ten to twenty-four drops, for above fourteen days, and the greater number of the patients who were affected, as above described, were of pale complexion, and somewhat emaciated.

The diseases for cure of which Iodine was administered, and the patients soon became affected with pain in the region of the liver, were—1st, an enlargement of the inguinal glands in a man aged about 40; 2nd and 3rd, two young men, each under 24 years of age, suffering from enlarged tonsils; 4th, a slight enlargement of a thyroid gland in an elderly woman; 5th, a chronic enlargement of the right testicle. Besides these, I was called in consultation to see a patient who had been taking Tincture of Iodine for the cure of an obstinate chronic glandular disease; and another patient came under my care, who had at the time an Abscess in the Liver: he had previously been taking Iodine for many weeks, to cure some imagined affection of the chest of the actual existence of which, I could obtain no satisfactory account. As the two last mentioned patients did not take the medicine under my instructions, I am unable to state precisely the quantity which was taken, or the exact period at which the pain appeared after the Iodine was first ordered.

The diseases for which the Iodine was administered, were in four of these cases evidently decreasing at the time that the pain in the side was first felt, therefore I conclude that the constitutions of those patients were then under its influence. The cases, in which the pain in the right side was ascribed to the exhibition of that remedy, occurred at various seasons of the year; and the patients were all Europeans. I may add, that during the same period I have prescribed Iodine in nineteen cases of chronic glandular disease in Asiatics, (fourteen of which were Hindoos,) and none of these patients suffered from pain in the right side, during the time that it was taken. Diseases of the Liver are so prone to occur in this country, that it would be unreasonable to ascribe every affection of that organ happening soon after the internal use of Iodine, to the influence of that medicine: at present it seems doubtful whether Iodine ought to be considered a safe or useful remedy in any case where Hepatic Disease exists. My principal object in bringing to the notice of the Society such observations as have occurred in the course of my practice in Calcutta, will be accomplished, if by these means the attention of medical men in India be directed to ascertain, whether

the unfavorable effects which appear to me to have been caused in several instances by the use of Iodine, are of frequent occurrence. Hepatic affections happen so frequently in Bengal, and are so liable to terminate fatally, that every circumstance which has any influence in promoting or retarding their cure, may be deemed worthy of the attention of this Society, and of the profession in general.

The observations of our professional brethren in Europe, afford reason to believe that Iodine administered in large doses, is liable occasionally to excite pain in the region of the liver; and in some instances, the existence of Hepatitis in such cases, has been proved by post-mortem inspections. Referring to Christisson's excellent work on Poisons, I find that he alludes to two instances in which Hepatitis occurred in persons who had recently taken large doses of Iodine; the first of these is reported on the authority of Rust, (*Magazin fur die gesammte Heilkunde.*) In this case, excessive use of Iodine was followed by pyrexia, emaciation, and pain in the region of the liver, with induration of that organ; and the patient died. The other case is adduced on the authority of Dr. Zinc: a patient died, as it is stated, in consequence of slow poisoning by Iodine, and on dissection, the liver was found enlarged, and of a pale-red color; there were also various other appearances of inflammation in the abdominal viscera. Dr. Christisson thinks "it is not improbable that Iodine possesses the power of inflaming the liver."

Calcutta, October 18, 1832. [*Ibid.*

REVIEWS.

ART. I.—*The Black Death of the Fourteenth Century.* From the German of I. F. C. HECKER, M. D., &c., Berlin. Translated by B. G. BABINGTON, M. D., London, 1833. 12mo., pp. 205.

(CONCLUDED.)

HAVING thus noticed the principal concomitants of the Black Death and its ravages in Europe in the fourteenth century, we now proceed to make our readers acquainted with the other portions of Dr. Hecker's volume, viz., the chapters on the description of the disease, —its mortality,—and the means resorted to by the physicians of the period to mitigate its virulence or arrest its progress. According to Dr. Hecker, the Black Death of the fourteenth century was "an oriental plague, marked by inflammatory boils and tumors of the glands, such as break out in no other febrile disease." Kantakusenus, whose son Andronicus died of the disease in Constantinople, remarks, "great imposthumes of the thighs and arms of those affected, which, when opened, afforded relief by the discharge of an offensive matter." Buboes, the infallible signs of the oriental plague, are, Dr. Hecker thinks, indicated in this passage; as mention is made of smaller boils on the arms, face, and other parts of the body, and separately blisters, and in many cases black spots over all the body, either single or confluent.

"These symptoms were not all found in every case. In many, one alone was sufficient to cause death, while some patients recovered, contrary to expectation, though afflicted with all. Symptoms of cephalic affection were frequent; many patients became stupified and fell into a deep sleep, losing also their speech from palsy of the tongue; others remained sleepless and without rest. The fauces and tongue were black; and as if suffused with blood; no beverage would assuage their burning thirst, so that their sufferings continued without alleviation until terminated by death, which many in their despair accelerated with their own hands. Contagion was evident, for attendants caught the disease of their relations and friends, and many houses in the capital were bereft even of their last inhabitant. Thus far the ordinary circumstances only of the oriental plague occurred. Still deeper sufferings, however, were connected with this pestilence; such as have not been felt at other times; the organs of respiration were seized with a putrid inflammation; a violent pain in the chest attacked the patient; blood was expectorated, and the breath diffused a pestiferous odor.

"In the west, the following were the predominating symptoms on the eruption of this disease. An ardent fever, accompanied by an evacuation of blood, proved fatal in the first three days. It appears that buboes and inflammatory boils did not at first come out at all, but that the disease, in the form of carbuncular affection of the lungs, effected the destruction of life before the other symptoms were developed."—"After this period, buboes in the axilla, and in the groin, and inflammatory boils all over the body, made their appearance; but it was not until seven months afterwards that some patients recovered with matured buboes, as in the ordinary milder form of the plague."—pp. 7–9.

"The like was seen in Egypt. Here also inflammation of the lungs was predominant, and destroyed quickly and infallibly, with burning heat and expectoration of blood." In Florence, according to Boccacio, the disease commenced with "tumors in the groin and axilla, varying in circumference up to the size

of an apple or an egg, and called by the people pest-boils. Then there appeared similar tumors indiscriminately over all parts of the body, and black or blue spots came out on the arms or thighs, or on other parts, either single and large, or small and thickly studded. These spots proved equally fatal with the pest-boils, which had been from the first regarded as a sure sign of death. No power of medicine brought relief—almost all died within the first three days, some sooner, some later, after the appearance of these signs, and for the most part entirely without fever or other symptoms."—pp. 10, 11.

"In Germany there was a repetition in every respect of the same phenomena. The infallible signs of the Oriental bubo-plague with its inevitable contagion were found there as every where else."—"In Austria, and especially in Vienna, the plague was fully as malignant as any where, so that the patients who had red spots and black boils, as well as those afflicted with tumid glands, died about the third day." In France "many were struck as by lightning, and died on the spot; and patients with enlarged glands in the axilla and groins scarcely survived two or three days."—"In England the malady appeared as at Avignon, with spitting of blood, and with the same fatality; so that the sick who were afflicted either with this symptom or with vomiting of blood, died in some cases immediately, in others within twelve hours, or at the latest in two days. The inflammatory boils and buboes on the groin and axillæ were recognised at once as prognosticating a fatal issue, and those were past all hope of recovery in whom they arose in numbers all over the body."—Barnes describes the external symptoms in the following terms: "Knobs or swellings in the groin or under the arm-pits, called kernels, boils, blains, blisters, pimples, wheals, or plague-sores."—pp. 5–18.

We have taken this account of the symptoms chiefly from Dr. Hecker, who further observes, that the disease often assumed different forms; and that, "while the essence of the poison which it produces remains unchanged, it is proteiform in its varieties, from the almost imperceptible vesicle, unaccompanied by fever, which exists for some time before it extends its poison inwardly, and then excites fever and buboes, to the fatal form in which carbuncular inflammations fall upon the most important viscera."—pp. 20, 21. "Only two medical descriptions of the malady," (adds he,) "have reached us, the one by Guy de Chauliac, the other by Raymond Chalin de Vinario. The former takes notice only of fatal coughing of blood; the latter, besides this, notices epistaxis, haematuria, and fluxes of blood from the bowels, as symptoms of such decided and speedy mortality, that those patients in whom they were observed, usually died on the same or the following day."—pp. 23, 24. Dr. Hecker further mentions, on the authority of Chalin, who witnessed the disease in 1348, 1360, 1373, and 1382, that, after the first fury of the disease was spent, the pestilence passed into the usual form of the oriental plague; "internal carbuncular inflammations no longer took place, and hemorrhages became phenomena no more essential in this than they are in any other febrile disorders."—p. 25.

Mr. Webster's belief in the direct origin of the disease from meteorological causes; and his theory, that the plague is always preceded for months and even years by other malignant fevers, though stated to account for the contrariety of opinion on the identity of the disease at its commencement, leads almost necessarily to the conclusion, that these malignant fevers, increasing in virulence as their sphere was enlarged, degenerate finally into the true plague, as naturally

"As brooks form rivers—rivers swell to seas."

"This circumstance," says he, "might create a small difference in the accounts of the origin of the plague; inaccurate observers mistaking the one disease for the other, or rather naming the previous putrid fever the plague, before it put on the characteristic symptoms."—(Webster, vol. i. p. 213.) Here he has taken some of the symptoms related by authors as evidence of the existence of a "malignant pleurisy and peripneumony, which," (he says,) "always occur during a period of general contagion." But Mr. Noah Webster, though an excellent compiler, is not professionally medical, and hence his opinion, taken possibly from some medical author of late date, will go for little when opposed to Chalin, the witness of the disease in its varied forms. From the appearance of congenerous affections as harbingers of plague, and from the disappearance in Europe of the disease for more than a century, still leaving these typhoid distempers in more or less virulence, according to local circumstances, one is almost tempted to believe, that were it possible we could retrograde to the dirty lodging, feeding, and clothing, of the fourteenth century, and were these to be aggravated by severe seasons, and absolute scarcity of food, Europe would again, without importation, have to mourn the fatality of the *Black Death.*

Enough has been stated to show that the disease which prevailed in Europe in the fourteenth century was identical with the oriental plague in all its more marked symptoms. Like the plague, too, it appears to have been powerfully contagious—the breath of the sick and the infectious atmosphere around extending the disease to all who approached. Parents abandoned their children—children their parents—and the nearest ties of relationship were for the time dissolved. Those who fled from the city to the country carried the seeds of the disease along with them. Even sailors found no refuge from this foe to life on their peculiar element; for it is related that ships were seen driving about on the ocean at the mercy of the winds and currents, and drifted on shore, whose crews had perished to the last man. The inferior animals seem also to have suffered in a certain degree, for numbers

of dogs, cats, fowls, and other animals fell victims to the contagion.

That many of the epidemic diseases which attacked the nations of Europe with direful mortality during the preceding and following centuries were not the oriental plague, as at present characterized, will not be disputed. Every disease that prevailed to a fatal extent — that was beyond the knowledge or experience of a single life,—was in these ages of little refinement, and less observation, looked upon as a pestilence or plague—the most impressive terms in the language being selected as names superlatively appropriate to the cause of so much destruction of human life. Even an epidemic small pox, or scarlet fever, or measles, breaking out among people in such a state of civilization, would almost account for all the mortality that occurred during the prevalence of the Black Death. But from the general record of the appearances put on by the disease in the fourteenth century, and its resemblance in symptoms and effects to the oriental plague, there appears little room to doubt, that, however originating, or introduced into Europe, and propagated into its most remote and coldest portions, it was identical with the eastern pestilence. Another disease, it may be remarked, now almost if not totally confined to the countries where plague seems indigenous, was then extremely common in Europe, viz., *leprosy.* Establishments for the reception of lepers all over northern Europe attest the former frequency of this disease; and even in our own country, and amidst the keen air and breezes of Scotland, these hospitals were numerous, and the disease common. It is therefore extremely probable, that the plague as well as leprosy were at one time of frequent occurrence among the European communities; and that the same diseases do not now occur, must be placed to the account of the improved modes of living among the present nations, compared with the accommodations of their semi-barbaric ancestors. Every thing connected with the food, clothing, and lodging of the European population has been improved beyond what could have been conceived five hundred years ago; and thousands in the humblest walks of life in our own country now possess comforts in all these respects much superior to what the nobles and princes of these early times enjoyed.

Though Dr. Hecker only dwells minutely on one period of disease, yet either plague or a similar affection occurred previous to 1348, and at intervals afterwards in that and the succeeding centuries. In Scotland, for instance, a disease named the plague prevailed in Edinburgh in 1513–14, 1520, 1568, 1574, 1585, 1604, 1606, and for the last time in 1645. The disease seems, however, to have lingered for some time longer in the southern parts of the island, for in 1665 the plague on its final appearance carried off 68,000 inhabitants of London. The great fire which occurred in that city in 1666, by destroying at once a great portion of the ill-ventilated and crowded houses and streets, and thus giving rise to an improved architecture and accommodation,—together with the introduction of water in plenty, cleanliness, and improved modes of living,—are supposed sufficient to account for the disappearance of plague in Britain. A minute and generally accurate chronological account of the chief epidemic and pestilential diseases that have prevailed from the earliest times, will be found in the work to which we have already referred.* †

Art. II.—*Illustrations of Pulmonary Consumption, its Anatomical Characters, Causes, Symptoms, and Treatment. With twelve plates, drawn and colored from nature. By* Samuel George Morton, M. D., *Physician to the Philadelphia Alms-House Hospital,* &c. &c. Key and Biddle, Philadelphia, 1834. pp. 183, 8vo.

It is with no ordinary degree of gratification that we present to the notice of our readers this valuable work of Dr. Morton. Such a work at this time is to us as reviving and as refreshing as a pure fountain would be to the parched and thirsty traveller of the deserts of Arabia, and it will do much to raise the standard of medical excellence in our sister city.

It is divided into nine chapters, each of which we shall consider separately under their distinct heads, and we have only to regret that our limits will not allow us to give a more extended view of the whole.

The first chapter is a brief view of those morbid conditions of the lungs and their appendages, which usually co-exist with phthisis. The remarks in this chapter are of an elementary character, designed chiefly to enable the observer to distinguish tubercular matter from the morbid changes that accompany it. The second chapter, on the anatomy of tubercular matter, is enriched with a number of interesting cases; one of which we here extract.

Enormous encysted tubercle, &c.—W. N., a black laborer, aged twenty-six years, with a rounded, full face, but meagre person, was brought into the Alms-house hospital June 29th, 1833, in a state of partial stupefaction,

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*A Brief History of Epidemic and Pestilential Diseases. By Noah Webster. 2 vols. 8vo. Lond. 1800.

† We understand that Noah Webster is preparing for the press, a new edition of his History of Epidemic Diseases, in one volume; it is a work which ought to be in the hands not only of every intelligent physician, but also of every man of general science. In all probability this will be one of the last compilations of this venerable and indefatigable laborer in the field of science: we therefore wish he may be liberally patronized.—eds.

but complaining of pain in both sides of the chest, and insufferable languor. I could only learn from him that this pain seized him three weeks previous, and was followed by cough and difficult breathing. He continued with these symptoms for about two weeks, when diarrhœa supervened and carried him off in a few hours.

Autopsy, assisted by Dr. Postell, five hours after death. Great emaciation.

Thorax. Right lung firmly adherent above: the two upper lobes were loaded with tubercular matter in large masses, and mostly in the crude state: that in the superior lobe formed an ovoidal mass the size of a goose-egg, and was surrounded by a distinct, white, cartilaginous cyst, about a line in thickness: the cyst touched the pleura laterally, but was easily separable from it, the pleura itself being much thickened and adherent at these places. The thin edge of the lung towards the mediastinum, was filled with tubercles, but the cyst formed a perfectly distinct boundary between them and its own contained mass, which was of a grayish yellow color, opaque, and mottled with darker points: its upper and posterior portions had already began to suppurate, there being a number of small vomicæ that communicated freely with each other.

Left lung. Superior lobe tuberculous, and a small cavity beneath the apex.

Bronchial mucous membrane slightly inflamed.

Bronchial glands enlarged.

Heart natural.

Pericardium full of serum.

Other organs not examined.

Chapter third, on the pathology of phthisis, is very brief. The following observations on the manner in which the blood-vessels are destroyed in tubercular disease are interesting.

The result of many observations directed to this point, leads me to the following conclusions: the cellular tissue constituting the outer coat of the artery, secretes its own tubercular matter, and preserves the form of the vessel until suppuration takes place. The middle coat of the vessel meanwhile preserves its red color; but between it and the internal coat a second layer of tubercular matter is observed, doubtless arising from a lamina of cellular tissue connecting those coats together. The inner coat, however, does not appear to change during the whole process of tubercular disease, but retains its pearly, diaphanous, and polished character. In order to trace this pathological condition of the blood-vessels, it is necessary to examine such of them as traverse a large tubercular mass, after the latter has become softened, but anteriorly to suppuration: if the vessels then be separated by cautious percolation with water, and a trunk be cut across, the several facts above mentioned will be rendered obvious. If, however, the examination be not made until after suppuration has taken place, the cellular tunic of the artery will be found to have granules or masses of tubercular matter adherent to it, not derived from the contents of the abscess, but from its own proper tissue: the portions intermediate between these granules are of a florid red color, and appertain to the denuded middle coat of the artery. This tuberculous degeneration of the blood-vessels is obviously derived from the vasa vasorum themselves.

The pathology of tubercular disease is summed up by Dr. M. in the following manner.

1. Tubercles are an altered secretion of the albuminous halitus proper to the cellular tissue* forming the parenchyma of organs.
2. Inflammation is not necessary to their development.
3. The cellular tissue which envelops and intersects tubercles, sooner or later takes on inflammation, and secretes pus; by which process the tubercular matter is eliminated, and an abscess is formed.

From the next chapter, on the causes of phthisis, we select the following tabular view in reference to the influence of age.

Without attempting to prove what every one must concede, I will merely add, that in the three years and a half ending with the month of June 1833, there died of phthisis in the Philadelphia alms-house hospital, 331 persons. Of those whose ages could be satisfactorily ascertained (281 of the entire number,) I have preserved the following memorandum.†

Under one year,	3
From one year to ten,	1
From ten to eighteen,	4
From eighteen to thirty-five,	142
From thirty-five to forty,	51
From forty to fifty,	49
From fifty to sixty,	20
From sixty to seventy,	12
From seventy to eighty,	3
From eighty to ninety,	2
From ninety to one hundred,	1

Thus it would seem that more patients die between the ages of eighteen and thirty-five, than in all the other periods of life conjoined. I am confident, however, that many children die of real phthisis whose deaths are attributed to other causes; for there is a difficulty attendant on their autopsies in our public institutions that amounts to a prohibition.

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* Dr. Carswell considers the *mucous membrane* to be the most usual seat of tubercular disease, in which opinion I cannot coincide: on the contrary, most of the examples which I at first glance referred to that tissue, I found on closer inspection to be contained in the subjacent cellular substance.

† There are slight numeral differences between the alms-house record of deaths from phthisis and my private memoranda, arising from this fact:—patients were occasionally recorded by the resident physicians as dying of marasmus, debility, diarrhœa, bronchitis, &c., which a post mortem examination proved to be symptomatic affections of phthisis.

In this chapter we have a case wherein tubercles occurred, when the patient was less than a month old, and in whom it is probable the tubercular development commenced before birth.

A male infant, aged twenty eight days, died in the Philadelphia alms-house hospital, June 3d, 1833, of congenital strangulated hernia.

Autopsy, assisted by Drs. Porter, Bacon, and Thornton.

Both lungs were free, but the left one contained in its lower lobe a number of tubercles, the largest the size of cherry-stones. Most of them were immediately beneath the pleura, of a yellow color, and surrounded by areolæ of red, condensed pulmonary tissue. The apices of the lungs, contrary to what is usually observed, were healthy.

Right cavities of the heart dilated.

Other organs natural, excepting the left testicle, which was highly inflamed, and firmly adherent to a portion of the ileum.

Chapter fifth, on the symptoms of phthisis, is enriched with a number of interesting cases, whilst the observations of Dr. M. are judicious, and fully demonstrate his close and accurate mode of investigation in this branch of pathology. We have not the space to enter into an entire analysis of the different divisions of this chapter, and shall therefore merely present our readers with a selection of one or two of the cases. In detailing a case of hæmoptysis from the parieties of an abscess, Dr. M. observes,

I am not aware that this source of hæmoptysis has been noticed by pathologists; and although I have no doubt of the fact, it is probably of rare occurrence. The following case of profuse and protracted hemorrhage, furnishes the materials for this pathological view.

Hæmoptysis from the granulations of an abscess.—H. S., a quarryman, aged thirty-six, of a short, meagre person, sharp features, light complexion, dark hair, and intemperate habits, was admitted into the Philadelphia alms-house hospital, November 6, 1832, with hæmoptysis. When I took charge of the wards, on the 5th of February, 1833, he gave the following account of himself:—that he was seized with severe pain in his left breast in the autumn of 1831, followed by cough and spitting of blood; fever soon followed, with profuse purulent expectoration, which was almost constantly mixed with blood. Under these symptoms he now labors, together with extreme debility, and great emaciation.

February 14th. Cough and hemoptysis almost constant, though but little blood is expectorated each time. Slight diarrhœa. Tongue clean.

February 20th. Diarrhœa checked, but the other symptoms continue as before, the night-sweats and hæmoptysis being very harassing.

March 2d. The sudden accession of cold weather, viz. from 55° of Fahrenheit to 15°, has greatly reduced the patient: he has sanguineous diarrhœa, with severe pain in the rectum, and hæmoptysis as before. Pulse feeble. Countenance exsangeous. Stethescope detects cavernous respiration in the apex of the left lung.

On the evening of the same day he was seized with acute pain in the left axillary region, and thence shooting through all parts of the left side of the chest. Vomits all ingesta. Debility extreme.

March 6th. The cough and expectoration, after having been absent for nearly sixty hours, re-appeared this morning, attended by considerable hæmoptysis, and severe paroxysmal pain in the epigastrium.

March 15th. Colliquative diarrhœa.

March 20th. Diarrhœa checked: free expectoration of purulent matter and blood.

March 28th. Still complains of a severe pain in the epigastrium, and vomits every thing he swallows. Facies hippocratica, and completely exsangueous.

The patient lingered until the 19th of April.

Autopsy, assisted by Drs. Simpson, Muhlenburg, and Carson, five hours after death. Ultimate emaciation.

Right lung firmly adherent at its superior portions by old false membranes: several small abscesses in the superior lobe: respiratory structure tolerably well preserved in the middle and lower lobes, although even these contained numerous disseminated tubercles and some vomicæ.

Left lung adherent above by fibro-cartilaginous membranes. In the superior lobe was a circumscribed abscess the size of a hen's egg, lined by a firm, coriaceous membrane, half a line in diameter. The internal surface of this cyst was studded with patches of *red, vascular granulations, of an extremely delicate structure.* Beneath this abscess were numerous smaller ones, of the funicular kind, communicating freely almost to the base of the lung. The pulmonary structure around the cavities was replaced by gray induration, interspersed with tubercles and tubercular masses, in all stages of development.

The *bronchial mucous membrane* was unusually healthy, though it contained in one of its smaller tubes a ramose, osseous concretion.

Other organs not examined, in consequence of the presence of the brother of the deceased.

The following is a highly interesting and novel case.

Absence of all the usual symptoms of phthisis; a large tubercular abscess, and both lungs filled with tubercles; the latter also developed in most of the abdominal viscera.—Monaco à Flores, a Spanish negro, aged twenty-seven years, of a tall but thin person, by trade a tailor, was admitted into the Philadelphia alms-house hospital, September 6, 1832. He stated that he was taken sick in the island of St. Thomas, West Indies, about a month previous, but that

his indisposition consisted solely in debility: he declared that he had had no cough, difficult breathing, fever, pain or hæmoptysis, and uniformly gave the same reply to the questions which were repeatedly put to him on these points. On his entrance into the ward none of these symptoms could be detected; and although he lived three days after admission, he was not once heard to cough, or observed to expectorate. He breathed short, but without seeming pain; but he mostly sat with his legs bent under him, and his body leaning forward. His pulse was weak, frequent, and tremulous; he had some appetite, but very little thirst. He lived until the 9th of September, and then died without apparent distress of any kind.

Autopsy by Drs. C. A. Porter and J. W. Paul. (An engagement preventing my personal attendance.)

Right lung crowded, from the apex to the base, with miliary tubercles, opaque but not softened: no vomicæ.

Left lung filled with tubercles in the same manner, but also contained, at the upper and posterior part of the superior lobe, an abscess the size of a hen's egg, which again communicated with several smaller ones.

No fluid in either pleura.

Bronchial glands much tumefied.

The *liver*, *spleen*, *kidneys*, and *mesenteric glands* tuberculous, the latter organs being monstrously enlarged.

Peritoneum covered with tubercles with interspersed specks of melanotic matter.

Brain healthy.

In some remarks on this case, Dr. M. states that he subsequently examined the lungs, which were so completely charged with miliary tubercles, that not a quarter of a cubic inch of parenchyma, in any one place, was free from them. Can it be possible, asks Dr. M., that all this disorganization was throughout unattended by fever, cough, expectoration, or pain? Such was the patient's repeated asseveration; and during his short sojourn in the institution, every circumstance confirmed his statement. He appeared to live until the accumulation of tubercular matter prevented the oxygenation of the blood.

The sixth and seventh chapters treat of the complication of consumption with other diseases, and first of fistula in ano. Laennec mentions that he seldom met with this complication of phthisis, and where it did exist, he could not observe that it had any influence over the pulmonary affection. Andral has arrived at the same conclusion, having met with but a solitary case among eight hundred patients. Dr. M. mentions having met with four cases, in three of which fistula supervened so directly on the pulmonary symptoms, and so kept pace with them, that he scarcely considered its presence as an accidental coincidence.

The following is an example of that morbid condition of the air-tubes, in which their canals become greatly enlarged; it was first described by Laennec under the name of *dilatation of the broncia.*

T. C., aged thirty-nine years, dark hair, sallow complexion, sharp face, and meagre person, was received in the men's medical ward of the Alms-house, in March 1833, with erysipelas of the face, occasioned by a blister applied by himself to relieve pain in the head. The erysipelas was obstinate, and terminated in typhoid bronchitis, with erratic pain in the chest, and scanty but purulent expectoration: to the last two symptoms he had long been subject. He lingered for about three weeks, and died the 6th of April. He had been for some months a pauper in the house, but not known to be phthisical.

Autopsy, assisted by Dr. Simpson, and Mr. Arrott, student of medicine, twenty hours after death.

Left lung. Adherent by slight false membranes. The superior lobe was tuberculous, partially hepatized, and contained an encysted concretion, intermediate between tuberculous and calcarious matter; around the cyst were also some tuberculoid granulations, and a considerable deposit of melanotic matter, arranged somewhat in a radiated form. It was also collected in an amorphous mass near the pleura, and disseminated in various parts of the adjacent disorganized tissue. The inferior lobe was a series of monstrously enlarged bronchia, connected by condensed pulmonary tissue. The membranous tubes were increased beyond the diameter of a crow-quill, and pressed upon the surrounding structure so as to destroy its elasticity, and gave it the hardness and color of hepatized lung.* When these dilated bronchia were cut transversely, the lung had the appearance of a honey-comb.

Right lung. Strongly adherent: an abscess the size of a black-walnut near the apex, surrounded by tubercles and vomicæ. The inferior lobes were hepatized in patches, and tuberculous: the membranous bronchia slightly dilated.

The *mucous membrane of the cartilaginous bronchia* was throughout highly inflamed on both sides, and secreted puriform matter.

Heart and liver natural.

Stomach highly inflamed.

It will not be expected that we can follow Dr. M. minutely through all his illustrations of the protean forms of this disease; we pass over, then, his remarks on pleuritic adhesion, pneumothrax, perforation of the pleura, &c., and shall content

* Laennec, L'Auscult. Med. t. i. p. 126.

ourselves with selecting such of the cases as appear to us interesting. The first we shall notice is a singular and novel case, in which a tuberculous abscess of the lungs communicated, by a fistulous canal, with an abscess on the back.

John Little was admitted into the Almshouse Hospital on the 27th of December, 1832, with slight cough, severe pain between the shoulders, especially on the right side, accompanied by hæmoptysis: these symptoms commenced about a month previous to admission, the pain in the onset being extremely severe. Towards the end of January, the pain still continuing, he observed, for the first time, a swelling on the right side of his chest, between the base of the scapula and the spine, which has since continued to increase.

His symptoms now are (February 1st) occasional slight pain in the tumor, and through the upper right side of the chest, with active hectic, night sweats, profuse purulent expectoration and occasional slight hæmoptysis, loss of appetite and great debility. Tongue slightly furred. The tumor occupies nearly the whole right intercapsular region; viz. it extends from the top of the chest to the inferior angle of the scapula, and from the base of the latter to the spine, which it partially crosses to the left side. The tumor thus situated is extremely elastic, evidently occupied in a considerable degree with air, and tympanitic on percussion. The stethoscope, when applied to it, yields imperfect pectoriloquy, and the same result is obtained beneath the acromial end of the clavicle of the right side.

February 1st. I had the patient carried into the clinical lecture room, where I explained his symptoms to the class, and ventured the following diagnosis:

Tuberculous abscesses in the superior lobe of the right lung, and a fistulous sinus communicating between them and the abscess on the back.

It is unnecessary to follow the whole details of the case, which is drawn up with much care. The patient died on the 28th of March, when dissection clearly proved the correctness of the diagnosis.

Autopsy, in the presence of Drs. S. Jackson, W. B. Simpson, H. M. Tucker, and Reeve, and Mr. Arrott, student of medicine. Considerable emaciation.

On laying open the abscess on the back, its parietes were found to consist of a dense, lardaceous substance, of a uniform white color, tinged with yellow, dense but slightly elastic, and having much the appearanee of the fat of pork in cold weather: this substance replaced all the original muscular structure over the abscess, towards the base of which it was more than an inch in thickness. The skin alone escaped this degeneration. At the bottom of the abscess were seen the spinous processes of four dorsal vertebræ, wholly denuded of muscular fibres, but preserving their interspinous ligaments; but both bones and ligaments were coated over with a firmer lardaceous matter, giving them the appearance and texture of cartilage to the depth of at least an eighth of an inch. Among the vertebræ, in the bottom of the abscess, lay a large mass of cellular membrane, of a chocolate-brown color, but not evidently altered in texture. On removing this tissue, several fistulous orifices were seen, opening directly into the abscess, and between the vertebræ and proximate portions of the ribs: four of these orifices were large enough to admit a bougie, which passed in each instance into a tortuous canal.

The chest was now opened.

The *right lung* was partially collapsed, its pleura firmly attached, and in every stage of inflammation, the deposit of coagulable lymph being abundant and the adhesions almost inseparable: the cavity of the pleura was moreover filled with turbid sero-purulent fluid. The adhesions were cut through with much labour, and were found to consist of an extremely firm, whitish, fibro-cartilaginous substance, covering the posterior and superior portions of lung, and uniting the latter to the adjacent thoracic parietes, by a stratum more than half an inch in thickness: this cartilaginous mass embraced the ribs, occupying the intercostal spaces, and in fact formed, together with the bodies of the vertebræ, the floor of the abscess.

When the lung was removed, a single fistulous opening was seen perforating the adhesions, which opened into a canal leading towards the apex of the lung. The lung itself was now laid open by a longitudinal incision, when its apex was observed to contain an encysted abscess which looked, both as to appearance and size, like the transverse section of an English walnut: the cyst was about a line in thickness, fibro-cartilaginous, smooth externally where it joined the lung, but rough and corrugated within, of a light gray color. In the posterior wall of the abscess was an opening, leading into a canal which perforated the cartilaginous adhesions in the manner already described; this canal had a membranous lining, and would readily admit a middling-sized catheter: after it perforated the cartilaginous adhesions between the first and second ribs, it branched into three or four tortuous ramifications, which terminated, as we have seen, in the bottom of the dorsal abscess, thus forming a free communication between the abscess in the lung and that on the back. At the anterior and inferior side of the former was an orifice leading to another canal, which dipping down into the lung, terminated in the bronchia, at the root of the lung: this second canal was lined by a thin corrugated membrane, doubtlees the remains of a bronchial tube, and completed the communication between the abscesses and the trachea, thus corroborating the original diagnosis.

The whole superior lobe around the abscess was converted into dense induration, of a light gray color, in some places presenting a slight-

ly reticulated appearance, probably derived from obliterated air-cells: immediately below the abscess was an irregular oblong mass, of a white color and elastic feel, crossing the lung transversely. The rest of the lobe contained disseminated tubercles, a few small vomicæ, and numerous tuberculoid granulations.

The middle and inferior lobes of the right side were tuberculous, but without vomicæ, and capable of considerable respiratory function.

The *left lung* contained a few miliary and crude tubercles, and adhered slightly in several places, but was otherwise in good condition.

Heart natural; but the *pericardium* contained about half an ounce of serum.

Liver, *spleen* and *kidneys* natural.

The *bladder* contained a quantity of mucopurulent matter, resembling the secretions of gonorrhœa, which flowed through the urethra upon the table.

Dr. M. relates another case which presents some interesting pathological features; we have here all the external signs of the scrofulous diathesis, curved spine, hectic, and often violent cough and purulent expectoration, but not a solitary tubercle was discovered after death, in any of the organs examined. The symptoms obviously all arose from the osseous concretions, and the immediate cause of death was effusion into the bronchia. Dr. M. remarks, "I think this case is pretty strong evidence that there is no connexion between scrofula and consumption." Baron Humboldt informed the late Dr. Rush, that consumption is common in Mexico, but that scrofula is unknown there.

The eighth chapter is on the signs of phthisis derived from percussion and the stethoscope, which are sufficiently familiar to our readers. The next chapter, on the treatment, contains much sound and useful information. Pathological anatomy establishes three facts to guide us in the treatment of phthisis:

1st, That the disease primarily invades the apex of the lung: 2d, That it commences by congestion of the parenchyma: and, 3dly, That, in a majority of cases, the congestion is manifested by hæmoptysis. It follows, therefore, that the judicious treatment of the latter symptom is of the utmost importance to the patient, and consequently claims the scrupulous attention of the physician.

We entirely concur in the correctness of the following observations in reference to bleeding in hæmoptysis.

It is a common practice with some physicians to bleed indiscriminately in all cases of hæmoptysis,—a plan that has hurried thousands of patients to their graves, by destroying the last remains of strength. How important, then, is an accurate knowledge of the causes producing it, and of the pathological condition of the lungs at the time the hemorrhage occurs.

It should be ever borne in mind, that hæmoptysis is often a mere vicarious discharge; thus, in females with suppressed catamenia,—in persons whose hemorrhoids have suddenly ceased to bleed,—in others whose habitual issues or ulcers have dried up, copious hæmoptysis often follows, and is generally removed by restoring the obsolete or suspended function.

But when hæmoptysis occurs independent of such causes, when it invades the patient in the tranquillity of sleep, or during some great mental or physical effort, it is an almost unequivocal manifestation of what is expressively termed "weak lungs;" and where there is a predisposition to phthisis, is often an indication of its development. Even here, the varieties of constitution require equal variation in the treatment.

In persons of general good health, in a first attack, the pulse being strong and the system feverish or excited, bleeding from the arm is indispensable; and the free and timely recourse to it may save the patient from the most hopeless consequences. Ten or twelve ounces of blood, taken rapidly from a large orifice, may divert the current of the circulation and relieve the pulmonary congestion. With this primary caution may be associated some internal remedies, such as spirits of turpentine, elixir of vitriol, common salt, opium, sugar of lead, &c. Any one of these, repeated a few times at short intervals, will answer a good purpose. If by these means the hemorrhage is not speedily relieved, let two or three cups be placed on each infra-clavian region: but whether the cups be necessary or not, it is always desirable to establish a drain there, in the first place by a blister and subsequently by an issue, or tartar emetic plaster. Perfect rest, and a diet of gum water and farinaceous food, will generally restore the patient so much in the course of a week or ten days as to permit of a removal to the country, which is of the utmost importance to convalescence; for what most promotes the general health, will most promote absorption of the congested blood—without which process disorganization must rapidly follow.

When, however, hæmoptysis takes place after a protracted and unequivocal manifestation of other phthisical symptoms, or when it recurs after an interval of two or three months, a totally different treatment is demanded. To bleed from the arm, or otherwise to reduce the strength of the patient, is in such circumstances inadmissible; for if by a cautious use of the stethoscope, aided by other signs, the lungs are found to be cavernous, I am convinced that active depletion, in any form, only tends to aggravate and hasten the disease. What good can be expected from reducing the strength of a person, who suffers a perpetual

depletion from an abscess in the lungs? The most that we can do in this variety of hæmoptysis, is to check it by the internal use of tonic and alterative medicines, and the establishment of an issue below one or both clavicles.

After briefly noticing the catarrhal, febrile, pleuritic, and gastric symptoms separately, which usher in the attack of, or attend on, phthisis, and pointing out the modes of treatment under these different circumstances, Dr. M. next proceeds to make some observations on the various medicines and remedial measures employed in consumption, which we shall notice in order.

Digitalis. In the early stage of phthisis there is often a frequent, irritable, hectic pulse, attended with great distress, wakefulness, and other febrile symptoms, which bleeding only increases, and all external irritants tend to aggravate; in such cases, says Dr. M., "my success with digitalis has often afforded me great gratification."

Iodine.—Dr. M. says, "having myself used it very extensively, I am able to express an unequivocal opinion respecting it. In a large number of instances it has appeared, especially in incipient consumption, to arrest or suspend the turbercular secretion, and with it the hectic, marasmus, cough, dyspnœa, and other urgent symptoms."

He prescribes it at every period of phthisis, avoiding it when there is much febrile excitement, and discontinuing it when it produces unfavorable symptoms, as sick-stomach, vertigo, &c.

Prussic Acid has an obviously anodyne effect; it allays pain, and induces sleep when opium or morphia are ineffectual; it reduces the hectic pulse and dyspnœa, and, above all, calms the consumptive cough. In those forms of phthisis which have been called catarrhal and pneumonic, this medicine acts with surprising promptness and efficacy.

Uva Ursi. This medicine was recommended by Dr. Bourne of Oxford, and after several trials, Dr. M. states he has found it useful, especially in those chronic catarrhs of old persons which often similate phthisis, without being connected with tubercular disease.

Sarsaparilla.—Dr. M. employs the compound extract, and says, "The timely interposition of alteratives in the incipient stage of phthisis, promises important results; and of this class of remedies none can be used with the same certainty and safety as sarsaparilla. Where there is an obvious scrofulous taint in complication with the pectoral disease, I habitually combine this medicine with the hydriodate of iron."

Tonics.—"Many practitioners," says Dr. M. "fearing that turbercles are the product of inflammation, hesitate to use tonics until, from the exhausted state of the system, they can be of no use. During the presence of active fever they are injurious; but under other circumstances they may be given in every condition of phthisis. I have chiefly used the wild-cherry bark (prunus virginianus) and the Virginia snake root. The former is one of those mild, but decided tonics, which preserves the equilibrium of strength without in any degree increasing the constitutional irritation. I am averse to the use of this class of medicines in the form of tincture; they increase the fever and enfeeble the stomach, although their stimulant effect may produce a seductive, yet very temporary relief, to the invalid."

Narcotics. Of these, where the preparations of opium have a deleterious effect, Dr. M. prefers the extracts of hyoscyamus and cicuta.

Fumigation and Inhalation.—We here quote freely. "After a fair trial with various substances, there is no one which I have prescribed in this form with equal success to tar in combination with subcarbonate of potash, in the manner recommended by Sir Alexander Crichton. Thus an ounce of potash is added to every pound of tar, in order that the latter may be deprived of its pyroligneous acid. The two ingredients being well mixed, should be first boiled for a few minutes in the open air, in order to disengage any impurities, and then be kept at a simmer in the room of the patient. This is readily effected by putting the composition in an iron vessel, and placing the latter over a spirit lamp, or some analogous contrivance.

"In this way not only a chamber, but an entire house, is speedily pervaded with a most agreeable vapor, which, although it may at first excite some disposition to *cough*, both in healthy and sick persons, very soon, in a great majority of cases, allays this symptom, and with it a great proportion of the patient's distress. In truth, I have seen it act like a charm. The very first case in which I employed it, was that of a lady who had recently lost both a brother and a sister by consumption, who herself had a lung disorganized by tubercular disease, and a constitution that had already suffered greatly from this cause. From the day that she commenced the tar inhalation her cough almost entirely disappeared, and all her other symptoms became, and still continue, greatly alleviated, excepting the pleuritic pain between the shoulders. Unpromising as this case was for a first experiment, the result was so pleasing that I gladly extended the same means to other patients; and I can most strongly recommend it in tubercular consumption, as a palliative of its most harassing symptoms, and in the catarrhal and pneumonic forms of phthisis as a

cure. But I agree with the author just quoted, that in any case where the skin is hot and dry, and the expectoration scanty, the tar vapor can scarcely be of service; and I am also free to acknowledge, that instances have occurred to me wherein the symptoms were absent, and yet the vapor appeared to irritate, rather than tranquillize, the pulmonary organs. These exceptions, however, have been very few, and such as necessarily occur in any plan of treatment. In chronic catarrh, especially when attended with ulceration of the mucous membrane (catarrhal consumption of the systems,) I know of no plan of treatment that can vie with this: the same remark will apply to those morbid conditions left by pneumonia and pleurisy, especially when accompanied with purulent expectoration and dyspnœa."

Some judicious observations next follow on diet, clothing, exercise, climate, &c., and the work concludes with an appendix containing some interesting statistical information.

We cannot close our analysis without adverting to the accuracy and beauty of the colored plates, which are decidedly the best that have appeared in this country; indeed the whole work is got up in a superior style, and reflects great credit upon the liberality of the publishers. We trust a new edition will speedily be called for, and that new and extensive additions will be made by the author, from the ample field which it spread before him, and which, by his talent, his zeal in the cause of science, and his unceasing perseverance, he is so admirably fitted to cultivate with advantage to his fellow-creatures and with honor to his profession and his country.

ANALECTA.

1. Amaurosis Cured by Strychnia.—Mrs. M———, aged 64, came to Kingston to place herself under my care. She had been suffering from indistinct sight for some years, and she had now lost all useful vision, being incapable of distinguishing the largest objects. On examination, I observed in each eye, a mature Cataract, of an amber tint, and therefore from this circumstance, as well as the period of life of the individual, had no doubt of its being a firm cataract. The pupils were lively, and the patient was capable of distinguishing the light; and these facts, combined with other circumstances, left me under no anxiety regarding the soundness of the retina. The old lady being corpulent, I put her under a course of purgatives, which, with low diet, brought her at the end of ten days, in a fit state for the operation. On the 11th May, 1830, the operation was performed. I made the division of the cornea in the right eye upward, and in the left, the section was performed by dividing the lower portion of this membrane, the lens, which were hard, escaped easily; and in one eye in consequence of a spasmodic action of the muscles, a portion of the vitreous humour followed the lens—I have never seen any ill consequence from this, and therefore always disregard it. It, however prevents the adjusting the edges of the wound; for in attempting to do so, a further escape of the vireous will often take place. It is therefore wiser, under these circumstances, to make no immediate attempts to examine the eye; it is better to wait a few minutes to allow the patient to recover, and then by allowing him cautiously to elevate the lid, the requisite information is obtained, viz:—the condition of the section. This rule I strictly observed in this instance, and had the satisfaction to find the pupil clear, and the sections clean, and properly adjusted. (I have, however, repeatedly departed from this plan, and have no reason to regret having done so.) The usual light coverings to the eyes were applied, and the patient put to bed, and the room ordered to be darkened.

9 P. M.—Complaints of slight uneasiness in the eyes, and says she sees flashes of light, pulse 75, skin cool.

V. S. ad. ℥. xvj.

2d day. Has had no pain in the eyes, and appears to be doing well.

4th. Much the same as the last report; the bowels have not been relieved since the operation.

To take the compd. Infusion of Sennæ.

5th. Medicine has operated, dressing removed, and the eyes bathed, the lids were raised, and I was pleased to find that there was little redness, that the sections were united, and that the pupils were clear.

7th. The eyes were free from inflammation, the pupils clear, and rather dilated; but I was grieved to find the patient unable to distinguish even very large objects, the eyes were clearly amaurotic,—conceiving that this might depend on some degree of congestion, or low inflammation hanging about the retina, and consequent on the operation, for I was loath to believe it previously existed, I determined on trying the effects of counter irritation.

Applr. Empl. Lyttæ, nuchæ collo.
℞ Pulv. Jalap gr. xv.
Calomelanos gr. iii ft. Pulvis.
To be taken every fourth hour.

8th. Had been freely purged, but as respects vision there was no improvement.

9th day. No alteration, the eyes are easy, and continue free from inflammation.

10th. As yesterday.

Imp. Emp. Lyttœ. temp. et. pone aur.
℞ Hydr, gr. i ss.
Opii. gr. ¼ M. ft. Pilulæ.

To be taken three times a day.

14th. Has continued the pills till to-day, when complaining of their irritating the bowels they were discontinued.

To take ℥ ; Ol. Ricini.

16th. There being no improvement, I began to despair relieving my patient, but recollecting that the strychnia had been tried in France, in Amaurosis by Lambert, and had been recommended and usued by Dr. Shorter, at the Royal Infirmary in Edinburgh, I therefore resolved to try its powers in this case.

A Blister to each temple was applied, of the size of a dollar, the cuticle being removed a ¼ of a grain, was sprinkled on the blistered surface of each temple.

17th. Complains of some degree of smarting on the blistered part.—Apply ½ gr. Strychnia.

18th. I was gratified on seeing my patient this morning cheerful and smiling; she said she was sure that she would recover, for she was now able to see, though indistinctly almost any large object.—Cont. Strychnia ½ gr.

19th day. Vision improving—Cont. Strychnia.

20th. Complains of severe head-ache and giddiness, vision improving.—Discontinue the Strychnia.

It is unnecessary to continue a diurnal report of this case, my patient gradually recovered, and is now enjoying good vision.

JOS. ADOLPHUS.
Jamaica Medical Journal.

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2. Case of Coup de Soliel, by C. H. M'Dermott, M. R. C. S. L., *of Jamaica.*—Sept. 19th.—Sam, a negro, ætatis 12, of a weak and delicate habit of body, was suddenly seized with vertigo, about 12 o'clock in the field. He was brought to the hospital in a state of insensibility, and was seen by me at 4, P. M. He was then lying with his eyes closed which he opened on being roused, or spoken to loudly, but unable to answer any questions put to him; his pulse was quick and small; his breathing quicker than natural, and his skin apparently of the natural temperature of the body. He had not complained to his friends of any sickness for some days previous; had gone to his work as usual in the morning quite well, and dropped down as above mentioned in the field; ordered him calomel 8 grs. gamboge 4 grs. to be followed up in three hours after by a dose of oil, and a turpentine enema every 4th hour, until the bowels are freely evacuated. The head was shaved, and a solution of glauber salts and nitre recommended to be kept constantly applied; but in the event of the symptoms not being materially alleviated in a few hours, a blister was directed to be placed on the back part of the head, and nape of the neck.

20th.—Still in the same lethargic state; has not spoken to any person, and still keeps his eyes closed. Blister was applied during the night, and has risen well; the medicines have acted pretty well; castor oil ordered again this morning, and the cold applications to be continued to the forehead and temples.—One of the following powders directed to be given three times a day in mint tea:—cream of tartar ʒ i. ; purified nitre ʒ ss. ; tartar emetic 1 gr. ; mix and divide into six equal papers; thin gruel and plain broth ordered as his only diet.

22d.—Symptoms the same; fever came on yesterday, and continues; pulse very quick and full; had taken the powders ordered on last visit, but the bowels were torpid:—Jalap ʒ ss; sammony 10 grs. ; calomel 8 grs. ;—mix and divide into four powders, one to be given every third hour until the bowels are relieved; a blister to be applied to the inside of each thigh in the course of the day, if not better, and one between the shoulders.

23d.—Fever abated; insensibility still the same; taken all the powders, and the bowels reported to have been well acted upon; cold applications continued; magnesia a scr. ; calomel 12 grs. ; tartar emetic 1 gr. ;—mix and divide into six equal papers, one to be given every third hour regularly, and between each dose, if necessary, 2 dr. of castor oil.

24th.—No better; treatment of yesterday continued, bowels open.

26th.—Had a return of fever yesterday evening; pulse quick and full. Blister having healed on the head and neck; another was directed to be put over the whole head; the powders ordered on the 23d, directed to be given as before and a wine glass of an infusion of senna and salts occasionally between the doses; the turpentine enema, with the addition of sweet spirits of nitre, ordered as before, and cataplasms to be applied to the lower extremities, if no material alteration was produced by the action of the blister;—gruel solely as diet.

27th.—All the symptoms aggravated; unable to swallow the medicines; fever continues; blister risen on the head, and a towel soaked in strong spirits and water ordered to be kept constantly applied to the whole head; the turpentine enema to be continued, and glysters of gruel and fowl soup to be administered at intervals, as he was incapable of taking nourishment.

28th.—More sensible, but unable to answer any questions, eyes not kept so constantly closed as formerly; unable to take the medicines or nourishment; treatment continued, and plain spirits to be kept to the blistered surface.

29th.—Improving; does not speak; is able to swallow; blister healing; ordered to be renewed on the back part of the head, and nape of the neck; fever gradually abating; calomel, scammony, and gamboge, of each 10 grs.;—mix and divide into three powders, one to be given every third hour until he has taken the whole; continue the application of spirit to the forehead and temples.

30th.—Powders taken, and acted well; answers questions for the first time; fever abated; expresses himself as weak, but complains of no pain, but from the blisters. Cream of tartar ʒiss; calomel 12 grs.; and tartar emetic 1 gr.;—mix and divide into six equal powders, one to be given three times a day, and the infusion of senna and salts every third hour; blisters on the head to be kept discharging.

Oct. 2d.—Continues to improve; treatment continued.

3d.—As yesterday; blisters healed; but as there are no unfavorable symptoms observable, not ordered to be renewed; wine and water allowed in moderation.

4th.—Return of fever last night, and affection of the head, but not to the extent formerly; blister ordered again on the head: powders to be continued regularly to produce ptyalism, and the Infusion to be given between the doses as often as considered requisite. Wine and all other stimulants forbid; thin gruel as diet.

5th.—Much better; blister to be kept discharging: the treatment continued; powders three times a day.

6th and 7th.—Improving; continue treatment.

8th.—Powders discontinued; a wine-glass of the following mixture three times a day. Salts ʒiss; quinine 12 grs.; elixir vitriol ʒii; water, 2 pints, mix; wine and water allowed.

11th.—Convalescent; continue mixture.

15th.—Considered as quite well.—*Ibid.*

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3. Case of Recovery, after Severe Wounds.—Sam, a negro, belonging to New-Pera Estate, St. Thomas in the East, was addicted to running away, and consequently to plundering the provision grounds in the neighborhood; which he had successfully accomplished more than once on the neighboring plantation—Fairfield. The watchman of the latter place finding his efforts to prevent the frequent depredations of no effect, was determined to watch his next appearance, and no doubt intended, if possible, effectually to put an end to the system; for which purpose, with cutlass ready in hand, he crouched by the side of the fence, not far distant to the aperture he knew the thief would pass. He had not long taken his station when the marauder appeared, who unconscious of his intended reception, glided carefully along to the plaintain trees, whose fruit was ready to be cut down. When he thought he had enough, he "bagged his game," and throwing his load over his shoulder, was making for the place at which he entered; it was now that the watchman considered he had the opportunity of claiming his prisoner, and at once pounced upon him. Sam was not, however, so easily to be caught, and watching the approach of his opponent, when he thought he was within reach, mustered all his force, threw his burden at him, and then took to his heels. As soon as the watchman recovered himself, he started in pursuit, and before he gained the outlet, he was within stroke of his cutlass, which he immediately began to use. Before he was brought to the ground, he had received a sweeping cut, from the neck down the back, to the left of the spine, in length five inches, but only through the skin—a wound on the occiput, two inches in length, penetrating the outer table of the skull; and another over the posterior portion of the left parietal, which, glancing off, denuded about two inches square, the flap hanging by its lower edge; it was, in all probability, the former which had the effect. When he fell, he had quickly turned upon his back, probably for the purpose of grapling with his pursuer, who taking advantage of his prostrate state stood over him and used his weapon with right good earnest, first right and then left, until he found there was no longer a chance of escape, or more probably, that he had finished his man. He, however, left the poor wretch on the ground, went to the overseer of the plantation, and related what he had done. Additional people were then sent to the place, who conveyed him to the hospital, and I was sent for in the morning. I found him very weak, unable to speak aloud, and no pulse at either wrists. He had lost a large quantity of blood, but it had stopped, and there was not now the least oozing. His wounds lay gaping, and a cadaverous smell issued from them. On the arrival of Dr. Wm. Pine, who I requested to assist me, we proceeded to examine what was to be done. Besides those already enumerated, both arms had the same quantity, and corresponding in situation, from the shoulder to the little finger. The deltoid muscles on both arms were cut through, the capsular ligament of the shoulder joint laid open, and the head of the bone fractured. Spiculæ of bone were extracted from both joints—the next wounds were midway, between the shoulder and elbow—they were mere fleshy wounds. Betwixt the elbow and wrist, were three on each arm, also fleshy, except the carpal one on the right arm, which severed both bones, leaving the hand dangling by the flexor tendons on the fore part of the arm; the little finger of the left hand was split its whole length; there was a stab in the right side, and the little toe of the left foot was cut off.

The dilitated state of the man precluded the possibility of operating, and we were at a loss to make up our minds to leave the right arm, where there appeared so little probability of successful termination. We, however, judged, that the most prudent course would be delay. All the wounds were therefore dressed, bringing the edges of each together,

by adhesive straps, and as was required by sutures; the right fore-arm was treated as a compound fracture, the ends of the bones being placed in juxta-position, retained there by splints, and the whole bandaged. Gave him an opiate, and ordered gruel to be given occasionally. The following day he said he felt revived—the pulse was distinguishable at the left wrist; his skin had regained a natural warmth, and altogether he seemed to be doing well. Two days after, the wounds began to discharge, and upon taking off the dressings, were agreeably surprised to see their very healthy appearance. Nothing remarkable now occurred, till about a month after, when he was attacked with the measles, with which he suffered severely, having no use of his arms, and consequently being unable to raise himself from a horizontal position, so that the sneezing and cough of the epidemic, was very distressing. In two months from the date of the accident, every wound had healed, and he had recovered the use of both arms.—*Editor of the Jamaica Physical Journal.*

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4. Rupture of the Uterus.—We are indebted for the following case of Ruptured Uterus, to Mr. Rae, a gentleman equally well known in this City for his extensive properties in this Island, as for kindness and attention to those who are in any way connected with him. The case is simply and well told, and reflects much credit on the writer thereof, who is in no way connected with the medical profession. We need hardly add, that Sarah Grant was a slave belonging to Mr. Rae.—*Ibid.*

Sir—I expected you were gone to St. Ann's, or I should have sooner informed you of the melancholy fate of poor Sarah Grant. On Thursday morning last, between 9 and 10, in the presence of Dr. Gordon, she complained of pains of approaching labor. After waiting for some time, and having been examined by the Doctor, the pains subsided (which the Doctor conjectured were spurious;) he left and gave directions to be called immediately when appearance of real pains should come on. The next morning, Friday, she complained of an increase of pain, but no appearance of the child's head descending. However, I deemed it prudent to send off for the Doctor, who arrived at half-past 3, P. M. As no more progress then had been made, the Doctor was inclined to think labor had not commenced. Nine, P. M. pains all gone, and she slept well during the night.—The following morning, Saturday, every thing seemed favorable; no pains of labor, nor had the child's head yet descended. The Doctor remarked, "she might not be delivered till the beginning of next week."

He left at 10, A. M. with directions as before. She walked about during the day of her own accord, with favorable appearances, and absence of labor; continued so throughout the night, but at 6, A. M. Sunday, while on the pot, she instantly expired without a struggle.

From this shock so unexpected, I sent off again for Dr. Gordon (being by no means satisfied as to the cause of her death) who immediately came and proceeded to open the body, when he found a full sized female infant had burst through the Uterus, into the cavity of the abdomen, together with the Placenta attached.

The Uterus had burst at the inferior posterior part. The other viscera, particularly the intestines, were slightly inflamed. What could have caused the bursting of the Uterus, would be difficult to say—probably debility; no labor pains having been present.

I am, with the greatest respect,
Sir, your most obedient servant,
Jno. Huxtable.

William Rae, Esq.
Petersfield, Nov. 10, 1828.

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5. Guaco Plant.—*To the Editor of the Jamaica Physical Journal.*

Sir,—A Spanish Tract on the virtues of the Guaco Plant, lately fell into my hands, and having elsewhere read corroborating accounts of the same, I considered that I would not be doing amiss to translate the whole. I take leave herewith to send you the translation, and should you deem any portion of it worthy of a place in your valuable Journal, I shall feel gratified.

The document is dated *Caracas, Aug. 28th,* 1832, and is signed "*Un Amigo de la Humanidad.*"

I remain, Sir,
Your obedient servant,
Thos. T. Sherlock.

Kingston, March 13, 1834.

Guaco Plant.—We recognise under the above name, a species of creeper, or bind weed, which grows spontaneously in the fields or plains of New Granada and Venezuela, and is commonly found in cane-fields, and upon banks of rivers, and often clinging to the enclosures of orchards.

Discovery.—It is not known how long ago the Guaco Plant has been known among the Indians and negroes of Santa Fé, as an antidote against the poison of Snakes. I shall therefore briefly relate the following anecdote. "A species of Hawk, described by Catesby, '*The Serpent Hawk,*' lives entirely upon snakes, as its food, both in the warm and temperate climates of this part of the new world.

This bird has a monotonous cry, rendered sometimes very disagreeable by its repetition, not unlike the word Guaco in pronunciation, for which reason the natives assert that, by this sound, he attracts or charms the snakes, over whom he keeps his empire.

With this tradition they mingle a great many other fables; but the fact is, that the Guaco pursues those reptiles wherever they are to be found, and the Indians and negroes who live almost entirely in the mountains and interior parts declare, that for the purpose of facilitating his means to catch his prey, the

bird always first swallows some leaves of the above mentioned plant. This is very probable, and perhaps it has been through this mode that the properties of this plant have been discovered, and so happily rendered useful, because not only in this, but in many other circumstances, the instinct of animals has conduced to many very important and useful discoveries."

This secret remained a hidden mystery among the Indians and negroes of Bogota, until the year 1788, when, by dint of artifice, Senor Mutis found it out, and communicated the matter to a few friends, who had assembled at his country house, in Mariquita, thirty leagues from Santa Fé, on the 30th May, in the same year.

They then sought out for a negro named Pio, a slave of Don Josè Armero, who presented himself before them, with one of the most poisonous of the snakes, which he handled freely in the sight of the company. It was suspected that he had extracted the venomous teeth of the animal; but this being found not to have been the case, some of them submitted to be inoculated, subsequent to which they alternately handled the animal.—However, such was the desire manifested to take hold of it, that the animal became irritated, and bit Don Francisco Mutis; but the negro, without the least agitation, rubbed the wound with some of the Guaco leaves, and Mutis (who was then one of the best painters in the employment of Senor Mutis, the celebrated Botanist of Santa Fé,) continued without injury the delineation of the plants.

In 1798, Senor Mutis wrote to Senor Zea, as follows:—"No one dies here now from the bite of a snake; horses, sheep, &c. all are cured like men, when it is posssible to swallow the juice of the Guaco. A description of the numerous experiments which chance has brought into trial, would fill many volumes.

Description.—The root is fibrous; it stretches itself in the ground, in all directions; the body is straight, and perfectly cylindrical when the plant is young, but it grows pentagonal—that is to say, describing salient angles in proportion to its growth or age. The leaves which are thrown out on opposite directions, from the body, are of the figure of a heart, dark green, with violet tinge; smooth on the surface, and rough and downy underneath. This plant belongs to the class Syngenesia, order Polygamia of Linnæus, bearing its flowers in a corymb, each common calyx containing four tubulous, five toothed florets—united into a cylinder by its filaments; Stigma deeply two cleft; sends largis, arrilled.

Inoculation.—When it is requisite to be secured against the consequences arising from the bite of poisonous snakes, and to acquire the ability to carry with impunity these animals about them, the negroes take the following means: They make six incisions, one in each hand—one in each foot, and one in each side of the breast. The juice is then extracted from the Guaco leaves, and spread upon the orifice of the incisions in the manner of the small pox inocculation. Previous to this operation, two spoonfuls of the juice is taken by the person. It is, nevertheless, advisable to repeat the dose for five or six days during a certain period, because by the neglect of this repetition by a dissipation of its virtuous qualities, the desired effect might not be attained.

The foregoing has been abstracted from the new elements of the Materia Medica, by the celebrated Albert; and now I shall proceed to extract other notices no less curious from a manuscript with which I have been favored, by a respectable individual of this City, and who had made various experiments with the Guaco.

Preparation.—As the Guaco is divested of its leaves in the dry season, which we here call summer, and as the pure juice, which is extracted from them, cannot be preserved from corruption many days, it is necessary, in order that the remedy to be obtained from them should be available during such a season, to make the following preparation, viz.—The leaves alone are taken from the plant, bruised, and the juice expressed through a piece of linen or otherwise. It is immediately put into a bottle, one part juice, the other brandy or rum, and the mixture shaken once, then cork the bottle, and put it by for eight days, at the end of which a sediment will be seen at the bottom, and the liquor will be preserved for a long time. Its uses are the same as the pure juice, except in the case of inoculation, wherein this latter must be employed.

Virtues.—First, it cures the bite of the most venomous serpents.

2d,—It cures also the bite of the scorpion. This insect is in some parts of Venezuela, such as the city of San Felipe, and several of its villages and plains, as deadly as the worst of serpents.

3d,—It is efficacious in preventing the hydrophobia in persons bitten by mad dogs, or other rabid animals.

4th,—It is no less efficacious in curing the rheumatism and gout.

5th,—It is applied with success in cases arising from falls and bruises.

6th,—It promotes the menstrual discharges, and removes obstructions.

7th,—It is a powerful remedy in the liver complaint.

8th,—It produces good effects upon old and obstinate ulcers, with a particular virtue in preventing gangrene.

9th,—Very happy results have been experienced in cases of tetanus, and spasmodic affections of the stomach.

10th,—It has been applied with success in consumptions, particularly if proceeding from a suppression of the menstrual discharge.

11th,—It cures the asthma.

12th,—It banishes generally agues in its different stages.

13th,—It is considered a powerful vermifuge.

14th,—It restores the functions of the stomach, arising from debility, and accelerates the circulation of the blood.

15th,—It is a radical cure for the headache.

16th,—It relieves the toothache.

Application.—1. For the bite of a snake, three large spoonfuls of the pure juice of the Guaco are taken immediately, and a plaister of the bruised leaves applied to the bitten part. This is repeated every day until the patient recovers. If the prepared Guaco is at hand, the patient may take three spoonfuls of it, and rub the wound, proceeding in the same manner as with the pure juice. To horses and other animals bitten by poisonous snakes, larger doses are administered.

2. The same process is observed in the bite of scorpions and dogs, &c. in a rabid state, prolonging the application at least for forty days.

3. In the cure of rheumatism and gout, a daily administration of two spoonfuls will be requisite, either of the preparation or the pure juice, and with one spoonful, the affected parts may be rubbed, or plaisters applied.

4. In falls and bruises, the like applications are made for eight or ten days, only increasing the three spoonfuls.

5. In menstrual suppressions, two spoonfuls daily are taken till the obstructions are removed. The same, in other obstructions of the bowels and liver, adding in the latter case a cataplasm from the leaves of the Guaco, upon the region of the liver, or rubbing it with the liquor.

6. The sufferer, from old and obstinate ulcers, may take daily three or four spoonfuls of the pure juice, or prepared liquor, applying plaisters from the leaves upon the ulcers, and washing them with liquor.

7. In tetanous, the head and jaws of the patient are wrapped in clothes, dipped in the liquor, drinking three spoonfuls and repeating the dose in the same manner, as it has been customary to use opium in like case. In spasmodic affections, four spoonfuls of the juice, or liquor in preference are taken, and apply to the stomach as aforementioned.

8. In consumption, an infusion of the leaves in hot water is employed.

9. For the asthma, the same course is pursued as in the fifth article.

10. In all agues, four spoonfuls are administered at the commencement of the fit, either of the juice or liquor, continuing with the same fasting for the space of one month.

11. The author of this tract is unable to say what is the treatment in the case of worms; but I believe that one spoonful fasting to children, and two to adults, should be the dose.

12. The like application is made to persons in a state of debility.

13.—Two spoonfuls, fasting, a little before meals, will be sufficient to cure radically the headache.

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6. We select the following eleven articles under our head of Analecta, from the last volume (sixth) of the "Transactions of the Medical and Physical Society of Calcutta."

1. Mild Epidemic Fever.—The disease commenced with pyrexia, accompanied by pain and sense of constriction across the chest, which was followed by slight superficial inflammation of the throat. As the febrile symptoms subsided, a painful tenderness of the trachæa, attended by cough and hoarseness, supervened.

It is mentioned, that at Indore scarcely an inhabitant of the city escaped the disease. At Mhow it first attacked the natives in the Sudder Bazar in considerable numbers, and some deaths are reported to have happened. It afterwards spread amongst the officers and servants. At a time when 70 or 80 men of the 65th Regt. were in hospital in consequence of the epidemic, not more than a case or two occurred in the 7th cavalry, although both corps had lately arrived at the station.

The treatment consisted of purgatives and antimonials, and in those cases where the severity of the symptoms demanded it, topical or general bleeding was had recourse to. A low diet was also strictly enjoined.

The disease disappeared about the end of the month, and although it usually left the patients in a state of great debility, no other bad effects were stated to have arisen from it, nor were there any fatal terminations, except a few patients who were reported to have died in the Bazar. The epidemic was ascribed to the state of the atmosphere. Immediately before it appeared, the weather had been sultry and calm: the atmosphere hazy in the day, and at night chilly breezes from the N. E. had been frequent. Mr. Ludlow observes, that the previous cold season had been remarkable on account of the unusual quantity of rain which fell throughout the northern and western provinces of Bengal. At that time salivation was frequently observed to arise after the use of very small quantities of mercury; and cholera of a severe and fatal kind appeared in the rainy season among the European artillery, but was evidently often the consequence of drunkenness. Vaccination was singularly successful at that part of the country this year: whereas, in 1831 (a remarkably dry season,) of 50 or 60 vaccinations only one child had the true vaccine pustule; but many had a spurious pustule, sometimes accompanied by slight eruptions on other parts of the body.

2. Epidemic Fever.—A report to the medical board contained a brief notice of an epidemic which appeared at Merut about the same time (7th of April,) and which, in character and intensity, very much resembled that which is above stated to have occurred in Mr. Ludlow's division. In the course of ten days it affected upwards of 200 men of H. M. 26th foot. The same epidemic had appeared at Bareilly and in the other parts of Mr. Playfair's division, early in April; but in no one instance, either here or at Merut, did it prove fatal.

3. Destructive Fever.—Mr. Boswell observes, that in many cases, at least, the disease differed most materially in its mode of attack

from the inflammatory congestive fever, which he had previously been in the habit of witnessing, inasmuch that instead of the quick, strong pulse, seldom less than 120, great heat of surface, and little or no previous rigor, by which the early stage of this form of fever in Penang is usually marked; that the pulse never exceeded 96 at the onset, and was full but oppressed, and sometimes it was small; frequent chills were also observed, and in some instances the attack was ushered in by a distinct rigor.

There was also severe headache, which was confined to the forehead, and extended across the eyes. Pressure on the eye-balls gave pain, and in one case it was remarked that the left iris was nearly insensible, while the right was sluggish. The stomach, in most cases, was irritable; the abdomen was more or less tympanitic, and when pressed the patient complained of pain. In some cases the disease attacked persons previously in good health, coming on suddenly after fatigue or exposure to atmospheric vicissitudes; in other patients an insidious fever crept on slowly for several days, and then formidable cerebral symptoms were suddenly developed. In the majority of cases, more or less distinct exacerbations were abruptly followed by a stage of collapse, which was apt to terminate fatally.

The treatment consisted principally of active, generally, and sometimes local, depletion, at the commencement of the attack. It was observed that the blood was to all appearance healthy, and after its abstraction the pulse uniformly changed in character, becoming fuller and increased in frequency. This was followed by a free use of common laxatives, and enemata; Mr. Boswell seems also to have placed great reliance on the nitrate of silver blisters, which were applied to the shaved scalp in every instance: "In congestions of the brain in particular," says Mr. B., "I consider the degree of pain caused by the application of the Arg. Nit. as the best index of returning health; and the many cases which I have transmitted, at different times to the Medical Board, may, I think, serve to prove it so."

Mr. Boswell admits the propriety of large doses of calomel, in cases of inflammatory congestive fever, where arterial action is so strongly indicated; but in the course of his observations of the form of fever now under notice, his experience induced him to discontinue the use of frequent and large mercurial purgatives.

4. Disease of the Heart.—At a meeting of the Society held on the 3d Sept. 1831, a letter from Mr. Galt, Assistant Surgeon, Bengal Service, was read, containing a case of fever which terminated fatally by rupture of the heart; the disease occurred in a Sipahee, who had been ill about a month, but had avoided going into hospital, in hopes of recovering by the use of his domestic remedies. This man's illness continuing, he was compelled to resort to the hospital on a Monday, and had then the ordinary symptoms of fever, but not in a very severe degree: the pulse was 90, regular, and neither very full nor hard; tongue white; and some morbid heat of skin was present. There was evident induration of the liver, but no pain on pressure. The respiration and action of the heart appeared regular and unembarrassed. The patient was purged with calomel, colocynth, and castor oil; leeches were applied to the side, and antimonials administered; whereby the symptoms of pyrexia were mitigated, and he felt better; but his pulse continued rather quick. He stated himself to be much better on Tuesday evening, and on Wednesday morning early, he died suddenly. On dissection, adhesions of the pleuræ were observed in both sides of the chest; the pericardium was greatly distended, containing about a pint of blood, part of which was fluid, and part coagulated. There was much morbid vascularity of the pericardium; the structure of the heart itself, had to a considerable extent, undergone a change to an adipose appearance; and about the extent of half an inch of the left ventricle at the apex of the heart, was changed to a white substance, easily divided by the knife; and at this part was a perforation large enough to admit the point of the finger, leading into the left ventricle; a small membranous sac, about the size of a grape, was found detached from any part, and floating in the blood in the pericardium; it corresponded in size with the opening into the left ventricle, and was considered by those who saw it, as resembling a part of the very apex of the diseased structure of the heart. The liver and spleen were both enlarged, and there was a great quantity of serous fluid in the abdomen.

5. Blood-letting.—A communication from J. J. Boswell, Esq., dated Ghazeepoor, 9th January, 1834, contains a brief statement of the great benefit with which he had employed V. S. in the cold stage of the intermittent fevers, when on duty with the Artillery. He states that blood-letting at the commencement of the rigor had been attended with almost invariable success. In only one case he was obliged to have recourse to the use of the lancet a second time. Mild purgatives were also employed in those cases.

6. Occlusion of the Ductus Communis Cholidochus.—Cordell, an European pensioner, at Chunar, Æt. 31; eleven years resident in India, suffered for three months from symptoms of chronic dysentery, attended with pain in the region of the liver; for which he was repeatedly salivated, but without benefit; he gradually sunk under the dysenteric symptoms. On post-mortem examination, the mucous membrane of the great intestines was found in a state of ulceration; the liver was of a dark color, but not otherwise diseased; the gall-bladder contained a small quantity of dark viscid bile: the Ductus Communis Cholidochus was compressed by an enlarged gland, seated in the Capsule of Glisson, and its canal was obliterated. The author refers to the cases of occlusion of the biliary ducts, recorded by Mr. Twining, in the 5th vol. of this So-

ciety's Transactions, in proof of the frequency of obliteration of these ducts; and also mentions Portal's case of obliteration of the biliary duct as well as the gall-bladder, related in the treatise *Sur la nature et la traitement des maladies du foi;* Dr. Farre's case in his *Morb. Anat. of the liver;* Dr. Todd's case in the 1st vol. Dublin Hospital reports, and Dr. Percival's case in the 2d vol. of the same work. Mr. McClealand observes, that in a pathological point of view the inference that occlusion of the biliary ducts is not of unfrequent occurrence in India, is of high practical importance and worthy of careful investigation by the Society. He further observes, that the observations of Majendie and Brodie are singularly at variance, respecting the uses of the bile and its importance in the process of digestion. Vide Journal of Science, No. xviii. and Medical and Physical Journal, vol. 56, p. 340.

7. Medical Report.—The author states that in the year 1830, Remittent Fevers, Variola, and Cholera appeared as usual; but Hospital Gangrene prevailed in a remarkable degree during the months of October and November. At that time, the weather was intensely hot and oppressive, and there was a large pool of stagnant water within a few yards of the Jail, which had in part dried, and was in progress of evaporation, and may have tended to aggravate, if not to produce the last-named disease.

There were a dozen cases of slight ulcer in Hospital, which assumed the characters of Hospital Gangrene, and spread with dreadful rapidity. In general, there was little constitutional disorder, and the local inflammation was not extensive; but the fœtor was extreme and peculiar. The remedy which appeared to the author most beneficial was the application of undiluted Nitric Acid; which in almost every case was useful in arresting the progress of sloughing, and altering the character of the sores. The Chloride of Lime had some effect in destroying the fœtor. The ulcers which came under treatment during several months after the Hospital Gangrene had ceased, were of an obstinate character, though void of sloughing; and Dr. McKinnon thought it necessary to remove them to a separate apartment, and to have early recourse to fumigation.

The year 1831 was remarkable for a degree of sickness and mortality beyond what had been observed in Tirhoot for many years. There were many deaths from Cholera in June, July, and August; and Remittent fevers prevailed and proved very fatal during the months of September, October, November, and December. The most fatal forms of Cholera were observed in unhealthy and low situations; and it was very destructive after several heavy falls of rain about the middle of June. Some villages are stated to have been literally depopulated. It was observed, that the quantity of stagnant water was greater than usual in the district during this season. Many persons were attacked with cholera at Poosah, in June, and the disease was observed subsequently all over the district; but it did not move by regular stages. In the family of the overseer of the lines of Poosah, only one person out of seven or eight escaped an attack of the disease: in the Stud-lines, it did not affect the syces in one particular stable, but men had the disease at the same time in various and remote stables, without any direct order of succession. The disease did not appear in regular succession, or attack the nearest villages to those where it first prevailed: frequently several contiguous villages escaped, while Cholera appeared in those more remote. Though several prisoners in the Jail were attacked with Cholera, and died of the disease, it did not spread generally among the prisoners. The malady exhibited its usual characters, but in an extreme degree of intensity; often proving very rapidly fatal. The author observes, that the first manifest disorder of function in Cholera occurs in the stomach and intestines; and they are affected not by increased action alone, but specifically, so as to throw out a secretion of a peculiar character; and he considers this effect the result of some specific cause. In the treatment, the lancet was found useful, where there was a deranged, but not collapsed circulation. Laudanum and Calomel are acknowledged frequently useful, though occasionally case after case occurs when these remedies are unsuccessful.

8. Amputation at the Hip Joint.—The subject of this case was a boy, about 12 years of age, who, by a fall from a tree, had sustained a severe compound fracture of the right thigh, about one and a half or two inches below the trochanters. The accident had happened twenty days previous to his admission into the Hospital, on the 25th January, 1830, when Mr. Burnard saw him for the first time. The whole of the leg at this time was in a state of mortification, the gastrocnemii muscles detached from their superior attachment, and the back of the knee-joint exposed; the fleshy part of the thigh below the fracture was in the same state of mortification, with the exception of a small portion on the inside, which alone connected the dead mass to the living. Above the fracture there was a small extension of mortification, but there appeared no disposition for it to spread higher, and nearly the whole of the parts affected could be included in the incisions for forming the flaps. It was immediately determined to amputate the limb at the hip-joint, which was accomplished as follows:—Mr. Burnard having no assistants excepting his native Doctors, commenced by cutting down on the artery immediately where it emerges from beneath Poupart's Ligament. Having secured this by a single ligature, the knife with one stroke was directed through the connecting part in the inside, by which the operator got rid of the embarrassment of the limb, and then grasping the upper portion of the bone, abducted it as strongly as he could with one hand, while with the other, a catline was carried along it into the joint and round the head of the bone. The dislocation was easily effected, and the attachment of the muscle secured by carrying the knife round close

to the bone; and after its removal two flaps were formed by cutting outwards and inwards, from the original incision made to secure the artery, and as far as possible including all the parts affected with sphacelus or threatened with it. Four small arterial branches required ligatures, but the whole hæmorrhage did not exceed three or four ounces, and the flaps were brought together by three sutures, adhesive straps, compress and roller being afterwards applied. The operation and dressing occupied about 20 minutes; the patient bore it with great fortitude, and when returned to his bed appeared but little exhausted. On the evening of the 26th, symptoms of Tetanus came on, and pursued the usual course to the destruction of the patient; on the morning of the 28th he expired.

9. Wounds from Arrows.—*Case I.*—A Native Trooper, aged 30, of the 3d Regt. Lt. Cavalry, was wounded by an arrow in an encounter with the Coles on the 22d March, 1832. The weapon entered between the 5th and 6th ribs, on the right side, and taking a direction forwards and somewhat downwards, came out on the left side of the ensiform cartilage, the distance between the two wounds being about nine inches. From the relative position of the wounds, it appeared that the arrow must have penetrated the lower part of the right lung, passed through the diaphragm, and possibly wounded the left lobe of the liver. The arrow remained in the man's body completely transfixing his chest, and it could only be extracted by cutting off the feather end, and drawing the shaft through by the head which required some force. There was no hæmorrhage from the wounds, and the man, immediately after the receipt of the injury, rode into camp, a distance of two miles.

Case II.—Occurred in a stout healthy native, about 40 years of age, in the same Regiment. In this instance the arrow penetrated his chest from behind, entering just below the right scapula, to the depth of four inches; it was easily extracted.

In both cases the wounds healed in the most favorable manner, and in the course of a short time, both patients were enabled to resume their active duties as soldiers.

10. Asclepias Gigantea in Ulcers.—A letter from J. L. Geddes, Esq., Assistant Surgeon, Madras Service; was read at the Society's meeting on the 4th Feb. 1832, containing the statement of a case in which the Madar had proved remarkably successful in the cure of an obstinate ulcer. The patient was a Sipahee, of an Infantry Corps, who appeared to be of a scrofulous diathesis. The disease had existed for a year, and the patient had been at Masulipatam six months, to try the effects of change of air, before he came under Mr. Geddes' care. All former treatment had failed. The ulcer was of an unhealthy appearance: situated on the upper and outer part of the left hip, extending from the trochanter major, over the situation of the gluteus maximus muscle, in a circular form, being in circumference upwards of 16 inches. The Madar was administered in pills, in the dose of four grains, three times a day. By the time that a drachm and a half of the medicine had been taken, the sore assumed a healthy aspect, and began to cicatrize. After a few days, there appeared some disposition at the under part (where the cicatrization had taken place) to ulcerate again. The Madar was continued until another drachm was taken, and the sore was completely cured. The medicine did not appear to produce any effect on the constitution, except causing the sore to heal. No other remedy, either external or internal, was used at the same time with the Madar; except a little ointment, which was spread over the surface, to prevent abrasions of the newly formed skin; and a purgative was occasionally administered; so that the efficacy of the remedy was unquestionable.

A letter from Dr. H. Mackenzie was read at the Society's meeting, on the 3d Dec. 1831, relating to the case of a native boy, of Sandoway, aged 13 years, who had been ill about 12 months with inveterate ulcers. The bones of the left fore-arm were bare and in a state of caries; there were numerous ulcers affording a very profuse discharge, and sinuses about the fore-arm and elbow; the patient was miserably reduced, and unable to stand; he had tried all the ordinary resources of the district without benefit. The Madar powder was given twice daily, at first in doses of two grains, and afterwards gradually increased to five grains, twice a day; in which quantity it produced uneasiness and a disturbed state of the bowels; therefore the dose was reduced to three grains. The beneficial effects of this medicine were very evident in a few days: at the end of a week the boy's health was decidedly improved, and the profuse discharges from the ulcers had decreased; the decayed portions of bone were then extracted. At the end of five weeks from the time he began to take the Madar, all the sores had healed, and the boy was able to walk about. Dr. Mackenzie ascribes the early improvement of this boy's health, and his ultimate recovery, to the "restorative and invigorating properties of small doses of Madar; which remedy was left to produce its individual effects, without the exhibition of any other medicine, capable of modifying them in any degree."

11. Native Prescription for Ring-worm.—A letter from H. Guthrie, Esq. was presented the Society on the 4th February, 1832, with a native prescription for Ring-worm, which he had found on trial to be so useful in the cure of that species of Psoriasis usually called Ring-worm, both in Europeans and in Natives, that he desired to make the remedy known to the Society; the prescription is as follows:

The native names of the ingredients are annexed; as they are procurable in the bazars:

Quicksilver, one drachm—*Para.*

Sublimed Sulpher, half an ounce—*Gunduck.*

Juice of the leaves of the Toolsee plant (Ocimum Sanctum), two ounces—*Toolsee ka rus.*

These are to be carefully mixed; and added to powder of white Rosin, half an ounce—*D'hoona.*

Borax, one drachm—*Sohaga.*

Goat's Milk, two drachms.

The whole of which are to be mixed together, and formed into masses, the size of a musket ball. When required for use, a part of one of these balls is made into a thin fluid paste with vinegar, and rubbed over the whole of the ring-worm, three times a day, where it is allowed to dry; the part affected with the eruption, is not to be washed until the disease is cured. In severe cases attended with much irritation, the ordinary constitutional treatment may be requisite. This prescription is said to produce much less pain than corrosive sublimate.

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7. Raphael's Skeleton.—The genuine skeleton of Raphael has been found in the Partheon Church in Rome. This discovery is particularly interesting on account of the skull; as it has been proved beyond doubt that the cranium in the Academy of St. Luca, which was considered that of Raphael, and used as such by Dr. Gall, in his system of Phrenology, belongs to Signor Adgutori, a canon of the above named church.—*Froreips Notices of Medicine, &c.*

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8. Absence of the external Ear.—A remarkable case of the absence of the external ear, and obliteration of the meatus auditorius, without injuring the sense of hearing, has lately been noticed in Germany, in a boy aged eighteen months. Instead of the right ear, there are three cutaneous protuberances, which do not contain any cartilaginous substance, and on the left side, one of a similar nature is found. The external meatus is either entirely wanting, or at least quite closed by the common skin. It is doubtful whether the child hears by means of the eustachian tube, or by the cutis performing the functions of the membrana tympani.—*Graefe and Walther's Chirurg. Journ. XIX. p.* 1.

MEDICAL INTELLIGENCE.

1. An Act in Relation to the Medical Institution of Yale College.

§ 1. *Be it enacted &c.* The Medical Institution established in Yale college, pursuant to an agreement between the President and Fellows of Yale College, and the President and Fellows of the Medical Society of Connecticut, shall be known and acknowledged by the name of the Medical Institution of Yale College.

§ 2. There shall be established in the Institution not less than four, nor more than six professorships; and the price of the tickets for the course of lectures on each branch shall not exceed twelve dollars and fifty cents. There shall be a joint committee of an equal number of persons appointed by the President and Fellows of Yale College, and the President and Fellows of the Connecticut Medical Society, who shall make a nomination; from which nomination, the Professors shall be chosen, by the President and Fellows of the College.

§ 3. Every medical student shall be required to attend to the study of physic and surgery for two years, with some medical or surgical professor or practitioner, who is in respectable standing. *Provided,* he shall have been graduated at some college; otherwise, to study three years; to have acquired in addition to a good English education, a competent knowledge of the Latin language, and of the principles of natural philosophy: to have arrived at the age of twenty-one years; to be of a good moral character; and to deliver to the committee of examination a satisfactory dissertation upon some subject in medicine or surgery or the auxiliary branches. And every medical student shall attend one course of the lectures, under the Professors of the Medical Institution of Yale College, or of some other public medical institution, previously to his being admitted to an examination for a license; and the course or courses of lectures which he shall attend, may be included within the time he is required to study. *Provided nevertheless,* that upon the recommendation of the members of the Medical Society in each county, one meritorious and necessitous person from such county, shall annually be allowed the privilege of attending one course of lectures gratis; and if any one of the counties shall fail to recommend as above, the President and Fellows of said Society may fill up the vacancy. It shall be the duty of the clerks of the several county meetings to report to the President and Fellows, the names of the persons whom they shall agree to recommend; and the secretary of the Society shall transmit the said names, together with such as the President and Fellows may add, agreeably to the above provision, to the Medical Professors of Yale College.

§ 4. Each candidate for the degree of Doctor in Medicine, shall be required to attend two courses at the Medical Institution of Yale College, or at some other public medical institution, where a similar course of public instruction is pursued; which degree, upon the recommendation of the committee of exa-

mination, shall be conferred by the President of the College, and the diploma signed by him, and countersigned by the examining committee, or a majority of them; and the fee for graduation shall be fifteen dollars. The President of the College, may also confer the honorary degree of Doctor in Medicine upon those persons whom the President and Fellows of the Medical Society shall recommend for that purpose.

§ 5. The committee of examination for the practice of physic and surgery, shall consist of the Professors of the Medical Institution of the College, and an equal number of the members of the Medical Society appointed by the President and Fellows of the same; and the President of the Medical Society shall be, ex-officio, president of the examining committee, with a vote at all times, and a casting vote where there is a tie; and in case of the absence of the president, a president pro-tempore shall be appointed, by the members of the examining committee chosen by the Medical Society, with the same powers; which committee, or a majority of them, shall possess the power, and they only, of examining for a license. And all licenses to practice physic or surgery shall be signed by the president of the Medical Society, and countersigned by the secretary of the committee of examination; which secretary they are hereby authorized to appoint; and the fee for each license shall be four dollars, which shall accrue to the Medical society. All licenses heretofore signed by the examining committee, shall be valid, and have the same effect as if they had been signed by the examining committee; any law to the contrary, notwithstanding.

§ 6. There shall be but one examination in the year, which shall be immediately at the close of the lectures; when a candidate is prevented by sickness from attending at that time, he may afterwards be examined by the medical professors; and such examination, together with their certificate thereof, shall entitle him to the same privilege as though his examination had been by said committee.

§ 7. All medical students, who shall have attended two courses of the lectures in the Medical Institution, shall have the privilege of attending future courses gratis.

§ 8. *And be it further enacted*, That the Act entitled, "An Act to incorporate the Connecticut Medical Society and to establish the Medical Institution of Yale College, and all Acts in addition to, and in alteration thereof, be and the same are hereby repealed. *Provided*, That all proceedings had, and all obligations imposed, in pursuance of the Acts hereby repealed, shall have the same effect as though said Acts were still in force; and all taxes heretofore laid, pursuant to said Acts may be collected, according to the provisions of said Acts, in the same manner as though said Acts had not been repealed. Approved, June 1834.

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2. An Act to Incorporate the Connecticut Medical Society.

§ 1. *Be it enacted &c.* That the physicians and surgeons, now members of the Connecticut Medical Society, and all physicians and surgeons, who shall be associated with them in pursuance of the provisions of this Act, shall be and remain a body politic and corporate, by the name of the Connecticut Medical Society: and by that name they and their successors shall and may have perpetual succession; shall be capable of suing and being sued, pleading and being impleaded, in all suits of whatever name or nature; may have a common seal, and may alter the same at pleasure: and may also purchase, receive, hold and convey any estate, real or personal, not exceeding one hundred thousand dollars.

§ 2. The members of the society shall meet annually in their respective counties, at such places as have been, or may hereafter be agreed upon by them, on the second Thursday of April—and shall elect from among themselves a chairman, clerk, and such other officers as they may find necessary; and being thus organized, shall thereupon, immediately elect by ballot, of their own number, in each county five, except in the counties of Middlesex and Tolland, and in each of these counties, three Fellows, to have the superintendence and management of the Society; and the members of the Society, in their respective county meetings, shall have power to adjourn said meeting from time to time, and to hold such special meetings as they may judge expedient: and may adopt such regulations for their own government, and for the promotion of medical science, as they may think proper, not repugnant to the by-laws of the Society.

§ 3. The Fellows thus chosen at the several county meetings, shall meet together on the 2d Wednesday of May, annually, at such time and place as has been, or may be designated by them; and being thus assembled, shall elect by ballot, from among any of the members of the Society, a President, Vice President, Treasurer, and Secretary of the Society, who shall hold their office one year, and until others be chosen, and shall by virtue of their office, be Fellows of the Society, for the time being, and shall have the same power, privileges, and authority, as if originally elected such by the members of the Society.

§ 4. The President, Vice President, Treasurer, Secretary, and Fellows thus chosen, shall be known and called by the name of the President and Fellows of the Connecticut Medical Society; a majority of whom legally assembled together, shall be a quorum for the transaction of any business; and shall have power to make by-laws, for the regulation and government of the Society, and for the promotion of the objects of the same, not repugnant to the laws of the United States or of this State; to expel any member of the Society for misconduct; to admit honorary members; to make rules for the admission of members of the Society, and for their dismission from the same; to lay a tax upon the members of the Society, not exceeding two dollars in each year, to be collected by the clerk of the respec-

tive county meetings, and to be paid over to the treasurer of the Society; to dispose of the moneys thus raised, and all other property of the Society, in such manner as they may think proper, to promote the objects and interests of the Society.

§ 5. At all the meetings of the Fellows for the transaction of business, the President of the Society, or in case of his absence, the Vice President shall preside; and in case of the absence of the President and Vice President, the Fellows present may elect one of their own number as President for the occasion.

§ 6. The President of the Society, or in case of his death or absence out of the state, the Vice President, on any special occasion shall have power to call a meeting of the President and Fellows, at such time and place as he may think proper, upon giving twenty days notice in two newspapers printed in this state; and in case of the death, resignation, or inability of the President, Vice President, Treasurer, or Secretary of the Society, the vacancy made thereby, may be filled, for the remainder of the year, by the Fellows, at any legal meeting duly assembled.

§ 7. It shall be the duty of the several clerks of the county meetings, in their respective counties, to collect and pay over to the treasurer of the Society all such taxes, as shall from time to time be laid by the President and Fellows, upon the members of the Society, as aforesaid; and for that purpose, said clerks may procure a warrant under the hand of a justice of peace against such member or members of the Society, as shall neglect or refuse to pay the taxes so imposed upon them as aforesaid; which warrant, any justice of peace is hereby empowered to issue; and said warrant shall be directed to the sheriff or his deputies, of the county in which such delinquent member or members reside; and said sheriff or either of his deputies on recovering such warrant may therewith proceed to enforce the collection of such tax or taxes, in the same manner, and with the same fees as are by law prescribed and allowed to the collectors of town taxes; and if any of the clerks of the county meetings shall neglect or refuse to collect, by the time the same are made payable, or having collected the same, shall neglect or refuse to pay the same over to the treasurer of the Society, such treasurer may cause a suit or suits to be instituted against such delinquent, in the name of the Society, before any court proper to try the same, and the same to pursue to final judgment: and the clerks shall be allowed, and receive a compensation of five per centum on all monies collected by them respectively, and paid to the treasurer of the medical society.

§ 8. No physician or surgeon, who shall have commenced practice since the year one thousand eight hundred, or who shall hereafter commence practice, shall be entitled by law to recover any debt or fees for such practice, unless he shall have been fully licensed by some medical society, or college of physicians, and all persons licensed to practice physic and surgery, and practising within this state, shall of course be members of the medical society.

And be it further enacted, That the act entitled "An Act to incorporate the Connecticut Medical Society, and to establish the Medical Institution of Yale College," and all acts in addition to, and in alteration thereof, be, and the same are hereby repealed; *Provided*, that all proceedings had and all obligations imposed, in pursuance of the acts hereby repealed, shall have the same effect as though said acts were still in force, and all taxes heretofore laid, pursuant to said Acts, may be collected according to the provisions of said Acts in the same manner as though said Acts had not been repealed.

Approved, June 5, 1834.

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3. *Medical Convention in Ohio.*—We select the following article from the Western Journal of the Medical and Physical Sciences, for June 1834, together with the remarks of the distinguished editor. In Dr. McClay Awl, we recognize an old friend, who we know has labored much to elevate the character of the medical profession. We cannot too strongly recommend to the medical men of Ohio promptly to unite in lending all their efforts for the accomplishment of the objects proposed; and we hope soon to see that, following her admirable example, the physicians of every state in the union will unite in a like endeavor to raise the dignity and increase the usefulness of our honorable profession.

"We have received from Dr. W. McClay Awl of Columbus, a printed paper, calling a convention of the physicians of Ohio, in January next. We insert it below, and beg leave to commend it to the attention of our Ohio readers. As the objects which Dr. Awl and his friends propose to advance, by the projected convention, are of deep interest to the profession and to society, we sincerely hope it will be generally attended. We have applied the word profession, to the physicians of Ohio, but it is scarcely admissible thus to designate them. They are not united into a profession. With a few exceptions they are strangers to each other; without common objects, common sympathies, or common aspirations. The proposed convention, should the medical gentlemen of the state, generally, appear in it, cannot fail to make them much better acquainted with each other, and prepare them for concert of action, in whatever may hereafter call for it. The following is the printed circular.

"*To all the Practitioners of Medicine and Surgery in the State of Ohio.*—The undersigned, uniting in sentiment and feeling with that portion of the profession who view, with pain, the great depression of character—want of harmony and concentration of useful action, which unhappily prevail in the medical sciences

—acknowledging a proper responsibility for the advancement of correct principles, the promotion of public benevolence, and the common welfare of society,—are induced most respectfully to recommend and consent to support a call for the assemblage of a General Medical Convention, to be holden in the city of Columbus, on Monday, the 5th of January, A. D. 1835.

The grand design is to organize for practical utility, the whole scientific medical power of the State. All regular scientific Practitioners of Medicine and Surgery, either of city, village, or country, who are disposed to advance the honor and dignity of the profession; every one who has a heart in the cause of science, and is ready to unite with the great and good of the age, in elevating the moral and scientific character and talent of the great and extending West, is cordially invited, and expected to come and record his name in this Convention.

The regulation of professional etiquette—

The construction of independent Medical Societies—

The support of a periodical Journal of Practical Medicine—

The erection and location of public Asylums, for the reception of Lunatics and the instruction of the Blind—

The promotion of the Temperance cause—

The regulation of Vaccination—

The convenient supply of the Leech—and many other subjects, will perhaps claim the attention of the Convention. But as the whole proceeding should be an independent and voluntary offering for the common good, all are expected to be unpledged, and none should come entirely unprepared."

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4. Casanova on Cholera.—A new work on Cholera has recently appeared, by J. N. Casanova, C. M. D. The subject is one of deep interest at the present time, when various sections of our country are visited with this disease. The author has but recently arrived in this country, after a residence of some years in Calcutta; where he had ample opportunities for carefully investigating the nature, and observing the results of the various modes of treatment of this disease. We feel much indebted to the interesting and talented author, who, although a foreigner and not perfectly acquainted with our language, has presented us at the present time with a treatise, the result of much experience, on a subject of such deep interest; and we can assure him, that on leaving our shores, he carries with him the best wishes of the profession on this side the Atlantic.

We have not space for a review in this number, but we may state that the remedy which was found successful in the hands of Dr. Casanova, was an enema of tobacco smoke. We here extract a case, together with his mode of injection.—Ed's.

Joseph Mendosa, a native of Calcutta, of Portuguese extraction; about 24 years old, and of a sanguine temperament, very muscular and of dark complexion. An attack of purging and vomiting came on suddenly yesterday evening, with violent cramps in the legs, and pain in the abdomen, which continued the greater part of the night, and had no attendance whatever till this morning, when I saw him at 8; I found him in a state of collapse. The fingers were shrivelled, eyes sunk, countenance much altered. I was informed that he had no vomiting or purging since 5 o'clock, and from that time he became cold and pulseless, with difficult respiration. I injected 40 cubic inches of tobacco smoke in 15 minutes, and after that time he could speak and breathe much easier; reaction took place gradually and he was ordered to be well covered, and a little tea to be given in small doses at short intervals.

At noon. He feels much better; pulse about 80, skin warm and moist, tongue whitish in the centre with red edges; he is very thirsty, and has cramps in the lower extremities.

Twenty cubic inches of tobacco smoke were injected in the space of ten minutes, and some hot plain water to drink by spoonfulls.

Vesper. The cramps continued; he had several inclinations to vomit during the afternoon, has had two dark gray stools, moderate in quantity.

The same as before, to be repeated immediately.

At 8. The cramps have left him, pulse risen and full, he is warm and tranquil, voided some urine, tongue moist and white.

A little tea was allowed him with a few drops of Port wine in it.

October 6th, 8, A. M. He slept well the greater part of the night; had one fluid stool, and voided urine in large quantity.

Two ounces of castor oil were given, and some tea, toast, and sago, for his diet.

7th.—*In the morning.* The medicine produced a good effect; he is anxious to go out, and cheerful; his diet was increased and the medicine omitted. 8th. Convalescent.

For the purpose of injecting the tobacco smoke into the intestinal tube, I use a patent Enema Syringe, with two cocks instead of valves, to be moved by a lever, which performs the same operation as an air pump, (*such as those stomach pumps made by Maw & Son, in London.*) At its bottom end I apply the tube to be introduced into the anus, which is to convey the smoke into the intestines: at its side end I adapt a large common German pipe, or something like it, but of a good size to hold at least four drachms of tobacco finely cut, and a good piece of fire on the top of it. In India I generally used the common Indostanee Hookah, which the natives of that country use for smoking, or the top part of it

which is called the Chillum. It is very handy and always to be had there at a moment's notice.

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5. Coxe's Inquiry.—We have received a new work of 257 pages, entitled, An Inquiry into the claims of Dr. William Harvey to the Discovery of the Circulation of the Blood, from the pen of the distinguished professor of Materia Medica in the University of Pennsylvania, John Redman Coxe, M. D. We are not prepared, at the present time, to express any opinion of its merits—the object is to prove that Harvey is not entitled to this discovery, and there is perhaps none other than Dr. Coxe, in this country, qualified for such an undertaking; the work bears the impress of great learning and profound research, and the subject is entitled to careful examination. We propose to examine it hereafter, and for the present subjoin the dedication, which is very appropriately to the "Students of Medicine throughout the United States."

I know not that I could dedicate this essay with more propriety elsewhere, than to you, Gentlemen, the rising arbiters of the Profession. It is probable that but few of the elder members of our science will change those opinions, from any thing herein collected, that have been cherished as truth, from the earliest dawn of their medical studies. I do not suppose that this arises from any desire to sustain what is incorrect; but prejudices are not often abandoned, if adopted from those in whose dictates we are educated, and of whose correctness or truth the learner has no immediate means of appreciating. Like the dogmas of our respective creeds, sucked in, as it were, with our mother's milk; so the dogmas of our Profession, enunciated, ex cathedra, with scarce a shade of doubt; are impressed too strongly to be subsequently removed by the mere opposition of an individual, who may venture to hazard some scruples on the subject; since all doubt has been so long silent as to the claims of Dr. Harvey, that the worst construction will probably be placed by many of my readers, on this attempt to diminish the value of the award that has been, for more than two centuries, associated with his name.

To your charge, Gentlemen, I commit this Inquiry: if you find cause to believe it to be the mere attempt of a paltry desire to diminish the glories that have encircled his brow, you will treat it with the contempt it would so justly deserve: but, should you be led by it to believe that others have rights to a large proportion of Dr. Harvey's claims, a sense of justice will unquestionably lead you to investigate the subject even more fully than I have been enabled to accomplish. Trusting that in so doing, whatever may be your final verdict as to the conclusions I have arrived at; you will, at any rate, appreciate the purity of my motives, and my desire to extend what I believe to be true.

I am, Gentlemen, most respectfully,
Your friend, &c.,
John Redman Coxe.

Philadelphia, September, 1834.

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6. Bourgery' Lesser Surgery.—An excellent translation of this valuable work, by Drs. W. C. Roberts, and J. B. Kissam, of this city, has recently been published. It supplies a deficiency that has long been sensibly felt; the description of all the minor operations is faithfully given, and useful details which are not to be found in the more extended works on surgery. To the country physician we would particularly direct attention to this volume; situated as they are, remote from the kind of practice met with in a large city, when called upon to perform any of the minor surgical operations they will find its possession of great utility. For ourselves we keep it constantly on our table, and have occasion frequently to appeal to it. The translators deserve the thanks of the profession for having presented it to the profession in an English dress.

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7. Medical Society.—At a meeting of the *Medical Society of Lexington*, the following Resolutions, on motion of W. K. Stone, seconed by T. W. Walker, were unanimously adopted.

1. *Resolved*, That this Society establish a Library, to be called the *Medical Library of the Lexington Medical Society.*

2. *Resolved*, That the Library be formed by the contributions of the different members of the Society, either of money or books.

3. *Resolved*, That a book be opened on every night of meeting of this Society, to record the names of contributors, and the amount of contributions.

4. *Resolved*, That the Treasury of this Society receive all donations to the Library, and that he shall place them in the hands of the President or Vice President of this Society, every month, and received from them a receipt of the same.

5. *Resolved*, That a Committee be appointed to wait on our Honorary Members, and to solicit from them donations of books to the Library.

The following gentlemen were appointed the Committee: Messrs. William K. Stone, William H. Inge, and W. D. Dorris.

The following Preamble and Resolution, submitted by Mr. W. D. Dorris, and seconded by Percy Walker, were then unanimously adopted.

Believing it to be the duty of every scientific practitioner of medicine, to contribute as much as possible to the diffusion of useful knowledge, and to the promotion of the study of the sciences generally, and particularly of natural science, as being most intimately connected with his profession:

And being convinced that these objects would be promoted by the establishment of a

central place of deposit for information, and for specimens of objects of natural history, and other curiosities and objects of study, such as minerals, petrifactions, preserved specimens of plants, and animals; and preparations illustrative of healthy and morbid anatomy, and of comparative anatomy:

And being further disposed, to build up the Medical Society, and to contribute all in our power to the well being and advantages of our *alma mater*,

Resolved, That on our return to our several places of residence, we will search out and procure such specimens aforesaid, and will transmit them to this Medical Society, with such information respecting them, and of the country, and its natural productions, diseases, &c., as it may be in our power to obtain; in order that a museum, connected with this Medical Society may be as soon as possible commenced; and that a mass of information respecting the extensive Mississippi valley, of which so little is known, may be collected.

A committee composed of the following gentlemen were then appointed to draft a circular on the above subjects, addressed to the Honorary Members of the Society in particular, and to the enlightened Members of the Faculty of the West in general:—Messrs. W. K. Stone, W. H. Inge, J. P. Eblin, and Robert Peter.

ROBT. PETER, Ch'm. pro tem.

W. K. Stone, Sec'y.

Lexington, Ky. Jan. 17, 1834.

CIRCULAR.

To the Honorary Members of the Lexington Medical Society, and the enlightened members of the profession of the West generally:

Your attention is respectfully invited to the foregoing resolutions, and your assistance confidently solicited in carrying them into effect.

In thus boldly appearing before you in the attitude of solicitation, a few remarks explanatory of the object of the resolutons may not be out of place.

The science of medicine, in which we are all interested, is in many parts confessedly imperfect. Much yet in it is dark and uncertain. Many breaks in the chain of induction yet remain to be filled, and many isolated facts are temporarily connected by theories and hypotheses. These change with the fashion of the times, or the fancy of the most prominent minds. Every one, in fact, who thinks he has any right to indulge an opinion in medicine, promulgates his own theory, thus giving rise to clashings, contradictions, and much uncertainty. These theories and opinions, we have every reason to believe, are founded more or less upon facts which have come under the observation of their several authors.

If medicine is destined ever to be erected into an exact science, it can only be after all its isolated facts are collected, and impartially compared and arranged. Many attempts have been made to effect this object, but it is universally acknowledged that they have all failed, and failed for want of a sufficient number of facts.

It has been asserted, in reference to the science of chemistry, that if all the facts elicited by the experience of the workers in the various mechanic arts were collected, much that was new, brilliant, and interesting, would be added to the science; and it is, no doubt, equally true, that much experience is obtained by practitioners of medicine, and many truths ascertained, on which they build their theories, and on which they base their practice, which, if communicated, would fill up many a chasm, and silence many a windy and lengthened dispute: and it is feared that it too often happens that this experience, earned, perhaps, at the expense of lives, gladdens no one but the original practitioner, and that these truths never enlighten any but the discoverer.

With a view to the prevention of this evil, as far as it lies in its power, the Medical Society respectfully invites your co-operation. It solicits information, the results of your observation and experience; not with the intention of hooking them on to any old theory, nor to weave them into any new one, but to promulgate them through the medium of this Journal, the pages of which have been kindly offered for the purpose, in order that they may be recorded and preserved, for the use of future philosophers, who, more fortunate than their predecessors in finding a greater store of facts, may perhaps succeed in weaving a web of science which may cover the whole field of disease.

The information which we wish, should include every circumstance which has any influence on the nature and constitution of man, in the production and cure of disease. For example: the medical topography of your country; the nature of your soil and rock strata; the prevailing temperature; the course and nature of your winds; the amount of rain; the circumstances, meteorological or topographical, under which your epidemics appear, with reference to the production and nature of miasm; facts for or against the miasmatic origin of cholera; an account of your principal diseases; the time and circumstances in which they appear; your mode of treatment in them, and the results of your experience in their treatment; with any other facts and circumstances which may have a bearing on the object in view.

In requesting your co-operation in the promotion of the study of the natural sciences, the Society is confident that it does not ask that which will cause you to swerve from your fealty to the science of medicine. That the study of nature must always form an essential element in a medical education, has been acknowledged from the remotest antiquity, and the history of the profession shows us that the greatest men who have appeared in its ranks, have also been the greatest admirers and students of nature—a fact which equally applies at the present day.

What then are the objects, in the collection of which we desire your assistance? They are as numerous as the field of nature is extensive. Skins, skeletons, skulls, and other preparations of quadrupeds, birds, or reptiles. The shells of our western waters and woods. Insects.

Dried specimens of plants, and specimens of the minerals and petrifactions of your country.

For the mode of preserving and transporting plants, we refer you to an excellent paper on that subject by Professor Short, in the 6th vol. of this Journal; and to one in the last number of the same same work, for proper instructions for the preservation of quadrupeds, birds, &c.

Communications may be addressed to the publishers of the Transylvania Journal of Medicine, and may, in many cases, be sent by students coming to this college.

Packages directed to Professor Short, or R. Peter, M. D., will reach us in safety.

Respectfully,

Robert Peter,
Will. K. Stone,
W. H. Inge.
Jno. P. Eblen,
} *Committee.*

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8. Case of Bilious Fever.—(In a letter from Dr. Linton to the Editor.)

"Mrs. S. had been confined seven weeks with a low grade of bilious fever, when I was requested to visit her. She labored under nearly all the symptoms of the typhus vera of authors. I found, on examination, that the case had been badly managed. She was costive, and had been, as I learned, during the whole course of the disease. Her bowels had not been moved during the week preceding my visit.

I commenced with the administration of calomel, in 30 grain doses, to be repeated thrice at intervals of two hours, and followed by large doses of rhubarb and aloes. On calling next day, found no operation had been produced by the medicine, notwithstanding auxilary means had been actively used. Increased the dose of calomel to 80 or 100 grains, at the same intervals; rhubarb and aloes to be continued. In six hours after the first *large* dose, a passage was effected, having the appearance of dark, putrid flesh. Under the continued use of these remedies, the dejections became more decidedly bilious. The discharges, for the first three days, gave almost insupportable pain. Under the above course, with the addition of a few ounces of wine and a few grains of quinine, as the febrile symptoms disappeared, the patient convalesced rapidly. *Ibid.*

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9. Medical Graduates.—On giving a list of the medical graduates of the different medical schools in our last number, we stated in a note that we understood the Jefferson College, in Philadelphia, had graduated nearly one-half of its class. We then believed, and do still, that our information was correct, notwithstanding we have received a *modest electioneering pamphlet*, emanating from this college, containing a list of 172 students said to have attended the Lectures in 1833 '4; should this statement prove correct, we were wrong; but we require much stronger testimony than this pamphlet contains, before we acknowledge ourselves in error. When we see a list of the names, and respective residence of the physicians with whom the 172 students pursued their studies, and an opportunity is given us to ascertain the *truth*, (which we believe will not be difficult,) we shall publish the result, for or against us. To those who are not acquainted with the mode of *making* medical classes so well as ourselves, we may seem unreasonable; but it is a fact well known, that the classes in this college have for several years been represented, and in some instances published, as amounting to 150 students. In this same pamphlet the number for 1832 '3 is set down at 92. We ask one of the leading Professors if he did not state in an address to the graduates of 1833, delivered in the Masonic Hall, Philadelphia, that the school had doubled in numbers "since I became a Professor,"* and that there were then about 150 students. We refer to Goodrich's Gazetteer for the number of the previous year, which we presume was furnished by the Professors.

In this pamphlet it is stated that never previous to the session of 1833 '4 had there been but 32 graduates; we refer the writer of the pamphlet to their college books and the published catalogue of 1827, and mayhap he may find that in that year 35 obtained diplomas.

We should not have deemed it necessary to have noticed the misstatements in the pamphlet, but that we have been accused of misrepresentation by individuals who would endeavor to injure our Journal. We repeat our belief in the correctness of our information, and that it is our duty as public journalists to expose the obliquities of institutions, so that all may be on their guard. Every disinterested physician who is desirous of seeing the cause of science advanced and all our institutions flourish by fair and honorable means, will appreciate our motives, and unite with us in our efforts.

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10. Medical College of Georgia.—The third Course of Lectures in this School of Medicine, situated in Augusta, will commence on the third Monday (the 20th) of next October, and continue until the week preceding the third Wednesday of the following April, which will be commencement day. This includes a term of six months, instead of the ordinary period of only three and a half or four.

One of the Professors is now in Europe procuring additions to the Anatomical Museum, Apparatus, &c., and is expected to return by October. The new College building is in a state of forwardness, and will, by contract, be in readiness for the reception of the next Class. It will accommodate 250 students. The Professors are:—

L. A. Dugas, M. D., Geo. M. Newton, M. D., of Anatomy and Physiology.

Paul F. Eve, M. D., of the principles and practice of Surgery.

Milton Antony, M. D., of Obstetrics and Diseases of Women and Infants.

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* This story reminds us of a statement, made in a pamphlet addressed to the Regents of the University of London, in which it is said that a certain Medical Institution in America had, from a class of about 60 or 70, soon increased to near 400!!!

Alex. Cunningham, M. D., of the Theory and Practice of Medicine.

Joseph A. Eve, M. D., of Therapeutics and Materia Medica.

L. E. Ford, M. D., of Chemistry and Pharmacy.

G. M. Newton, M. D., Prosector and Demonstrator.

The requisitions of candidates for the Doctorate in this Institution, are the same as those of other Medical Colleges in the United States.

The expenses are:

Matriculation Ticket, to be take once	$5 00
Tickets for full course of Lectures,	$100 00
Demonstration Ticket, to be taken once,	10 00
Diploma,	10 00

Good Board with Lodging, is usually obtained by students at $13 per month.

JOSEPH A. EVE, Dean of Faculty.

Augusta, Ga., July, 1834.

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11. MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA.—The Lectures in this Institution will begin on the second Monday in November next, and close on the first Saturday of March following.

Anatomy, by J. Edwards Holbrook, M. D.

Demonstrator of Anatomy—John Bellingee, M. D.

Surgery—John Wagner, M. D.

Institutes and Practice of Medicine—S. Henry Dickson, M. D.

Chemistry—Edmund Revenel, M. D.

Materia Medica—Henry R. Frost, M. D.

Obstetrics—Thomas G. Prioleau, M. D.

Physiology—James Moultrie, Jr., M. D.

JAS. MOULTRIE, Jr. M. D., Dean.

July 24.

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12. ACT OF THE TRUSTEES OF GENEVA COLLEGE.—The Trustees of Geneva College have established a Medical Department of the College, and have appointed the following Professors and Curators.

The character of the gentlemen selected as Professors, and the eminent standing which some of them have attained as public Lecturers, warrants the belief that the course of Medical instruction will be such as to offer the highest advantage to the student for practical instruction, and place the Institution upon an elevated standing.

The Trustees intend as early as practicable to erect new buildings for the Academical Department, and to appropriate their present college building to the use of the Medical Department; and until this is done, convenient rooms in other buildings will be provided for the accommodation of the Medical Lectures.

JAMES REES, Chairman.

B. WHITING, Secretary.

Faculty of Medicine.—Dr. Edward Cutbush, Professor of Chemistry.

Dr. Willard Parker, Professor of Anatomy and Physiology.

Dr. Thomas Spencer, Professor of the Institutes and Practice of Medicine.

Dr. John George Morgan, Professor of the Principles and Practice of Surgery.

Dr. Charles C. Coventry, Professor of Obstetrics and Materia Medica.

Dr. Anson Coleman, Professor of Medical Jurisprudence and Botany.

Medical Institution of Geneva College.—The Medical Faculty of this Institution have the pleasure to announce that the Lecture Term will commence annually on the second Tuesday of February, and continue sixteen weeks. The medical commencement will be held on the Tuesday following the close of the lectures.

The aggregate fee for the Lecture Tickets will be $55 00, and each Ticket must be paid for at the time it is received.

Board can be obtained in good families from $1 50 to $2 per week, and the whole expense of attending a full course of Lectures need not exceed $100.

The apparatus of the Chemical Professor is extensive. He will not confine himself to Medical Chemistry, but will extend the application of this branch of science to the Arts, Manufactures, and to Philosophical Chemistry. An Anatomical Museum, equal or superior to many of the Medical Schools, which have been long in successful operation, will be provided by the Medical Faculty; and arrangements are made for affording students every facility for acquiring a knowledge of practical Anatomy.

Graduation.—The graduation fee is $20 00, which is to be appropriated for the purchase of a Medical Library, an Anatomical Museum, &c.

The following requisitions will entitle a candidate to an examination for the degree of *Doctor of Medicine.* He shall have attained the age of twenty-one years, and be of good moral character; he must have attended two full courses of lectures, one of which must have been in this Institution, and have studied three years under some respectable practitioner of medicine, and have an adequate knowledge of the Latin language and of Natural Philosophy. He must likewise write and present to the Dean of the Faculty a Thesis on some medical subject, to be approved, and must pass a satisfactory examination by the Medical Faculty in the presence of the Curators of this Institution. By this arrangement, it is confidently believed that this Institution will be exempt from the charge of favoritism, in the granting of its honors, and that its degrees will be justly entitled to a high consideration.

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13. COLLEGE OF PHYSICIANS AND SURGEONS OF THE NORTHERN DISTRICT.

Fairfield, Herkimer County, New-York.

The college opens annually on the first Tuesday of October, and the Lectures will be delivered as follows:—

On Midwifery, by Westel Willoughby, M. D.

Chemistry and Materia Medica—James Hadley, M. D.

Anatomy and Physiology—James M'Naughton, M. D.

Practice of Physic and Medical Jurisprudence—T. Romeyn Beck, M. D.

Surgery—John De La Mater, M. D.

The Course continues sixteen weeks.

From the arrangement adopted in delivering

the Lectures, it will be found advantageous to students to attend them at the commencement of their medical studies. After having attended two Courses, all the expense is avoided, as the Tickets thereafter are gratuitous.

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14. Organ of Amativeness.-(By Dr. Linton.)

Being called upon to visit a young man, who, as the messenger said, "had a thumping at the heart," I found him laboring under some fever, with a pulse somewhat irregular, the palpitation having subsided. On examination, I found that he had been for some time afflicted with nocturàl seminal emissions, the atony induced by which, added to the excessive fatigue of log-rolling, was in my opinion the cause of the inequilibrium in the circulation, of which the palpitations and febrile sequelæ were effects. I enjoined rest, mild purgatives, and an antimonial at night. On a second visit, I found very little amendment in the symptoms—palpitations occasionally occurring, succeeded by fever—great mental dejection, &c. He informed me, that if he could avoid dreaming, the emissions would not take place—that it was always excited by venereal dreams. This directed my attention to the brain. He complained of pain, (to speak phrenologically,) ranging from the organs of Amativeness and Philoprogenitiveness, to those of Combativeness and Adhesiveness. Suspecting erethism, or perhaps sub-inflammation of the cerebellum, and believing that this state of the brain excited the emissions, in addition to the above remedies, I commenced the following course; A blistering plaster to be applied between the fifth cervical, and second dorsal vertebræ; cold water to be poured repeatedly from a height upon the occiput—cold applications to the genital organs. I know not what will be the result. The patient, however, is evidently improving in health and spirits. This case would be more interesting, were it not already indubitably established, that the genital organs and cerebellum are intimately connected.

Transylvania Journal.

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15. Appointments.–At a special meeting of the Board of Regents of the University of the state of New-York, held in the Senate Chamber, Albany, on Tuesday July 1st, inst., John Augustine Smith, M. D. was elected Professor of Physiology, and John R. Rhinelander, M. D., Professor of Anatomy.

The article entitled "Strictures on the appointment of Dr. Rhinelander," the author may rest assured would entirely fail of its purpose; we do not unite with him in his unqualified condemnation, neither in the severity of his denunciations. For the sake of the interests of the Institution; for the reputation of the school, which as the only one in our city, we desire to see flourish, and as an act of common justice to which Dr. R. is fully entitled, we should be disposed to recommend a very different course from that pointed out by our correspondent. Dr. R. in common with others, presented his claims to the Board of Regents; his testimonials were quite as strong as those of either of the other candidates, and he was duly elected by a majority of that board. Surely then he is entitled to a fair and impartial hearing! And we have sufficient confidence in the honorable feeling of the students attached to the University, to believe that they will lend their aid to render his important situation pleasing to himself and useful to them.

To those young gentlemen who have prejudged Dr. R., and who have stated their determination not to attend his lectures, we appeal for a display of liberal and generous feelings; as you may pride yourselves upon the character of your *alma mater;* as you feel an interest in the professional character of your state; as you would support your own rather than a foreign institution—we call upon you to extend the right hand of fellowship to your professor, to aid him in his efforts, and to profit by his instructions. To our correspondent we say, our pages will be always open for a notice of the *professional* merits or demerits of Dr. R. or any other professor.

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16. Willoughby University of Lake Erie.

Extract from the Charter, which is entitled "An Act to incorporate the Willoughby University of Lake Erie," passed March 3d, A. D. 1834.

The latter clause of the fifth section of said act reads as follows, to wit: "That the said Trustees, and their successors, and the officers and professors by them appointed, shall be considered as the faculty of a University, and, as such, shall have the power of conferring degrees in the arts, sciences, and professions, and of performing all such other acts as pertain unto the faculty of a University, for the reward and encouragement of learning, and the name and style by which the said degrees shall be conferred, and the certificates of learning given, shall be that of the "president and faculty of Willoughby University of Lake Erie, in the state of Ohio."

A medical department denominated the "Medical College of Lake Erie," is attached to the Institution, Lectures on all the branches of medicine, to commence on the first Monday in November, and continue four months. Cost including a full course of lectures—graduation fee—Diploma and good boarding, $80 50.

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17. Our Journal.—A highly respectable southern Physician writes us as follows, "Is your Journal under the control or management of any medical school? for on this point depends the circulation of the work in this section of country, as we are not disposed to swallow the dogmas daily emanating from our numerous medical schools." We reply that the pages of our Journal neither are nor will be, under the control of any school; but in stating this, we think it proper to say also, that we are opposed to none. Those institutions who have no medical journal, will find us neutral ground, always ready to defend their rights and protect their interests, whilst we shall not fail to point out whatever tends to degrade our profession, whether it emanates from individuals or schools.

TO READERS AND CORRESPONDENTS.

In our first Number, at page 39, we offered a premium, (for particulars, see the article); and as no essays have yet been offered, we propose to extend the period when they will be received until the first of March, by which time we hope to be able to lay before our readers a paper of considerable interest on a subject which is of deep importance to the cause of medical science in this country.

A series of translations from the French on interesting *practical* subjects, by W. C. Roberts, M.D. of this city, will be commenced in our next Number.

A valuable translation from the "Nouveaux Elemens de Pathologie Medico-Chirurgicale," of MM. Roche and Sanson, by John W. Sterling, M.D. of this city, will also appear in our next.

Communications from Professor Parsons, of Providence, R. I.; A. B. Shipman, M.D. of Cortlandville, N. Y.; and J. R. McComb, M.D. of this city, have been received.

We have on hand a number of American and Foreign Works, Journals, &c. analysed and ready for the press, which we shall lay before our readers with as little delay as possible.

We are requested to state, that the "Flexible Forceps" of Dr. Casanova, described in our present Number, may be seen at George Tiemann's, surgical instrument maker, No. 63 Chatham Street, who has them for sale.

We have admitted into this Number a review of Dr. Channing's translation of a letter to the Physicians of France, &c.; it embodies a condensed history of the rise and progress of Homœopathy, and the reviewer, we conceive, has treated the subject with as much *seriousness* as it was entitled to. The review is written in a playful manner, and with the most friendly feelings: we shall with pleasure publish a reply; but we think it proper to state, that we do not open our pages to long discussion and controversy on a subject so unimportant and unprofitable.

The request of P. R. will be attended to, and his suggestions acted upon.

We have concluded, in our present Number, the article on the Black Death of the Fourteenth Century; we have devoted more space to it than we had intended, but we think our readers will be amply repaid by its perusal.

To keep the plan of our Journal before our readers, we again submit the 18th and 19th articles of medical intelligence from our first Number.

To the presidents and members of the different medical societies in the United States, the Canadas, &c., the conductors of the Medical and Surgical Journal beg leave to present their respects and say, that it would afford them pleasure to receive all or part of the papers read before their respective bodies, with permission to analyze, or abridge, or publish them entire, as may appear best calculated to promote the interests of medicine and surgery: by granting our request, we believe that many valuable facts that have already, and may hereafter be made known to our societies only, might be so communicated as to be of vital importance to humanity, which, under other circumstances, would be lost in oblivion. They also beg leave to say, that other transactions of the societies, such as proceedings of their meetings, &c., will be published in our Journal, if forwarded to us, the mode of doing which is pointed out in the conditions of the work.

The conductors of the Medical and Surgical Journal respectfully solicit from the profession generally, communications on the plan mentioned in the prospectus—viz. short papers. No doubt many interesting facts which come under the notice of the practitioner, if made known, would be useful in the practice of medicine, and as we do not wish for "fine spun theory," little time would be occupied in the narration, and not so much attention as to style, &c., as is usually the case. One of the most practical medical writers that we know of, says, "as the result of experience is the only useful knowledge in physic, every interesting fact founded thereon, should be rescued from oblivion; and they who have contributed their mite to form collections of this sort, deserve much more of mankind than many who have written volumes of inspired imitation."

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THE

UNITED STATES

MEDICAL AND SURGICAL JOURNAL.

No. III.

OCTOBER, 1834.

Art. I.—*Case, illustrating some peculiar Effects of Gonorrhœa on the Mother and Child.* By Dr. Benjamin Belden, of New-York.

In May 1827, I was called to visit Mrs. S., labouring under gonorrhœa, and near the conclusion of utero-gestation. On the 29th inst. at the apparent full period, she was delivered of a very small female child. Not many days had elapsed (whilst in after attendance on its mother) before the child was discovered to be affected with gonorrhœal ophthalmia. The disease continued to increase in violence for a number of days, notwithstanding the remedial means used; but it was finally subdued, without the loss of sight. The child had a gonorrhœal discharge, which made its appearance from the vagina, simultaneously with the like affection of its eyes; and this discharge from the vagina ceased to flow at the time its eyes were cured. But the child continued to be affected in both its eyes and vagina, until the mother was cured of the disease. It continued to grow well after this; and when nine months old, it walked readily about the room.

On the 18th of December 1829, I was requested to visit the child. Its mother now remarked to me, that two months previously it could walk a distance of a mile, and did not suffer from fatigue. But soon after, or about the 27th of October, its mother became contaminated with the disease a second time, when it began to fail and emaciate rapidly. Now, for the first time, she says she discovered that she had a vicarious discharge in profusion from both her breasts, of gonorrhœal matter, which was of a like colour and appearance with that from the vagina. The eyes of the child were attacked with the disease again, though not affected to the same alarming extent: at the same time, a discharge was discovered to flow from its vagina, having the same appearance, &c. as that proceeding from its mother.

It is unnecessary to dwell upon the treatment; but it may be remarked, that both were cured. The cases were witnessed by Dr. Lewis Belden, and as they present some novel and interesting features, I have thought they might not be uninteresting to the readers of your journal.

Art. II.—*A Description of a new flexible Midwifery Forceps, and a flexible Cephalo-Extractor.* By J. N. Casanova, C.M.D. &c.

Read before the Medical and Physical Society of Calcutta.

I have the pleasure to lay before the Medical and Physical Society for inspection, two new instruments, which have for their objects, 1st, to seize the head of an infant when it is locked in the pelvic strait, and to extricate it from that place, without injury to the child or the mother; 2d, to seize and to extract the head after its having been separated from the trunk. The first I call an *elastic forceps*, and the second a *cephalo-extractor*.

It is unnecessary for me to explain the

utility and advantage that these instruments have over the common metallic forceps and crochet, so frequently abused in the delicate practice of midwifery; but I would ask to be permitted to state, that their application is easy, sure, and safe,—that they cause no injury to the mother or child, nor horror or aversion to the sight of the patient,—and that the experience of several years has taught me to appreciate them from the successful results I have obtained with them.

It is to chance that I owe this valuable discovery, and yet I cannot claim the merit of being the primitive discoverer; for I have since seen an account of an instrument, which I suppose to be nearly of the same kind, by a Spanish physician of Barcelona, in Spain. Notwithstanding this, I consider it a duty to my profession to communicate and to make public the results of my inquiries, particularly when they have for their objects the promotion of medical science and the relief of suffering humanity.

My first acquaintance with the method which I now present to the Society, is as follows:—During my residence in a little town near the city of Manilla, in the Philippine Islands, I was called to attend a native woman who had been in labour sixteen hours. On examination, I found that the head of the child was locked in the passage above the superior strait of the pelvis laterally on the right, with the face towards the pubis. I was destitute of instruments, and too far from the reach of any; and on considering in what way I could make myself useful, the following idea occurred to me, which was to cut a piece of green rattan about three feet long, to polish it, and reduce it to the breadth of the forceps, No. 1. Its natural flexibility allowed me to bend it in different directions without breaking. Then I introduced it into the passage, as it is represented in the plate, Fig. I, No. 1, and I immediately seized the head by the middle and inferior part of the chin. The lateral position of the head prevented me from making movements of rotation; but on application of another piece of rattan of the same dimensions, on the opposite side, (see the same plate, No. 2,) I removed that inconvenience, and in a few minutes succeeded in bringing forth the child alive, without the least injury to him or to his mother.

Since this first operation, I have had many cases, in which I have successfully used the same method, both for extricating the head from the passage, and for extracting the same after death, not only in the Philippine Islands, but in the Isle of France, and in this country; and I have also improved the instruments, both in the material as well as in the form, as will be seen by the accompanying plate.

EXPLANATION OF THE PLATE.

Fig. I—Represents a head seized with the double forceps, and the manner in which it is extricated from the pelvic strait.

No. 1. A single forceps seizing the head round the middle and inferior part of the chin.

No. 2. A do. do. seizing the head round the occiput.

No. 3. A frontal safety check-band, to prevent the forceps from receding, and choking the infant.

Each of these forceps are composed of a piece of whalebone about three feet long, three-tenths of an inch in breadth, and one-tenth do. in thickness; of two silver rings at their extremities, well fastened, and the whole well polished.

The frontal safety check-band ought to be placed at about four inches from the centre of the forceps, No. 1, on each side, and it must be well secured. A piece of silk, or any other smooth cloth, will answer. Its length is from seven to eight inches.

Fig. II—Represents the cephalo-extractor seizing the head of the infant after its death and separation from the body.

This instrument is made of two pieces of whalebone of the same dimensions, in every respect, as those of the forceps, without rings in their extremities. These two pieces are fixed by their centre with a silver pin rivetted on both sides, flat and smooth, to allow the pieces to move, or open and close, as the blades of a pair of scissors. (See No. I.) When closed and held by the two extremities, they represent one of the forceps. When opened, and holding the four extremities in one hand, (see No. 3,) they represent Fig. II.

Fig. III—Represents a plain silver plate of an oval shape, with three holes in its centre, to allow the four extremities of the cephalo-extractor to pass, when it has seized the head. The lateral extremities pass through holes, No. 1, 1, one by each, and the anterior and posterior, both pass through the hole, No. 2. (See Fig. II. No. 2.) This plate renders the instrument open and immovable, and it serves to press the head as much as may be required, to extract it without injury to the mother.

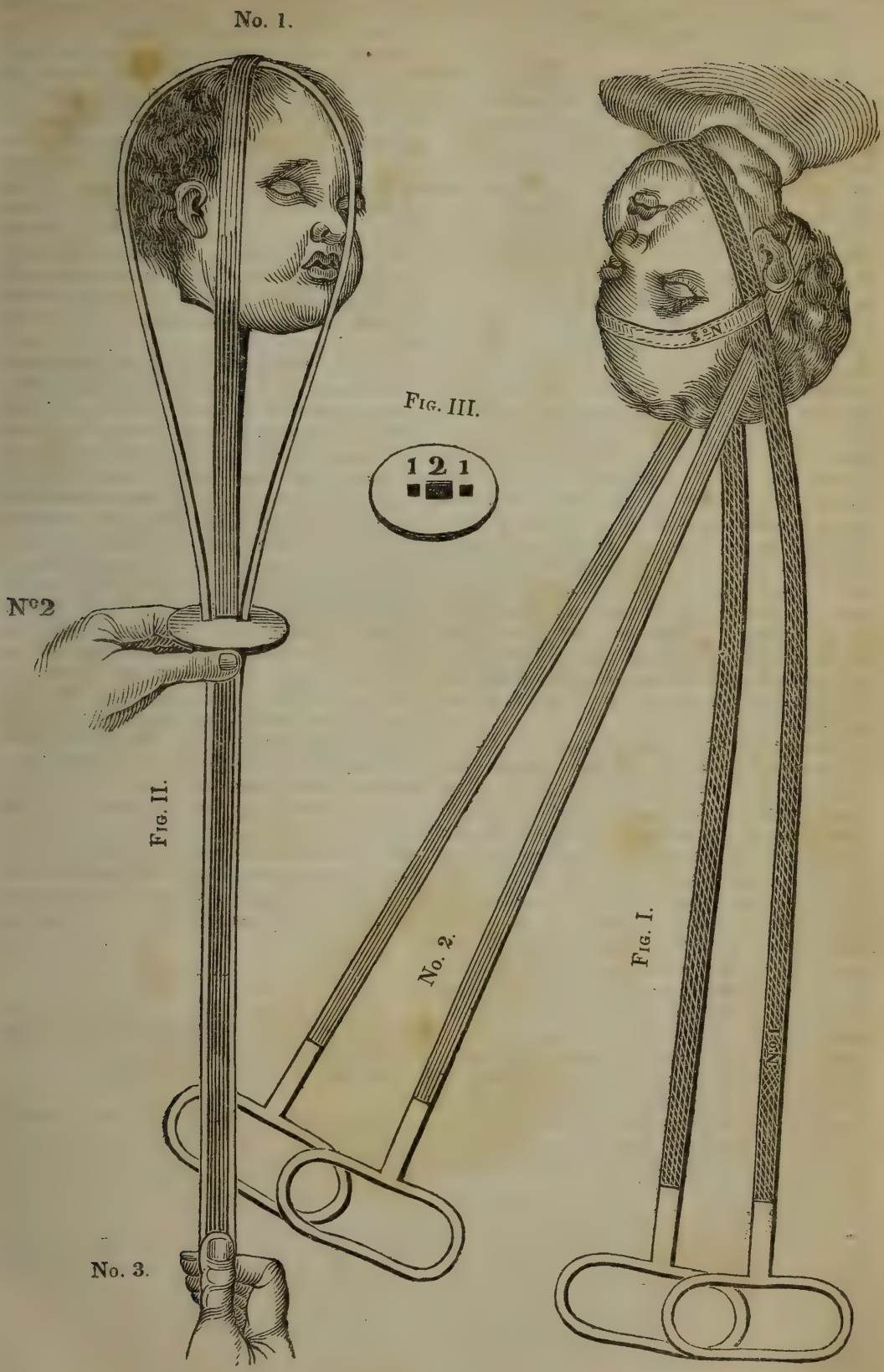
No. 1.
Fig. III.
1 2 1
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Fig. II.
No. 2.
Fig. I.
No. 3.

ART. III.—*Observations on the Treatment of Endemic Fever.* By the late DR. ALEX. COVENTRY, of Utica, N. Y.

When called to a patient in the first or early stage of fever, it was his practice to bleed to syncope, unless the constitution of the patient, or some other circumstances, prohibited the use of the lancet. As soon as the patient revived from the bleeding, a full cathartic of calomel, or calomel and jalap, was administered. When the arterial action was sufficiently reduced by venesection, and the alimentary canal freely evacuated, he commenced giving the following; Nitrat. potassæ, gr. v.; calomel, from gr. j. to g. ij.; tart. antimon. gr. ¼; repeated every two or three hours, and continued until the mercurial action was perceptible in the breath or gums. As soon as this was discovered, the calomel was suspended, as he never wished to produce full salivation if it could be avoided, believing that all the beneficial effects of the mercury were produced when the system was brought under its influence.

If the patient appeared to sink, or typhoid symptoms supervened, the muriate of ammonia was substituted for the nitre, and the tartrate of antimony, either continued or omitted, according to circumstances; and during convalescence, some of the bitter and aromatic infusions, or mild tonics, were used to hasten the recovery and restore the strength of the patient.

The above treatment was, however, of course modified by circumstances; when the fever was high, the skin hot and dry, with no evidence of any local disease, cold affusion was frequently used with decided advantage; when the head was much affected, local bleeding, as opening the temporal artery, cupping over the temples, with blisters to the back of the neck, were added to the other treatment. If the chest were affected, cupping, with counter irritation; if the abdomen, warm fomentation, with cupping, leeching, and counter-irritants; in short, by carefully watching his patient, and combating the symptoms of local disease whenever they made their appearance, and, at the same time, by keeping steadily in view the grand object of bringing the system under the mercurial influence, he believed that fever was as certainly to be arrested by these means as ordinary inflammation.

During the process of treatment, the patient was placed in the centre of the most airy and best ventilated apartment that could be procured; all useless furniture was removed from the room, and no curtains or screen of any description was permitted about the bed of the patient; the bed and body linen changed every day, and all excretions removed immediately from the apartment. Solid food of every kind was prohibited; every cause of irritation removed; the light in a measure excluded; and every person prohibited the apartment, except the necessary attendant. If one or two alvine evacuations were not produced by the powders, some mild cathartics were added, and when (as sometimes happened) the calomel ran off by the bowels, so as to prevent its effects on the general system, small quantities of opium or Dover's powder were added to check its operation. It occasionally happened that the stomach was so irritable as to reject the powder; when this could not be removed by the application of sinapisms or blisters over the region of the stomach, with the internal administration of the effervescing mixture and other means, the calomel was administered alone in the form of pill.

It will be perceived that the administration of emetics formed no part of his plan of treatment in endemic fever; he seldom or never gave them, unless their use was strongly indicated in this disease, believing that nearly all their good effects might be procured by active cathartics, and that they increased instead of allaying the irritability of the stomach, which often tends to prevent the administration of other medicines. The principles of the above treatment, it will be perceived, are perfectly simple, viz. to reduce arterial action, remove all causes of irritation, combat the local symptoms as they occur, and to bring the system under the influence of mercury as soon as possible, at the same time carefully watching its effects, and stopping its use, as soon as that was evident. When the patient was seen in the early stage of the disease, it seldom became necessary to combat symptoms of debility; when, however, they did occur, wine, wine whey, and chicken broth, were his chief dependence to sustain his patient; sometimes using an infusion of bark, or solution of quinine, where the remission of fever was nearly complete.

ART. IV.—*Case of Suspended Animation from Hanging, with Recovery.* By JOHN W. SCHMIDT, jun. M.D. New-York.

On the 22d of September last, I was requested to visit a man who, I was informed, had hung himself. When I arrived at the place, I found that he had indeed accomplished his design; for he was pulseless, respiration had entirely ceased, and his countenance was of a dark purple colour, indicating a cessation of venous circulation. In fact, he was in a condition which led me to believe that his case was a hopeless one. I resolved, however, upon making an attempt to restore him, and give him a chance, for such only I conceived he had. I began first by opening a vein in one arm; but as no blood flowed, I opened the vein of the other with as little

success; then by a pair of common bellows, I commenced an attempt at artificial respiration by inflating the lungs, which I continued for some time, without any other effect than the flow of blood from the opened veins. I continued the process of inflation for nearly an hour and a half before the least symptom of returning life appeared, when I was encouraged by a sigh, which induced me to persist, at the same time occasionally administering hot brandy toddy for nearly two hours, when he moaned, which still caused me to exert myself the more; at the expiration of about two hours and a half from the time I first saw the patient, he muttered that he wished to be left alone. From this period, by means of warm frictions and stimulating drinks, he slowly recovered. I have been induced to draw up a brief account of the above case, for the purpose of showing how long life may be apparently extinct, and yet the individual restored to life by perseverance on the part of the medical attendant. I must confess that I was more than once on the point of discontinuing my efforts as useless. The man had been committed to prison for forgery, and was found hanging by the keeper when going his rounds in the morning. It could not be exactly ascertained how long he had been suspended.

Art. V.—*An Historical Sketch of the Asiatic Cholera, as it appeared in this Country in* 1832. By C. C. Yates, M.D. of New-York.

Hinton's history of the United States, American edition, edited by Samuel Knapp, Esq. is now in the course of publication at Boston. In this work, at page 382, vol. i. is appended, by way of note, an historical sketch of the Asiatic cholera as it appeared in this country in 1832. In the "introduction" to this volume, the editor states that the article on "cholera" was furnished by C. C. Yates, M.D. of New-York.

We see no objections to the introduction of this article into an historical work, as far as the "history" of the prevalence of the disease is considered; but we do think, that any matters of a pathological character beyond such history is entirely out of place, and ought never to have been printed in such a work. It may have been very agreeable to Dr. Yates to avail himself of such a vehicle to propagate his new doctrines and hypotheses; but we do consider, that it was not fair, on his part, to introduce them into a work which ought not to recognize such matters. All the matter of this article, beyond the mere history of the progress of the disease, belongs solely to the medical inquirer, and should have been written for some medical journal only; in which case, the subject might be met and discussed on its intrinsic merits; but in the shape of an imperishable historic monument, it excludes the possibility of condemning refutation by a critical review of equal notoriety.

Though the first volume of the above work is in print, it has not yet been published; but we have been favoured with a printed sheet, from which we copy the article in question. The author has corrected some typographical errors, and permitted us to publish it, with some additional remarks of his own. In a future number, we may take the liberty of commenting on the merits of this production. The novelty of its doctrines demands inquiry and investigation, and we trust that our praise or censure shall be in the spirit of frank, but courteous criticism. Eds.

The year one thousand eight hundred and thirty-two will be memorable in the annals of North America, from the prevalence of a terrible epidemic. The disease which prevailed at this period was called the Asiatic cholera, or cholera asphyxia. It commenced its ravages in the year 1817, in Asia; and after having spread death and desolation over that portion of the globe for nearly fourteen years, it invaded Europe, traversed a portion of that continent, and, without any signs of contagious transition, it eventually appeared on our own continent.

This dreadful scourge of humanity has, from its origin to the present period, mocked all scientific research, all medical philosophy, and all remedial treatment. It has stalked through the land like a destroying angel, regardless of all impediments, and literally gone forth "conquering and to conquer."

The history of its origin, progress, and treatment, in Asia, has been the theme of many learned physicians. It would be tedious and unprofitable for our present purpose, to enter the wide field of investigation, relative to the various and inconsistent accounts which have appeared on the subject.

We are indebted to "a discourse" of Professor J. M. Smith, of New-York, for the best digest of its history and progress in India; and to Dr. Edward Warren, of Boston, for its history and progress in America, in the first year of its visitation.

From the Indian physicians we learn, that the disease first suddenly appeared in the beginning of August 1817, in Zilla-Jassore, a

town about one hundred miles north-east of Calcutta. The disease soon spread to the adjacent villages, and thence extended in various directions through the country of Bengal. It continued in that city for several months, raging with violence from January till the end of May, 1818. The deaths during this period were rarely under 200 a week. The epidemic had now extended from Silhet to Cuttack, and from the mouth of the Ganges to the confluence of this river with the Jumna.

Retiring, for the most part, from Bengal, the disease concentrated its force in the interior provinces, and chiefly in the districts bordering on the Ganges and Jumna.

In Benares, the famous seat of Brahminical learning, 15,000 were destroyed in two months; and at Alahabad, forty or fifty perished daily. Pursuing its march, it soon reached Goorackpoor, in which district it numbered 30,000 victims in a month. It then proceeded successively to Lucknow, Cawnpore, Delhi, Agra, and other districts along the course of the Ganges.

From the northern parts of Hindostan Proper, the disease took a direction through the Deccan, committing the most frightful ravages in Husseinabad, Aurungabad, Poornah, and other districts. On the 6th of August, it appeared in Bombay, having consumed about one year in traversing the Indian Delta from Calcutta. In the journey, it advanced about fifteen or eighteen miles a day, and tarried from two to six weeks in a place.

The peculiarities of the disease had now been fully developed. Its mode of falling upon a place, and its career in different districts, were singularly capricious. "Sometimes," says the report of the Calcutta medical board, "the disease would make a complete circle round a village, and, leaving it untouched, pass on, as if it were wholly to depart from the district. Then, after a lapse of weeks, or even months, it would suddenly return, and, scarcely reappearing in the parts which had already undergone its ravages, would nearly depopulate the spot that had so recently congratulated itself on its escape. Sometimes, after running a long course on one side of the Ganges, it would, as if arrested by some unknown agent, at once stop, and taking a rapid sweep across the river, lay all waste on the opposite bank."

As yet the cholera had been, for the most part, confined to continental India. In the following year, 1819, it took a wider range, encircling the islands of the Indian Ocean. In Mauritius, it broke out on the 15th of September, and in Bourbon early in December. About the same time it invaded Siam and the adjacent regions. Forty thousand perished in Bankoe. Cochin-China and Tonquin suffered in 1820.

At the close of the year 1820, it commenced its ravages in China, became terrible in Canton, and thence arrived in Pekin in 1821. In this last city, the mortality was so great, that it required the assistance of government for the sepulture of the dead. In China, Mongolia, and other quarters of Central and Southern Asia, and the Philippine islands, it continued to recur for several successive years. In 1822, it reappeared in Java, destroying 100,000 persons. In its northern progress, it reached the confines of Siberia in 1826.

The most westerly point to which the cholera had extended in 1818, was Bombay. In July 1821, it appeared in Muscat, and other parts of Arabia. The number that sunk under the disease in this new theatre of its action, was not less than 60,000. Death frequently followed in a few minutes after the attack.

Among the many places in the countries bordering on the Persian Gulf, which severely suffered, were Shiraz and Bassora; in the former, 16,000 perished, and in the latter, 18,000, of whom, we are told, upwards of 14,000 died in two weeks.

Pursuing the course of the large rivers, it advanced up the Tigris to Bagdad and Mosul, and up the Euphrates to Syria, reaching Aleppo in 1822. In the Persian empire, few places of note escaped the disease.

In June 1823, it attacked Antioch; at the same time it ravaged Diaberkur. In August it invaded Bakus, on the Caspian Sea, and arrived, in September, in the Russian city of Astrachan. At this point of approach to Europe, the cholera made a pause of several years. It preserved its existence, however, in the countries it had overrun; and especially lingered in Persia, where it recovered its original force in 1829, and in the following year continued to spread through various provinces around the Caspian Sea.

While the cholera was thus raging in the Persian provinces, it again appeared at Astrachan, at the mouth of the Volga. Seven years had elapsed since its first visitation; the second was in the beginning of July; and in the course of its prevalence, 17,000 persons perished in eight days. It has been estimated, that at this period, 1830, 6,000,000 of people had fallen victims to the cholera in Asia.

It now urged its way along the banks of the Volga, crossed the Asiatic frontier, and spread itself over the greater part of Russia in Europe; and after following the Don, the Dneiper, and the southern tributaries of the Volga, it arrived at Moscow on the 15th of September 1830, about two months and a half after its second appearance in Astrachan. On the 26th of June, it entered the imperial city of St. Petersburgh, where, at one period, between 500 and 600 new cases occurred daily, and, by the 15th of August, 4000 persons fell victims, out of about 8000 cases. During the career of this summer, the cholera had passed over most of the countries of Northern and Central Europe. From Archangel, on the White Sea, and St. Petersburgh, Cronstadt,

Riga, and Dantzic, on the Baltic, it had reached south to Odessa, on the Black Sea.

From its appearance in Jassore, in 1817, down to the year 1830, when it first showed itself in the Russian province of Ovenburgh, it must be observed, that its ravages were not continued in one unbroken course; but, in those places where its occurrence was not simultaneous, years often intervened between its decline in one district, and its reappearance in another.

Since the year 1830, this singular epidemic has traversed Europe in one line, inclining to a north-westerly course; and in spite of quarantine regulations, cordons of troops, and the most assiduous vigilance, it has devastated all those nations lying in its route, has found its way to England and to France, and at length reached even the shores of the American continent.

The month of June 1832, witnessed the first appearance of cholera in North America. This was at Quebec, in Canada; and it appeared almost simultaneously at Montreal. The first place in which the disease manifested itself in Quebec, was a boarding-house in Champlain street, a low, filthy, unventilated portion of the town. The first patient was an emigrant, landed from the steamboat Voyageur, which plied between Montreal and Quebec. It appears, that on the 3d of June, the brig Carricks arrived at Grosse Island, the quarantine ground, thirty-nine miles below Quebec, having on board one hundred and thirty-three passengers. Thirty-nine died during the passage of a disease, the symptoms of which, it was said, corresponded with those of malignant cholera. This arrival produced considerable excitement both at Quebec and Montreal. Medical commissioners were directed to visit Grosse Island on the 7th of June, who examined the passengers, all of whom had been detained at quarantine. They reported, as the result of their examination, that the passengers were all in perfect health; that the disease had occurred soon after the vessel sailed; and that the last death had been on the 9th of May, twenty-five days before her arrival at Grosse Island; since which time, the surviving passengers had enjoyed good health. The Carricks had been thoroughly cleansed, and set sail on the 7th of June, all on board being well.

At this moment, whilst the board of health were issuing their proclamation to prove the impossibility of the importation of the disease by the Carricks, the cholera had already broken out in Quebec.

The steamboat Voyageur left Quebec on the evening of the 7th of June, received passengers, it is said, from different emigrant vessels on the river; and the weather becoming stormy, was obliged to return to Quebec, where she landed about two hundred passengers, most of whom found lodgings in the neighbourhood of Champlain street. She then proceeded to Montreal; but one emigrant passenger died on board, before her arrival at that city. On the 9th, in the afternoon, a second case occurred. On the same evening, four others were seized with the malady, and sent to the hospital, where these died. The disease spread in almost every direction, and there were seventy deaths between the evening of the 8th, and eleven o'clock in the morning of the 11th. The cases continued to increase till about the 18th, when they began to diminish. At one period, the number was estimated at from 250 to 300 in twenty-four hours.

The population of Quebec, in the summer of 1831, was 27,562. The number of deaths from cholera, from the 9th of June till the 2d of September, is estimated at 2248. The greatest number during one day was 143, on the 15th of June.

At Montreal, on the 10th of June, an emigrant from the steamboat Voyageur was seized with the disease after an evening of dissipation, and died the next day. The same night, several natives, who held no intercourse with the port, or with each other, were taken ill.

As late as the 12th of June, the existence of the disease was denied; and was not recognised by the board of health until the 13th, when was made their first report. They stated the number of cases, for the last twenty-four hours, at 94, and the deaths at 23. On the 15th, they reported 1204 cases, and 230 deaths, as being, as nearly as could be ascertained, the whole number from the commencement of the disease. The next report estimates the cases for the twenty-four hours at 431, and the deaths at 82; and for the next succeeding twenty-four hours, 475 new cases, and 102 deaths.

There occurred at Montreal, from the 9th of June till the 1st of September, 4835 cases; and the deaths, during the same period, were 1843. The greatest number of cases reported for twenty-four hours, was 474, on the 17th of June; and the greatest number of burials, for the same period, was 149, on the 19th of June.

The cholera now extended its ravages to the large towns situated on the St. Lawrence, and the streams which flow into it. It soon appeared at Kamarouska, about 80 miles from Quebec. Previous to the 15th of June, fourteen deaths had taken place at La Prairie, which is nine miles above Montreal; and on the 17th it showed itself at St. John's. It soon reached Buffalo, Lachine, Caughnawaga, Coteau de Lac, Chateaugay, Cornwall, St. Regis, Prescott, Ogdensburgh, Brookville, Kingston, York, Chambly, Plattsburgh, and Trois Rivieres, were all visited in their turn. The disease followed the course of the large rivers.

Whatever may be the causes of cholera, and the laws by which its course is governed, it is certainly remarkable, that its march should

be so irregular as it has been found to be; not spreading regularly over an extent of country, but occurring in towns and cities at distances from each other, without affecting intervening districts till a subsequent period. Thus, the first case reported in New-York occurred on the 1st of July, some days before it appeared at Albany, 150 nearer to Montreal.

In the city of New-York, the existence of the disease was first officially recognised by the board of health on the 4th of July; though it had, in fact, occurred sooner, namely, on the 28th or 29th of June. The greatest number of cases in this city took place on the 21st of July, when there were 311 cases, and 100 deaths. On the day following, there were 239 cases, and 115 deaths. On the 25th, 153 deaths are reported. The whole number of deaths, from the 4th of July till the 1st of October, was 3407.

In the city of Albany, the cholera made its first appearance on or about the 3d of July. It increased and extended itself very gradually, the number of cases varying from day to day, without a regular increase. The whole number of deaths, from the 3d of July till the 22d of September, was 229.

At Philadelphia, which was the next place of attack, it was first recognised by the board of health on the 16th of July. No new cases, however, occurred till the 24th. On the 28th, six cases and five deaths took place. From this time the disease advanced very rapidly, and while its fury was abating in New-York, it began to show itself in its most formidable shape in Philadelphia. Upon the 6th of August, the greatest number of cases occurred; there were reported 176 cases, with 71 deaths. The whole number of deaths by cholera, in that city, was 948. Taking the 28th of July as the date at which it commenced its regular course, it required only nine days for it to arrive at its height; nearly the same period as in Quebec and Montreal, and about half the period it required in New-York.

At Baltimore, the disease commenced on the 22d of August, from which time, till the 24th of September, the number of deaths was about 600.

In the city of Washington, it first showed itself about the 28th of August, from which time, till the 24th of September, there were reported 177 deaths.

It prevailed also at Norfolk, in Virginia, and traversed various portions of the southern states, where it made great havoc amongst the black or slave population, who fell ready and easy victims to its influence. Cincinnati and New-Orleans suffered severely.

From the north, the disease extended itself along the borders of the great lakes. It soon reached Detroit, where it produced considerable mortality among the troops.

The six eastern states, together with the British provinces of Nova Scotia and New Brunswick, almost entirely escaped its influence. Only a few solitary cases occurred in the port towns of Connecticut, Rhode Island, and Massachusetts, but not sufficient to give it the character of an epidemic; as the cases might, more or less, be traced to individuals seeking refuge from the infected cities. In a word, all these places might be pronounced as having been exempt from the epidemic cholera.

During this season the disease broke out in Havana, and carried off an immense population, principally slaves.

We have now given an epitome of the history and progress of malignant cholera, from its first appearance in Asia till the period of its ravages in Canada and the United States, at the close of the year 1832. To this history we are induced to add some medico-topographical reflections, suggested by our own observations on this singular malady.

The prominent characteristic of this malady will not justify the name by which it is distinguished, of Cholera. The definition of that term implies a morbid bilious secretion, exciting irritation, and griping pains in the intestines, with their concomitant symptoms, vomiting, and purging of coloured, fœtid dejections. In the disease under consideration, there is at least a deficiency, if not in *all* cases a *total want*, of bile. Its symptoms are summarily these: First, trifling diarrhœa, varying in duration from several days down to a few hours only; then nausea, vomiting, and increase of diarrhœa. Second, a slight blueness of the hands and face, sometimes accompanied by distressing sensation of the chest, followed by vomiting and diarrhœa—dejections being watery, flaky, and light-coloured, having almost invariably the appearance of rice water, and unmixed with fœtid excrements. Third, cramps in the limbs, blueness extending over the whole trunk, countenance cadaverous, skin and perspiration cold; as also are the breath and tongue; the voice broken to a whisper, and burning thirst. These constituted the severer cases, which terminated in death from three to twelve hours. Numerous were the cases where there was neither vomiting, nor spasms, and yet they hurried rapidly to a fatal termination.

The progress of this disease, both foreign and domestic, has always been over cities and towns lying on, or in, the immediate vicinity of lakes or rivers; its course from district to district, was marked over alluvial soil; and, we believe, in no instance on high ground, where the formation was either primary or secondary. Hence, whatever may be its cause, or the nature of the *miasm* by which it is engendered, it is only to be found in alluvial formations. In the United States, and in the British American provinces, this has been exemplified beyond a doubt. The disease has, we believe, invariably occurred on alluvial soils, and followed the course of rivers or large streams; not, as has been imagined, by transportation through infected emigrants, or by those who had been

exposed in previously infected places; but because such locations only became susceptible to its infecting influence.

Without endeavouring to be minutely particular in our proofs that the disease belongs wholly to alluvial situations, we need only to remark, first, its limitations in Canada, and in the middle, southern, and western states, to lakes, rivers, and streams; and, secondly, to the almost total exemption of our six eastern states, as well as Nova Scotia and New Brunswick, because nearly all that portion of America is of primary and secondary formation. We therefore have reason to believe, that the *miasm* of this disease, as well as that of yellow fever and plague, cannot exist or propagate in districts of primary or secondary formations.

As to the *miasm*, or deadly poison, which invades the system, and is the primary cause of sickness and death in this, as well as in other infectious diseases, it has ever been, and probably ever will be, inscrutable by the ingenuity of man. We know that it exists, only from its effects on our systems; but the material constituting its aerial substance, must for ever remain a mystery.

We may theorize, hypothesize, and analogize, but we can never arrive with certainty at the goal of discovery. We would, however, by no means, discourage the inquirer, who may, by analogy, approach the truth, though unable to establish the fact. It is possible even that he may thus strike on the very cause itself; yet its proof must ever remain doubtful. Whatever it be, and however palpable to our senses, yet it would be in vain to contend against it. All that man can do, is to avoid its baneful influence, by a removal from within its atmosphere. He cannot prevent or counteract the coming storm, or the dreadful sirocco; he can only seek refuge from the irresistible power of the one, or the malign influence of the other.

The most plausible, if not the most reasonable hypothesis, and the best supported by analogical arguments, is that of the learned professor, Doctor Mojon, of Italy, whose philosophic mind prompted him, at the hazard of his life, to visit Paris, and attend the hospitals during the epidemic, for the sole purpose of investigating the nature and character of the disease. This hypothesis does not embrace, distinctly, either the aerial, aquatic, or tellurian theory; but comprehends what may have an affinity with either, or may be the result of a combination of all. It is the doctrine of *animalculæ*. If we were to adopt for ourselves any one hypothesis as preferable to, or more rational than another, it would be the animalcular. This idea is not so novel, nor so wildly speculative, as many seem to imagine. There lies now before us a catalogue of twenty-four names of both ancient, and modern authors of historical reputation, quoted as advocates of the doctrine that animalculæ are productive of both contagious and infectious diseases. Amongst these are Varro, Lucretius, Columella, Vitruvius, Kircher, Fabre, Linnæus, Hautmann, Plenitz, Dessault, Acerbi, Hahnemann, La Motte, Neal, &c. Its discussion, however, would be out of place here, and we must refer the inquisitive reader to Dr. Mojon's treatise on cholera for the rationale of his doctrine.

However remote from our research may be the first cause of the malady, we may approach at least to a consideration of its effects, as manifested by its premonitory and subsequent symptoms.

Speculations on the effects of unknown causes, are at all times but an exercise of ingenuity in our profession. However, when we cannot agree upon the effects themselves, and make even these bend to adopted or preconceived systems or opinions, we are constantly exposed to dangerous inferences, and to fatal results.

To investigate the nature of this disease, and to learn the first effects the miasm has produced on the constitution, we should select, for *post mortem* examination, such subjects as were temperate in their habits, and apparently in good health when first attacked by the malady. The most correct and numerous of those examinations have been made in the hospitals at Paris, by physicians devoted to the sciences, and in whose accuracy there need be no doubt.

In such cases, the *brain* will be found sound, or a little altered; the *lungs* sound; the *heart*, and first portion of the blood vessels, filled with black, liquid blood; *stomach* containing a quantity of gray coloured fluid; *bladder* empty and contracted; *liver* sound, and free from blood; *gall bladder* containing the usual quantity of bile, of a dark colour; *abdominal viscera* sound; no signs of inflammation, nor derangement of the internal organs, either of the abdominal viscera, of the stomach, or of the brain. The veins are, however, overloaded with a dark coloured blood, in some parts approaching ink in its appearance. In some cases, the heart, as well as the former arteries, are found surcharged with blood, presenting the same colour as that found in the veins.

From all that we have been able to learn, there appears to be a general, if not an unanimous conviction, that there is in this disease a torpid state of the biliary organs, which renders them insufficient to furnish the common quantity or quality of bile for the purpose of assimilating the digested mass of food into its relative portions. This fact has led us to form an hypothesis on the cause of the deterioration of the blood, so remarkably characteristic of this disease.

Our present opinion, we frankly confess, does not, in every respect, accord with that which we adopted in the early period of the epidemic, respecting the existence of an acrid secretion from the biliary ducts, producing the phenomena consequent to an attack. But, for our hypothesis.

Chyme, we know to be the ingested mass of

food which passes from the stomach into the duodenum, or first intestine, and from which the *chyle* is prepared in the small intestines by the admixture of the bile.

Chyle, is the milk-like liquor observable some hours after eating, in the *lacteal* vessels, and in the thoracic duct. It is separated, by digestion, from the chyme, and is that fluid substance from which the blood is formed. The lacteal vessels are most numerous in the duodenum, whence, after chylification, the residual mass, with the bile, is propelled into the large intestines, and becomes alvine.

The *chyle* enters into the blood in so pure and unmixed a state, that it is occasionally seen swimming on it if a vein be opened some hours after eating. In the thoracic duct it is mixed with albuminous and gelatinous lymph. Its use is to supply the matter from which the blood and other fluids of the body are prepared, and from which fluids the solid parts are formed.

From the nature and uses of chyme and of chyle, we are led to believe that *that* cause, which will, or does, weaken, or suspend the wonted force and excretory power of that great vascular reservoir of blood, the *liver*, also leads to a diminution in quantity, if not to a change in quality, of that important secretion called bile.

It must appear evident, from what we have stated above, that the presence of *chyle* is essential to the process of sanguification, or the formation of the blood, and consequently to the sustenance of its vitality and purity, and to the support of the animal functions. Deprive the blood of chyle but for a short time, and a change, or a want of healthy action, must necessarily ensue; but, cut off its source for a few hours, and an utter deterioration of the blood follows, and death becomes inevitable.

Among the causes that will produce this state of the biliary organs, and their consequent effects, there are some of which we are ignorant, but a few are well known. Among the former is that peculiar constitutional aptitude in the prevailing condition of the human system which has rendered it liable to *this* epidemic, as it does to all other epidemics. Among the latter or *known* causes, are fear, apprehension, anxiety. Their effects on the nervous and vascular systems are too familiar to the common observer to require any physiological comments. The brain, the bowels, the heart, and the secretory vessels, bear daily witness to their influence, and submit to it in many instances with startling celerity.

Paleness, or a recess of blood from the surface; a general sense of debility, almost to prostration; tremor; a languid circulation and feeble action of the heart: are all the instantaneous result of fear. We need not carry the effects of enervating causes any farther to prove the strong analogy which such a state of the system bears to the effects of that other and unknown cause, whatever it may be, which induces the premonitory symptoms of cholera. We shall, at all events, endeavour to prove that the effects are the same in the progressive stages of the disease.

Chyme, it appears, cannot part with its chyle without the intervention of a suitable quantity of bile to aid its separation. Bile being deficient in consequence of the torpidity of the biliary organs, it results, that little or no chyle is furnished to the blood. Chyme, unmixed with bile, is naturally of a grayish or light colour, and would pass off by stool or ejection without any other change than its admixture with the common secretions of the intestinal canal, or with the watery fluids taken into the stomach. *On this principle, then, we account for the colourless or rice-water discharges from the stomach and bowels.*

If, therefore, it is a fact, (and we believe it is now universally admitted,) that there is a deficiency of bile in this disease, and a consequent failure of chylification, we cannot be at a loss to account for the deterioration of the blood. By abstracting chyle, you deprive it of its pabulum. It becomes diseased, dissolved, decomposed, disoxygenated, corrupted. The feeble action of the arterial system denotes its lost power over the heart, and analysis has proved its degeneracy.

It seems to be generally admitted among practitioners of medicine, that in this disease, when the discharges have assumed a dark and coloured appearance, their patient may be considered safe. We believe it; for they evince, that some natural or artificial power has roused the liver and gall bladder from their sluggish and dormant state.

The sudden and rapid progress of this malady forbids us to hope much from the "vis medicatrix naturæ," or power of nature. The frequent suddenness of its attack, the rapid disorganization and dissolution of the blood, the consequent deathlike prostration, and the livid hue of the surface and extremities, call for the most prompt and energetic means at our command. The only remedial agent that appears to us as inducive to such a result, is *vomits*. These not only produce a salutary revulsion throughout the whole vascular system, but, from their mechanical effect on the liver by means of the oppressive constrictions of the abdominal muscles, cause it to disgorge its contents, and relieve its congestion. Hence, as we have repeatedly observed, immediately after the operation of an emetic in the forming, or in the full state of *collapse*, as it is termed, a change of colour and of material is induced in the discharges from the bowels, a cessation of spontaneous vomiting, purging, and cramps, and the cure is accomplished by the exhibition of one or more doses of calomel.

The preceding observations are now in course of publication in a stereotyped edition of "Hinton's History of the United States." The author was not furnished with a proof sheet, and the typographical, as well as some verbal

errors had become irremediable when he first saw a printed sheet.

The author is aware that he has adopted hypotheses and new doctrines that will be obnoxious to criticism. He must abide the fate of all who trespass on such grounds.

Since the article was written, the baleful disease has visited nearly all the places in the northern section of our country which suffered under its influence on its first appearance in 1832, but, more sparingly in its victims, if not less malignant in its attacks. The author began to tremble for the fate of his hypothesis concerning the exemption of primitive and secondary formations from the influence of miasma, when he learnt that the disease had invaded the provinces of Nova Scotia and New Brunswick. He therefore anxiously inquired whether its location at Halifax, was evidently on a soil not alluvial. He was however, gratified to learn that the disease broke out in, and was confined to the military encampment, situated on an alluvial plain. Whilst writing these remarks, he has read in a newspaper that it had appeared at Saint John, New Brunswick, where the board of health reported on the 2d of October, that eleven cases and five deaths had occurred from the 25th September. Only one new case had occurred during the five days preceding the 2d instant. Its location at this place he is ignorant of, and can therefore form no opinion how far it effects the principle he has adopted.

If the author's opinion of the limitation of this and other noxious miasma be correct, one important and salutary result will be, that many may avoid its influence during the season of its prevalence by retiring to hilly or rocky situations, where, as yet, it has not appeared that the disease has either originated or been propagated. It is believed that in all instances, either in Asia, Europe or America, where "Cholera" has occurred on elevated situations, that its victims have contracted the miasm in some neighbouring alluvion. Should it hereafter prove otherwise, the author would be as ready to acknowledge his error as he was to adopt his hypothesis.

The reappearance of the disease this season, proves one fact; that whatever may be the nature of its miasm, or whether imported or indigenous, it seems capable of a hybernation of two winters, and to resuscitate with its wonted malignity.

New-York, September, 1834.

We select the three following articles from the first Number of the "India Journal of Medical Science," just commenced at Calcutta, and edited by Messrs. J. Grant and J. T. Pearson. The paper on Infantile Remittent Fever is from the pen of one of the editors, and displays considerable ability. The whole Number reflects great credit upon its able conductors, and whilst we most sincerely wish it success, we shall be glad of the opportunity it will afford us to enrich our pages, as occasions offer, with the valuable practical information of our medical brethren of the East.

Art. VI.—*On the Fever that prevailed at Calcutta during the months of September, October, November, and December*, 1833. By Frederick Corbyn, Esq. Garrison Surgeon, Fort William.

Epidemic diseases are acknowledged to be intrinsically of more importance than other maladies. Besides possessing an adventitious interest from circumstances altogether singular and extraordinary, by which they are distinguished from every other disorder incidental to the human constitution: they become alarming and momentous from the greater number of persons they affect; their greater severity and more fatal consequences; the frequency with which they have recently appeared in the East, and with fearful violence spread to the most distant countries. The medical practitioner, anxious to discharge his duty in the cause of humanity, feels himself called upon to record his experience as to their cause, character, and treatment, and by developing every important fact, become the means of directing to their prevention and cure.

With this view of the duty I owe to my professional brethren, I do not hesitate to submit for their consideration the result of my experience on the fever which has lately prevailed at the presidency.

In denominating this fever epidemic, I beg to state, that my view of what is an epidemic is the same as that taken by the celebrated Dr. Sims, who, in his memoirs of the Medical Society of London, observes, that there are some grand classes of epidemics which prevail every year, and which are produced by the various changes of the seasons. Thus spring is accompanied by inflammatory diseases; summer by complaints in the stomach and bowels; autumn by catarrhs; and winter by intermittents. These being obviously produced by the state of weather attendant upon them, other epidemics are supposed analogous to them, and are, according to universal consent, obedient to the same rules.

The epidemic in question assumed at first that character of fever of which I have had some experience in the forest of Teraii, the jungles of Central India, and swamps of Arracan. It was preceded in most cases by general febrile phenomena assignable to no particular form or organ: when formed, it was characterized by a violent pain in every part

of the head; pains in the lower extremities; stretching of the whole length of the thighs and legs; pains in the small of the back; irritability of stomach; depression of spirits, and apprehension of death. In some, dysenteric stools was a premonitory sign, attended, in a few cases, with a sense of sinking, which induced a belief that the disease was cholera. In all there existed a sense of fulness, distension, and oppression at the scrobiculus cordis, accompanied by much anxiety. In some there was turgidity of the blood vessels of the eyes; and that singular expression of countenance which indicates mental aberration. The heat differed in many; in most there were exacerbations and remissions: in many the heat of skin was preceded by rigours, and terminated in cold sweats. The tongue was dry and parched, and a distressing complaint of thirst occurred in all. The pulse in many was feeble, rapid, and wiry; in more favourable cases full, and beating 120; the respiration quick and laborious. Some cases had that collapse of countenance which many would conclude was choleric. The whole system, however, depicted extreme prostration and distress.

Such was the character of the disease in September. In October a manifest change took place. There were more distinct premonitory symptoms; such as complaining of languor, and fatigue, and inaptitude to the least exertion: the eyes lost their wonted animation, the face became sallow, bloated, and dejected, the pain in the head heavy and dull. There existed always a sense of nausea, and in most cases a distressing retching, but nothing was brought off the stomach; others experienced great difficulty to retain any thing on the stomach, or, after from twenty to thirty minutes' retention, the contents would be ejected. A want of sleep, or disturbed slumbers, or frightful dreams, was a general complaint. The tongue was at first white; in some yellow; in others brown; and in many there was a tendency to blackness. The pulse would change suddenly, from being hard and full, and become small, quick, and wiry; and in an hour or two, full and hard again. Great heat in some cases followed rigours, terminating in moisture upon the skin. Towards the latter end of October, there were intermissions from six to twelve and twenty-four hours; the attack being suddenly ushered in by ague, followed by excessive heat, and terminating in profuse perspiration.

Almost all my patients complained of deafness and an unpleasant sound in the ears, like the roar of distant cataracts. There was invariably a disposition to great debility; and a want of appetite, as well as nausea of the stomach, remained for several days after the disease was subdued.

Such is the history of the fever which has prevailed during the last three months, and which continues to prevail in many parts of the presidency. In proceeding to trace the cause, we find, as invariably must be the case, opinions so variable, and of so conflicting a nature, as to leave this part of our inquiry in much obscurity. It has been assumed that the cause arose from the exhalations from the stagnant mass originating in the inundations which followed the gale in May last. The great objection to such a supposition is the distance of the inundated lowlands from Calcutta. Dr. McCulloch, however, has endeavoured to prove that malaria is more easily generated, and transported further than is commonly supposed; and that it is often present when unsuspected and neglected.

Although Dr. McCulloch is acknowledged to be a talented and experienced physician, he has, like other men, his wedded prejudices, in which opinion most of my readers, I have no doubt, will coincide, when I mention that Dr. McCulloch affirms that all the fevers of any moment which are not contagious, are the effects of malaria, and that these two leading classes constitute the great mass of fevers throughout the world. Those which arise from other causes, he says, are proportionably very small in number, and of very little moment compared with the others. I coincide in opinion, that miasmatic exhalations from the low grounds of a rich alluvial country form a poisonous agent, the influence of which is determined to the mucous surface of the stomach and bowels on subjects liable to its noxious power, as well as producing dispositions to regular returns of febrile attacks; but I am not disposed to go to the length Dr. McCulloch has gone, in laying it down as the only cause of fever, besides that which he avers to proceed from contagion. The nature of miasmata has eluded research; but the circumstances under which they have been generated, have been ascertained with precision. From these it is concluded that they are a subtile and poisonous emission, in most instances exclusively from vegetable matter in various states of decay. Hence diseases, of which they are the cause, generally prevail in such situations as are most favourable to the production of miasmata, such as the vicinity of marshes and swamps, along the margins of rivers, lakes, and pools, in most alluvial soils or other lands occasionally inundated, and especially if newly cleared, with the stumps or trunks, or branches of trees left to rot. It is acknowledged, however, that miasmata never generate to any extent at less heat than 80° of Fahrenheit. Intense heat is required, as well for the free evolution as for the modifications of miasma. To disengage the exhalations, a limited degree of moisture is necessary. When, as in heavy or periodical rains, the water completely covers the surface of the earth, nothing baneful is permitted to escape, it is only on its subsidence that disease commences.

Now, it is one striking fact with respect to this rainy season. The falls have been ex-

ceeding small, of short duration, and several days between, scarcely washing away the filth and dirt which had accumulated in various spots, and not doing more than wetting the roads about Calcutta, never even rendering those which are muddy impassable an hour after each fall.

With regard to the localities of Calcutta, I may mention that my patients resided in the Fort, at Coolie Bazar, Garden Reach, Kidderpore, Allipore, Circular Road, Entally, Colingah, Durrumtollah, Ranee Moody Gully, Chowringhee, and the Strand, which embraces the whole circle and centre of Calcutta. It is not to be supposed for a moment that malaria existed in all these places, unless the influence had its source from neglect of cleanliness in adjacent spots.

The fever, however, was most virulent at Garden Reach, Entally, and Allipore, at which spots there is abundance of material for the generation of the greater quantity, and the worst quality of that poison. Garden Reach is in a most neglected state; the tanks are filthy, vegetation is considerable, and the stench of vegeto-animal matter must be observable to every one who is in the habit of visiting that quarter at the termination of the rains.

The road parallel with the Mussulman burial ground, and in front of the Martiniere in the direction of Bally Gunge, exhibits broad stagnant ditches with decaying grass, and brushwood surrounding dilapidated buildings which have been forsaken, no doubt from the unhealthiness of the neighbourhood.

The roads branching off the Circular Road in the direction of the salt water lake, display a still worse state from neglect and want of regard to cleanliness. There are accumulations of matter in a state of putrefaction, which must send forth the most pestiferous odours into the very centre of Calcutta.

As for this city of palaces, as it is termed; its elegant buildings are surrounded by dirty native huts, stagnating pools, and some of its finest tanks which are so much admired, are in many places the source of disease. I am aware that it is laid to my charge that I am prejudiced against tanks, and that it is my desire to see them all filled up; but I beg to say that I am not prejudiced contrary to the views of science and experience. I know it to be a fact ascertained not only from my own observation, but by such men as Trotter, Lind, Jackson, Rush, Johnson, Chapman, Fergusson, and others, that although the pestiferous quality of malaria is not generated from the body of the tank, it is from its drying or half dried margins, if those are not built up with brick faces. Water without being absorbed by the adjacent soil gives out no morbific effluvia. Febrific malaria is generated from the paucity of water, where it has been previously absorbed, when that paucity is short of actual dryness: to the production of this, the high atmospherical temperature of September, October, and sometimes November, is necessary. In proportion to the intensity of temperature, so is the intensity of the power of malaria obtained, varying its effects upon the human body. The space of time which intervenes between the application of this insidious poison to the system depending however not only on the degree of its concentration aforesaid, but also on the pre-disposition of the patient.

From the foregoing observations I do not hesitate to express my apprehension, as to the canal which is being made around Calcutta becoming hereafter a fruitful source of disease. Deep ravines impervious to the rays of the sun and free currents of air that have been water courses, have, after their surface has appeared dry, retained sufficient moisture to give out the most dangerous miasmata, the more dangerous because the more concentrated for want of perflation, and in fine, salubrious and insalubrious soils, may, under such circumstances, change character in regard to health, and localities iu the neighbourhood of each, under the same modification of climate, be very differently affected. From the knowledge of these facts, when I entered upon my present situation, the honourable the deputy governor complied with my recommendation to water the ditch of the fort in the rainy season. The result was a degree of health during those years in which it was done unprecedent in Fort William. This year the ditch was not watered, and what is the result?—that most of the inhabitants in the lower roomed quarters of the gateway have been affected with severe fevers, and the sickness in his majestie's 49th regiment has been to a very great and alarming extent.

I trust I have shown sufficient to prove the necessity which exists for improvement in the habits of polity and cleanliness, to prevent this city becoming a second Batavia as respects filth and disease.

I now proceed to notice my mode of treatment of this epidemic. From the foregoing description of the symptoms there could be no question as to the necessity of adopting the antiphlogistic regimen. The violent pain in the head seemed to indicate the expediency of blood letting, that by lessening arterial action might mitigate or abbreviate a disease which otherwise threatened to be severe and protracted. In my first cases I directed the application of leeches to the head, but such was the sinking and prostration induced thereby, that I found that blood letting or topical bleeding were both nugatory, superfluous, and injurious. The hurried, contracted, hard and full pulse which occurred, I soon found to be the commencement of the paroxysm analogous to that state of circulation which occurs in the first stage of the intermittent paroxysm. It was however, only by careful observation that I ascertained the real nature of this particular condition in this fever, which assumed all the appearance of being inflammatory; but like the

topical symptom, head-ache was the result of conditions, the most opposed to local inflammation or inflammatory action.

Thus an erroneous judgment of this fever would have been fatal to the patient, so far as respected its treatment, for although I was justified by the symptoms in the application of leeches, the sudden debility which followed, and the whole character of the disease changing to one the very reverse of what it appeared at its commencement, proved topical bleeding to be nugatory in this fever, and that my judgment had been erroneous, and if I had persisted in it, I should have lost most of my patients. Such was the sinking of the vital powers in some cases of this fever as to induce many to conclude upon its being of the fatal typhus character, and I had much to do to remove those false impressions made on the minds of many, that it was contagious. Having shown what would have been the consequences of misapplied blood letting, I must here offer my opinion that I am far from supposing that a stimulant, such as wine, &c. was indicated; allowing that in some cases it might have proved innoxious, in most it would have augmented the circulation and increased the fever, I am however aware of the opinions set forth as to its singular combination of stimulant and sedative powers, rendering it one of the most convenient remedies in the low or the later stages of fever, and that it has often appeared the means of supporting the patient to a favourable termination; but the day has gone by of giving to wine the character of being that specific and valuable remedy which it bore many years hence. Irritability of stomach was removed. I found the draught before alluded to remain and bring away the remains of fœtid accumulations.

The sulphate of quinine was continued from three to four days, and never beyond the fifth, when the patient generally recovered without requiring any other medical treatment.

Cold applications to the head had the injurious tendency of retarding moisture upon the skin, they were therefore prohibited.

I had no occasion in any instance to apply blisters. In all fevers they are attended with vexatious results, and I know such to have been the case, in some instances concerning which I was consulted. The diet consisted exclusively of warm congee, boiling water, and chicken soup: cold drinks were discountenanced in every instance. The mode of treatment adopted by me therefore has been to give one dose of calomel from 15 to 20 grains to an adult, followed up four or five hours afterwards with a purge of magnesia sulphas. in infus. sennæ. Two hours from the time of giving the purgative, were administered from seven to eight grains of sulphate of quinine every four hours. In some cases it was necessary to repeat the calomel and the purgative, but not in all.

When the great irritability of stomach existed, I prescribed instead of the senna and salts, the extract of colocynth fifteen grains, combined with five of calomel; and when such was the treatment, the result was that in upwards of two hundred patients, consisting of European families, not one of my patients died. They were generally well on the sixth day and able to resume their respective occupations.

Art. VII.—*Case of Hemiplegia.*

Francis Joseph, aged 35 years, of sallow unhealthy complexion, and seaman on board an Indiaman, just arrived from England, was admitted into the general hospital on the 27th of January, 1833, with hernia humoralis, which in a few days was relieved by free local bleeding and the exhibition of a solution of salts and tartar emetic to nausea and purging.

On the evening of the 6th of February, the patient called my attention to a sensation of numbness, and imperfect muscular power of the left upper extremity, and a drawing of the mouth to the right side, which he said had been gradually increasing during the two preceding days; the expression of his countenance was uncomfortable, and his pulse, though small, was quick and hard.

Bleeding to syncope, and a brisk mercurial purgative were prescribed.

At 6 A. M. the following day, I found him hemiplegic; the muscular power of the left half of the body being completely paralyzed. Sensation imperfectly continued, whilst the circulation and temperature of the affected parts was natural. He passed evacuations involuntarily, and the urine was retained. He was heavy and drowsy, but complained only of pain in the sciatic nerve; percussion in the course of the spinal column caused no uneasiness.

The head was shaved and cold applied. Thirty leeches to the occiput, calomel purgatives and low diet prescribed.

8th February—The paralytic symptoms unrelieved; frequent dark stools pass off in bed.

Thirty leeches to the cervical spine, and calomel purgatives continued. Catheter passed, and oz. iv. of fœtid ammoniacal urine drawn.

9th.—No change for the better. Thirty leeches to the base of the head and cervical spine; calomel purgative and catheter passed.

10th.—He appears somewhat exhausted by depletion, and the smart action which has been kept up on the alimentary canal. Pulse small and quick, countenance anxious; paralytic state of the left half of the body continues complete. Mouth affected by mercury.

Blister from the back of the head to the sacrum. Pul. Jalap comp. zi. at 7 A. M. Strychnine gr. ¼ every three hours—milk diet and sago. Urine drawn off.

11th and 12th.—The same remedies continued without advantage.

13th.—During last night he passed a small quantity of urine, and he can now retain the fæces until a bed-pan is placed under him; he

can also raise the extremities from the bed. Remedies continued.

14th.—Passed 4 oz. of fœtid urine in the night, and three voluntary stools; has more power over the extremities, and the features are less distorted.

16th.—Gradualiy improving under the same treatment; can now carry his arm up to his head.

21st.—Has been progressing since the last date. He can at this time walk, drawing the limb awkwardly after him, and raise the arm over the head; the muscles of the face have recovered their action, and the angle of the mouth is scarcely observed to incline to the right side when he speaks.

Medicine continued. Chicken diet.

March 13th.—Has perfect use of the whole of the lately paralyzed parts, but he feels weaker on that than on the opposite side—strychnine discontinued.

A mild aperient every morning.

April 23d.—Discharged perfectly cured, and in good health.

No tetanic or apparent nervous excitement was occasioned by the internal exhibition of strychnine.

WALTER RALEIGH,
General Hospital.

ART. VIII.—*On Infantile Remittent Fever.*

The most fatal period of life is that between the birth of the infant and the fifth year. The weakness of the constitution; the delicacy of the stomach, and other digestive organs; the tendency to inflammation; and the functional irritability so manifest at that early period; all conspire to encircle with danger the little objects of our solicitude. Dentition, too, brings its train of attendant terrors. So that, of all who are born, very many return to the dust before the completion of their seventh year.

The subject, however, of our present notice seems to be almost confined to a period of three years out of those seven, leaving the two first to their own ailments, and the two last, in many instances, to the sad effects of this disease, known by medical men as the infantile remittent fever. Thus, it is an important disease, both as respects its present symptoms, and the permanent effects it leaves upon the constitution. And, as much of the treatment, and too often the result, depend upon the first steps taken by the parents of the patient, it is a serious matter that they should know what to do, ere a medical practitioner can arrive; or, as frequently happens in the mofussil, ere he can be even sent for. Therefore, it is intended in this paper to draw up as succinctly as possible, and as free from technical terms as may be, the causes, symptoms, and treatment of the disease.

The causes of infantile remittent fever may generally be traced to that delicacy of the digestive organs in so young a creature, to which we have before alluded. The child now, for the first time, begins to use those teeth it has but recently acquired, at the expense of pain, danger, and sorrow. And it is often found, that the food supplied to it has not been wisely chosen, or has been indulged in to excess. Mothers, too, sometimes judge by their own palates of the powers of their child, affectionately thinking, that what is pleasant to themselves can do no harm to their little one. And thus they too often sow the seeds of disease in the constitution which they fondly intend to strengthen. Many a time have we heard a mother describe the eating capabilities of her baby, and remark with pleasure upon its fat and rosy cheeks; while she was little aware, that in the indulgence of the one she was laying up store of sickness for her offspring, and that the other might serve but to increase the severity of the disease.

The chief, perhaps the only cause, then, of infantile remittent fever, lies in the digestive organs. The stomach, in the first instance, and afterwards the bowels, have too great a task laid upon them; they are overloaded; a torpor is produced; their functions are ill performed; and frequently every thing is ready for an attack, for a long time before fever comes on. At this crisis, some accident or other, some degree of cold, or something that is eaten, excites a more than usual degree of irritation, and in a few hours afterwards the whole train of symptoms appears. In this case "the child has caught cold," or, "it has eaten something that has disagreed with it;" but the real cause has probably for some time been accumulating in the bowels.

The approach of infantile remittent fever is insidious and various in its form.

Generally there is some degree of fever for many hours, or even for several days before the severer symptoms come on. The child is fretful and thirsty; the lips are dry and parched; the hands hot; the breath short; the head warm and painful; and the pulse frequent, often 120, 130, or even 140 in a minute. In the night the sleep is disturbed, and the thirst so troublesome, that the little patient cries out constantly for water, and scarcely has it been given ere the mother is again aroused by the same plaintive cry. The appetite is lost; and the bowels are either costive or loose; mucous, slimy stools are frequently discharged. The symptoms are now more severe; the fever is more ardent; the heat of the body, and especially of the forehead, is increased; the skin is very dry; and a kind of stupor comes on so that little or no pain is complained of, unless the child is questioned particularly, when it puts its hand on the belly, or to the forehead. The tongue in a little time becomes foul; and sometimes there is a morbid craving for food instead of the previous loss of appetite. The stools grow worse, being either fœtid, dark coloured, pitchy kind of motions, or thin, green, and curdly,

and even now and then mixed with blood. Sometimes, too, the drowsiness is exchanged for a state of excitement, and the child laughs and appears in good spirits, though its flushed countenance, and heated dry skin, proclaim but too truly the presence of disease.

But the fever does not continue alike all the day. There is generally a remission toward the morning and the evening, when the patient is comparatively cool; and this remission is more marked if the child is taken into the open air. But, as the day or the night advances, the fever returns, bringing again its distressing symptoms of general disorder.

When the disease has thus continued for many days, unchecked by the treatment pursued, delirium comes on. The child is with difficulty roused to consciousness by the voice of its parent. The debility is very great; the body wastes away; the strength is exhausted; the belly swells; the stupor increases, and death closes the scene.

Such are the symptoms of infantile remittent fever, and it behoves the practitioner to distinguish between them and those of hydrocephalus, or water in the head. In this fever, the pain is little; the vomiting, if any, but of those irritating matters in the stomach which perhaps gave rise to the immediate symptoms of the disease. In hydrocephalus again, the nausea appears to be almost constant; there are occasional screamings and tossings of the hands, and the intolerance of light is very great: one possesses many of the symptoms of active inflammation; the other, those of irritation of the general system from a local cause.

And here it is that practice frequently fails. Leeches and bleeding are too often applied when purgatives ought to be resorted to and relied on. And the blood thus erroneously abstracted is wanted at the turn of the disease when excitement is changed into debility, when a bottle of wine in the stomach is of less avail to a patient than a tea spoonful of blood in the veins.

For the treatment of the disease, let the mother be watchful of its first approach. When the disorder of the bowels is first observed, let it be remedied by the judicious administration of purgative medicines. And of these a dose of two or three grains, (according to the age of the patient,) of calomel at bedtime, followed up by another of castor oil in the morning, are perhaps the best. These may be repeated once or twice in the course of the next week, or ten days, when probably nothing further may be required but to avoid those causes that have produced the disease.

When matters have proceeded further, and feverish symptoms have appeared, an emetic of ipecacuanha, from five to ten grains, according to the age of the child, should be given; or vomiting may be excited by giving a large draught of tepid water, and tickling the fauces with a feather previously dipped in oil; and then calomel may be given, either directly the stomach is settled after the vomiting, and castor oil one hour afterwards, which is the best practice perhaps; or, if much of the day is already over, the evening may be waited for, and calomel given at bedtime, and castor oil in the morning. And this treatment, repeating the calomel and castor oil as before, will frequently end the disease without any thing further being done.

But when the symptoms of fever become fully established, the matter is much more serious. The emetic must be given without a moment's delay; and so soon as the stomach is settled, calomel, in two or three grain doses, should be given every four hours. At bedtime a warm bath should be prepared, of about 98 or 100 degrees of Fahrenheit's thermometer, and the child put into it for five minutes, covering it in close up to the neck with a blanket or shawl, so as to keep in the steam; and a full dose of castor oil must be administered early in the morning. After the operation of the oil there will generally be a notable remission of fever, but it will not fail to come on again toward the evening, when the warm bath should be repeated; the doses of calomel every four hours resumed, and another dose of castor oil given the following morning. If these directions are strictly adhered to, it is likely that the fever will not come on again with the same violence as on the preceding nights. It is possible even that it may not recur at all; but most generally it does; and another single dose of calomel at bedtime, followed up by one of castor oil, or rhubarb and calcined magnesia, or jalap and calcined magnesia, is required to remove it altogether.

It is rarely, if ever, found, that bleeding, either by the lancet, or by leeches, is required in this fever. When it is useful in cases of great determination of blood to the head, the disease may probably partake more or less of the characters of hydrocephalus, or water in the head, rather than of infantile remittent fever.

In the above treatment ipecacuanha is recommended as an emetic rather than antimonial wine, or any other form of emetic tartar. The vomiting caused by the latter medicine is very severe, and the retchings are carried to a painful excess. And indeed the author of this paper has more than once seen the little patient start, and throw its arms about with convulsive motions, after the exhibition of antimonials, in any form, whether James's powder or tartar emetic, which occasioned vomiting. These convulsions may have arisen from temporary congestions of the vessels of the brain, occasioned by the excessive retching, and were very alarming to look at.

After the fever is subdued, the whole treatment consists in keeping the bowels open, but not purged. Some recommend quinine, and other tonics, but there is danger in doing too much. The diet during the progress of the

disease consisted of nothing but barley water, toast and water, or tea; but now it may be improved by the addition of arrow root, sago, or any other light food. Particular care should be paid to the bowels and the food, that the stomach may not become overloaded again, and the child not urged to get well too fast. The clothing also should be carefully attended to, in every case putting flannel next the skin, and, if possible, change of air should be tried. Indeed this last point of change of air cannot be too much insisted on. A child has been known to lose all traces of fever in less than twenty-four hours after change of air has been resorted to, and a rapid recovery has followed, although every other remedy had been used for eight days before, without scarcely any prospect but a fatal termination of the case.

All mention of organic derangement, such as chronic enlargement of the liver, spleen, and mesenteric glands, has been intentionally omitted in this paper; because they indicate a far too serious state of disease to be dealt with by any but a medical man. It may, however, be doubted if they often occur either as sequels or accompaniments of infantile remittent fever, if the disease is early attended to, and properly treated.

In conclusion, it may be remarked that infantile remittent fever has rarely a fatal termination under a proper system of treatment, if this treatment begins at an early period of the disease; and that it may almost always be averted by due attention to the stomach and bowels. Let this be carefully attended to by those who have children under their charge, for none can duly estimate its importance but those who know from experience how *much easier it is to avert than to cure a disease.*

REVIEWS.

Art. I.— *The Black Death of the Fourteenth Century.* From the German of I. F. C. Hecker, M. D. &c. Berlin. Translated by B G. Babington, M. D. London, 1833. 12 mo. pp. 205.

(Concluded from last Number, page 54.)

We now come to Dr. Hecker's chapter on the mortality occasioned by the Black Death of the fourteenth century. Dreadful as we can conceive the ravages of a virulent disease among nations totally unprepared to modify the scarcity of food by importations from one country to another, and whose habits and manners were the reverse in every respect of what we should consider necessary to mitigate a prevailing epidemic; we can scarcely arrive at the conclusion of Dr. Hecker, that Europe lost 25,000,000 of inhabitants by the Black Death. Lord Hailes, indeed, from the incidental details left by British and other writers, of the number of persons who perished by this plague, in communities whose numbers were stated or nearly known, was of opinion that an approximation might be made by this means to the comparative population of the principal European States in the fourteenth century. Dr. Hecker arrives at his conclusion by means exactly the reverse. He assumes in the first place, that the population of Europe at present being 210,000,000, it may be supposed to have been at least one-half, or 150,000,000, in the fourteenth century; and on this assumption, states the total mortality at one-fourth of this number, or twenty five millions of people.

At the present day, it is confessedly impossible to ascertain, with any approach to accuracy, the comparative population of the chief European states, in the fourteenth century; and still less is it possible to speak positively of the numbers of that population cut off by a disease which paralyzed by its dreadful rapidity of progress, and its sudden fatality, all the powers and energies of the human mind. At that period, and amidst such dangers, bills of mortality kept with undeviating accuracy could not be expected; and extreme exaggeration of good or evil seems a natural expression of hope or fear in times of public alarm. The

———inbred enemy
Forth issued, brandishing his fatal dart.
Made to destroy:—They fled and cried out—Death;
Earth trembled at the hideous name, and sigh'd
From all her caves, and back resounded—Death.

The details of the amount of the calamity, besides, from the paucity of temporary accounts, were necessarily drawn up from traditional recollections; and thus sources of error can scarcely fail to have arisen, which modern writers have no opportunity of correcting. With these observations which we give from Dr. Hecker and Mr. Webster, some of what they account the more credible particulars of the mortality of the Black Death. There died of the Black Plague.

In Florence, - - -	60,000
In Venice, - - -	100,000
In Marseilles, in one month, -	16,000
In Sienna, - - -	70,000
In Paris, - - - -	50,000

In St. Denys, - - -	14'000
In Avignon, - - -	60,000
In Strasburg, - - -	16,000
In Lubeck, - - -	90,000*
In Basle, - - -	14,000
In Erfurt, at least, - -	16,000
In Weimar, - - -	5,000
In Limburg, - - -	2,500
In London, at least, -	100,000
In Norwich, - -	51,100
Yarmouth, - - -	7,052
Franciscan friars in Germany,	124,434
Minorites in Italy, - -	30,000

"In the East (says Mr. Webster) there perished twenty millions in one year. In Spain the disease raged three years, and carried off two-thirds of the people. Alphonso 11. died of it while besieging Gibraltar."

"In this fatal period (continues the same author) the apprehension of death destroyed the value of property. In England, and probably in other countries, cattle were neglected, and they ran at large over the country. The corn perished in the fields for want of reapers; whole villages were depopulated; and, after the malady ceased, multitudes of houses and buildings of all kinds were seen mouldering to ruins. A house which before had been worth forty shillings, after the sickness sold for half a merk."—(Webster, i. 217, 218.

The mortality in Asia was not less in comparison. "Kairo lost daily, when the plague was raging with its greatest violence, from 10, to 15,000: being as many as in modern times, great plagues have carried off during their whole course. In China more than thirteen millions are said to have died; and this is in correspondence with the certainly exaggerated accounts from the rest of Asia. India was depopulated, Tartary, the Tartar kingdom of Kaptschak, Mesapotamia, Syria, Armenia, were covered with dead bodies; the Kurds fled in vain to the mountains. In Caramania and Cæsarea, none were left alive. On the roads—in the camps—in the caravansaries, unburied bodies alone were seen; and a few cities, only (Arabian historians name Maara el Nooman, Schisur and Harem) remained in an unaccountable manner, free. In Aleppo 500 died daily; 22,000 people, and most of the animals, were carried off in Gaza within six weeks. Cyprus lost almost all its inhabitants; and ships without crews were often seen in the Mediterranean, as well as in the North Sea, driving about and spreading the plague wherever they went on shore. It was reported to Pope Clement, at Avignon, that throughout the East, probably with the exception of China, 23,840,000 people had fallen victims to the plague. Considering the occurrences of the fourteenth and fifteenth centuries, we might on first view suspect the accuracy of this statement. How (it might be asked) could such great wars have been carried on—such powerful efforts have been made; how could the Greek empire, only a hundred years later, have been overthrown, if the people really had been so utterly destroyed."—Pp. 55, 58.

There is certainly much exaggeration in the numbers stated to have perished in the plague of 1348, 1349. A near approximation to truth cannot be expected, in the absence of written records, from the traditionary notices embodied by later writers. It is, however, pretty certain, that at least, the statement regarding Norwich, the population of which city could not have amounted to the numbers stated to have died of this disease in the fourteenth century, must be grievously wrong. And in another case, the free city of Lubeck, stated by Webster on one authority to have lost 91,000 of its inhabitants, has been ascertained by Dr. Hecker on another and more probable statement, to have only lost 9000. But all accounts agree in stating the number of lives lost by this disease to have been immense; and though other visitations of the same kind were subsequently experienced, the plague which broke out in 1348, and continued afterwards at intervals through the fourteenth century, still lingers in tradition as pre-eminently distinguished by the name of the *Black Death.*

The next chapter of Dr. Hecker, is on the moral effects induced by the mortality of the plague on the survivors. "The mental shock sustained by all nations during the prevalence of the black plague, is (says Dr. Hecker) without parallel and beyond description." Many fell victims to the fear of approaching danger, the stoutest-hearted lost confidence; and as the natural expression of feeling among those whose ties to earth might be dissolved in a moment, the eyes of the multitude were raised to the source from whence alone could come their aid, and they sought refuge in the duties and consolations of religion. This general and natural feeling, however, gave rise in Germany to a new brotherhood or sect of *Flagellants*, or brethren of the Cross, as they called themselves, who took upon them, as deputies, the repentance of the people, and offered up prayers and supplications to the Divinity, that the plague might be stayed. This order consisted chiefly of the lower classes, either actuated by sincere contrition, or who availed themselves of this pretext for idleness. But the purpose of their association gained them reputation,—they were welcomed by the people with enthusiasm,—and were eventually joined by many nobles and ecclesiastics. These travelling bands, augmented in many cases by children, honourable women and nuns, marched through the cities in procession, robed in sombre garments, with red crosses on the breast, back, and caps. Triple scourges, tied in three or four knots, in which points of iron were sometimes affixed, formed part of their appointments, and gave the appropriate name of Flagellants to the fraternity. Penance was performed twice a-day;

*According to Webster; Dr. Hecker says 9000.

and they scourged themselves amid the singing of psalms and supplications for relief from the terrors of the plague. As the number of Flagellants increased, their leaders indicated the continuance of the order, and thus alarmed the regular churchmen, whose province alone it was to impose penance, and to intercede with the saints. The Sorbonne at Paris and the Emperor Charles applied to the Holy See for assistance to put down these fanatical intruders; and the pope prohibited the continuance of their absurd pilgrimages.

A still more serious consequence followed the appearance of the black death of 1348. To account for the general mortality, the Jews, whose character among Christians never appears to have stood very high, were accused of having poisoned the wells or infected the air; and they were, in consequence, exposed to all the cruelties which semibarbarians, under the cover of law, could inflict. The persecution of this ill-fated people commenced at Chillon, on the Lake of Geneva, in September and October 1348, by instituting criminal proceedings against them. Under the influence of torture, some of the unfortunate creatures, like the witches of our own country in much later times, confessed themselves guilty, to insure a speedy end to their torments; and hence a crusade against the race took place in the different provinces of Germany. The Jews in Basle were, without trial, inclosed in a wooden building, and burnt by the populace. A similar expression of popular indignation took place in Freyberg. In Mayence, 12,000 Jews are said to have been put to death; and at Eslingen the whole Jewish community, to save themselves from savage outrage, voluntarily burned themselves in their synagogue. In England a similar accusation was laid to the charge of the Israelites; but such excesses of popular vengeance did not occur. In an appendix to the work, Dr. Hecker gives the confession of the Jews tried at Chillon from Königshoven's Chronicle.

The last chapter of Dr. Hecker's work is entitled "Physicians—the medical talent which encountered the great mortality." Of these, Gentilis of Foligno, a celebrated teacher of medicine in Perugia, who in June 1348 fell a sacrifice to the plague in the discharge of his duty, is first mentioned. He, in common with many of his contemporaries, believed in a putrid corruption of the blood in the lungs and in the heart, which was caused by the tainted atmosphere. The inference from this was, that to remove the exciting cause, the deterioration of the air, it should be purified by means of fires of odoriferous wood. Bleeding and purging at the commencement of the attack was prescribed; ablution with vinegar or wine; the sprinkling of the dwellings with vinegar; and the smelling of camphor or other volatile substances was recommended. Gentilis disregarded, it is said, the astral influences,—asserted the corruption of the blood in the lungs and heart,—and believed in the contagious nature of the disease, and its communication from place to place. Guy de Chauliac, on the contrary, supposing the disease to originate in a grand conjunction of the three planets, Saturn, Jupiter, and Mars, in the sign of Aquarius, fixed the date of the origin of the disease at this unfortunate conjunction, on the 24th of March 1345; and accounted the corruption of the fluids, debility, &c as subordinate causes. The quality of the air and of the other elements was so altered by this conjunction as to drive the poisonous fluids towards the internal parts of the body; whence, of course, fever and spitting of blood in the commencement, and afterwards a deposition in the form of glandular swellings and inflammatory boils.—P. 146.

Santa Sofia, a native of Padua, who treated plague patients at Vienna, distinguishes *pestilence* from *epidemie* and *endemie*, in that the first calls forth diseases of different kinds; while *epidemie*, on the contrary, is confined to one disease, for example influenza, and *endemie* originates only in local telluric changes. This author refers the causes of the pestilence and epidemie to astral influences—to extensive putrefaction of animal and vegetable bodies—bad diet, and want. All fevers called forth by the pestilence, according to the same authority, are of the putrid kind; and he held epidemic small-pox and measles to be infallible forerunners of plague. A similar belief prevails in the East to this day.—(Hecker, 150, 151.)

Chalin de Vinario, besides acknowledging astral and terrestrial influences in producing this disease, asserts that "all epidemic diseases might become contagious,* and all fevers epidemic." These three physicians were all believers in the doctrine of contagion; and Michael Savonarola, professor in Ferrara, (1462,) adopts this principle as the foundation of his definition of plague. "Febris pestilentialis est febris contagiosa ex ebullitione putrefactiva in altero quatuor humorum cordi propinquiorum principaliter."—(Hecker, pp. 155, 157.)

As to the means taken to arrest the progress of the disease, or to effect its cure, Gentilis thought, that as to the first every thing depended upon the purification of the air by large fires of odoriferous wood. The healthy were recommended to wash themselves frequently with vinegar or wine, and to inhale the odours of camphor and other volatile substances. For the second, bleeding and purging at the commencement of the disease were the remedies upon which he depended. Purging with aloetic pills; bleeding; purification

* Morbos omnes pestilentes contagiosos, audacter ego equidem pronuntio et assevero.

of the air by means of large fires; the use of treacle; frequent smelling of volatile substances; the internal use of Armenian bole, and ascescent food, were recommended by Guy de Chauliac, in addition to which he advised isolation and flight. The remedies of Santa Sofia were much the same as the others; and all treated the tumid glands and inflammatory boils with emollient and stimulating poultices, or the actual cautery. Chalin de Vinario moderated the inflammation of the glands by leeches; counteracted inflammatory excitement in the young by cupping, and reserved full bleeding for priests evidently plethoric, as most who were bled in a certain stage died.—P. 156.

The medical faculty of Paris, called upon on the emergency of the occasion to deliver their opinion on the causes of the black plague, and on the proper means of preventing its spread, put forth a document, which seems to have formed the model upon which succeeding boards of health have acted on occasions of threatened pestilence. After setting out with making known the causes of the plague—astral combinations, and a vapour generated in consequence from the great sea, which spread its baneful steams over Europe—this learned body promulgated a series of directions or precepts, the neglect of which they announced would be followed by "immediate death—except the grace of Christ preserve their lives."

"We are of opinion that the constellations, with the aid of nature, strive, by virtue of their divine might, to protect and heal the human race; and to this end, in union with the rays of the sun, acting through the power of fire, endeavour to break through the mist. Accordingly, within the next ten days, and until the 17th of the ensuing month of July, this mist will be converted into a stinking deleterious rain, whereby the air will be much purified. Now, as soon as this rain announces itself, by thunder or hail, every one of you should protect himself from the air; and, as well before as after the rain, kindle a large fire of vine-wood, green laurel, or other green wood; worm-wood and chamomile should also be burnt in great quantity in the market places, in other densely inhabited localities, and in the houses. Until the earth is again completely dry, and for three days afterwards, no one ought to go abroad in the fields. During this time the diet should be simple, and people should be cautious in avoiding exposure in the cool of the evening, at night, and in the morning. Poultry and water-fowl, young pork, old beef, and fat meat, in general, should not be eaten; but, on the contrary, meat of a proper age, of a warm and dry nature, by no means, however, heating or exciting. Broth should be taken, seasoned with ground pepper, ginger, and cloves, especially by those who are accustomed to live temperately, and are yet choice in their diet. Sleep in the day-time is detrimental; it should be taken at night until sunrise, or somewhat longer. At breakfast, one should drink little; supper should be taken an hour before sunset, when more may be drunk than in the morning. Clear light wine, mixed with a fifth or sixth part of water, should be used as a beverage. Dried or fresh fruits with wine are not injurious; but highly so without it. Beet-root and other vegetables, whether eaten pickled or fresh, are hurtful; on the contrary, spicy pot-herbs, as sage or rosemary, are wholesome. Cold, moist, watery food is, in general, prejudicial. Going out at night, and even until three o'clock in the morning, is dangerous, on account of the dew. Only small river fish should be used. Too much exercise is hurtful. The body should be kept warmer than usual, and thus protected from moisture and cold. Rain-water must not be employed in cooking, and every one should guard against exposure to wet weather. If it rain, a little fine treacle should be taken after dinner. Fat people should not sit in the sunshine. Good clear wine should be selected and drunk often, but in small quantities, by day. Olive oil, as an article of food, is fatal. Equally injurious are fasting or excessive abstemiousness, anxiety of mind, anger, and excessive drinking. Young people, in autumn especially, must abstain from all these things, if they do not wish to run a risk of dying of dysentery. In order to keep the body properly open, an enema, or some other simple means, should be employed when necessary. Bathing is injurious. Men must preserve chastity as they value their lives. Every one should impress this on his recollection, but especially those who reside on the coast, or upon an island into which the noxious wind has penetrated."—Pp. 132—135.

Such are the accounts which have been collected by Dr. Hecker and others relative to the plague of the fourteenth century. The measures taken to arrest the progress of similar diseases, by isolation and prevention of intercourse, at the close of this century, form the first germ of those quarantine laws which are now established in all the maritime towns of southern Europe. At this early period it was remarked, that though the cause of disease seemed a general one, yet that, unaccountably, places were passed over for the time; and that isolation secured indemnity from the prevalent malady. The Pope Clement VI. shut himself up at Avignon, and was safe; and Milan averted the calamity for years. We are totally in the dark as to the local causes which might have secured a temporary exemption from this baneful disease; but the same circumstance has been observed in the late epidemic cholera, without the cause of exemption having been satisfactorily ascertained.—In spite of all the dreaded and dreadful oppor-

tunities of observing the progress of epidemic disease, facts are still wanting to enable us to decide with any thing like certainty on the sources of the evil.. One thing only is proved, and that is, that scarcity of food, inclemency of season, filth, and all the deprivations of poverty, if they do not actually generate pestilential disease, at least endow it with tenfold mortality; and that disease, so aggravated, becomes also contagious to a certain extent.*

The observation of physicians of subsequent ages have not much increased the amount of our knowledge regarding tbe origin of plague. If we lay aside the astral conjunctions of the Paris faculty of the fourteenth century, their account of the origin of the disease is not much different from that supported in modern times; its origin in the East, and transmission, by contagion, to the nations of Europe. Doctor Meade's opinion, as versified by the poet of the Seasons, is still that of most physicians.—

> From stifled Cairo's filth, and fetid fields
> With locust-armies putrefying heap'd,
> This great destroyer sprung.

But from the scanty notices of the Black Death and its concomitants, which Dr. Hecker and Mr. Webster have placed before us, aided by the incidental notices of early chroniclers; from the state of society in Europe during the middle ages, in the lowest state of civilization, and exposed, on the slightest failure of an expected crop, to all the miseries of famine—one is half forced to believe, that all the low forms of European fever require only to be stimulated into severer action by the causes now alluded to, in order to produce the plague, the pestilence, or the black death.

Mr. Webster's opinion, as expressed in his Introduction, is in consonance with that now stated, as a necessary inference from the facts detailed. "Whether these (the yellow fever and plague) are diseases specifically distinct, or only the same disease, varied and modified by climate, season, or other circumstances, is a question that belongs to the faculty. It is sufficient for my purpose to observe, that in most of the symptoms they agree, that they are pestilential, and greatly to be dreaded by mankind. I shall therefore treat them as different forms of the same disease."—Pp. xii. xiii.

Again, having satisfied himself that yellow fever and plague are varieties of the same disease, and that both originate from similar causes in different countries, without the necessity of supposing importation, Mr. Webster says, "That quality of a disease which, though insalutary, will not communicate it without the aid of other causes, as warm weather, or peculiar situation and habit of body, and which requires the healthful person to be for a considerable time under its influence to give it effect, may be called *infection*. Such is the quality of the plague, in all its forms, dysentery, and typhus fever."—Pp, xiii. xiv.

These views, however, we must say that we feel it impractible to adopt; and that we may not lead our readers to imagine that the commendation now given to the general spirit of the researches of Mr. Webster, and the philosophical character of his mode of investigation, implies the adoption of all his conclusions, we feel it requisite at present to state shortly what we conceive has been well ascertained by observation, regarding the distinctive characters of yellow fever and plague.

It is well known to all practical physicians, in the *first* place, that, however yellow fever may occasionally show itself in countries without the limits of the tropics, it is in general a tropical disease, and can exist only under the influence of a degree of continued atmospheric heat approaching that of the tropics. Conversely, genuine carbuncular and glandular plague has never been known within the tropics; and though very prevalent in the countries situate along the limits of the tropic of Cancer, it has never been known in the remote parts of Upper Egypt, above the Cataracts, or in Ethiopia, or, in short, in any equinoctial country either of the old or new continent. Even in the towns of Lower Egypt and Syria it disappears on the approach of that degree of heat which would infallibly engender yellow fever, and it reappears in the same places in the close of autumn; and in the winter, upon the approach of a degree of cold under which yellow fever would assuredly cease to prevail.

In the *second* place, the two diseases are not less distinct in their nosological and pathological characters than in their generating causes. While in yellow fever the surface assumes a yellow tint, from decomposition of the blood of the cutaneous capillaries, and passive hemorrhage, more or less profuse, takes place from the gastric and gastro-enteric mucous surfaces: in plague, on the contrary, various parts of the surface, and sometimes of the internal organs, become mortified or gangrenous, and more or fewer of the lymphatic glands are smitten with a species of inflammatory, suppurative, or gangrenous inflammation. Suppurations of the parotid glands are indeed occasionally seen in yellow fever; but rarely or never does the disease prevent suppuration of the inguinal or axillary glands; and car-

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* In proof of the disease being aggravated, if not occasioned, by the modes of living and deprivation of the lower classes, Barnes relates, that "though innumerable numbers of the common sort of people died, chiefly old men, women, and children, yet (which is wonderful) not one king or prince of a nation is said to have died through all the world! And even of nobles, but a very few were taken away at this time, especially of the English nation"—In another place, he mentions the remarkable exemption of those who lived amid the free air of the more elevated portions of the country: "As for those who were true Irishmen born, and dwelt in the hilly countries, it scarce just saluted them; so that they suffered but little or no loss thereby."—Barnes's Hist. of Edw. III., p. 438, 440. Fol. Camb. 1688.

buncles or mortified spots were never heard of in it.

Conversely, plague does not necessarily exhibit black vomit, or any of the passive hemorrhages so common in yellow fever: and while petechiæ are very common in the former distemper, they are rarely or never observed in the latter.

In short, did we feel authorized to reason from causes and symptoms taken together, we think it would be a most just inference to say, that, on the one hand, yellow fever is to be regarded as the most intense and virulent form of remittent fever, or that engendered by the influence of the atmosphere on the terrestrial surface, and not susceptible of personal transmission: and that, on the other hand, plague is to be viewed as the most exquisite and virulent degree of *Synochus*, or *Typhus*, or that form of fever which, whether rising spontaneously among numerous assemblages of filthy human beings, under certain atmospherical conditions; or introduced, very speedily acquires the property of being propagated from one individual to another; or, in other words, is at once atmospherical and contagious.

We have only now to regret that Dr. Hecker's investigations did not lead him to collect the fragments of information scattered in the earlier writers, illustrating the style of living, food and accommodation of the lower classes, during the period of which his volume treats. Without statements of this kind, every conclusion drawn from the reported prevalence or fatality of disease must be necessarily defective, inasmuch as all the essential particulars of the case are not stated. We could also wish that he had extended his researches to a period, and not fixed upon one single point in a century, which might have been better illustrated by generalizations on a larger scale. The work of Noah Webster contains a mine of matter relative to epidemic diseases from the earliest times, which only requires to be compared with the relative statistics, to throw much light on the rise and progress of disease in the middle ages. Dr. Hecker does not seem to have been aware of the existence of this work; at least we have observed no direct reference to its contents, though embracing most of the facts he has detailed, besides numberless others, and extended over many centuries. Dr. Babington, the translator,—and the translation is a very good one;—also neglects to notice, for we cannot suppose him ignorant of, the work of the industrious American. Had Mr. Webster's work not existed we should have felt much indebted to Dr. Hecker for his little work, which is interesting in many respects; and which, from its unassuming form and price, may give information to many who never heard of Noah Webster,—the three plagues of the reign of Edward III,—or the black death of Germany.

Art. II.—*Letter to the Physicians of France on Homœopathy.* By the Count des Guidi, M.D. &c. Translated from the French, by William Channing, M.D. New-York, M. Bancroft, 1834, pp. 32.

When we arrive at the age of manhood; after we have entered fully upon the busy scenes of life, and encountered all its cares, its troubles, and its anxieties; when, after the fatigues of the day, we retire for meditation, our thoughts often insensibly turn to a retrospect of the past, and we love to dwell in memory on days "lang syne." In thus looking down through the vista of past time, imagination lends its magic influence, and we dwell with rapture upon the days of our childhood ripening into adolescence; we see "the cot where our forefathers dwelt;" we remember the associates of our early life, the schoolhouse, with its pains and penalties;—we can remember, even at this late day, with what exquisite delight we first read the history of Mother Goose and her Golden Egg; we can trace our ascent to a higher scale of literature, when the adventures of Robinson Crusoe made us long for the sailor's life, until the gorgeous display of eastern magnificence in the Arabian Night's Entertainments opened new visions to our youthful imagination, never to be realized. The adventurous Cook had not then explored the distant seas, and we knew and had heard of but one new country peopled with a pigmy race. How vivid and how pleasing are our recollections!

We have now passed the meridian of life; we have watched with interest the labors of philanthropy and the spread of civilization; we have seen missionaries and physicians despached for distant lands to plant the standard of the cross, and to spread the light of science among the heathen nations. In the midst of this boundless field of benevolence, we had never heard mention of that land which, in the days of our childhood, had awakened so much interest in our mind; and when our attention is now directed to it, it seems like a dream of bygone days. Full honor has long since been awarded to the daring genius of Columbus; the star-spangled banner now floats on every sea, and his name is borne triumphant on every breeze; but whilst posterity have awarded to him a prominent niche in the temple of fame, they have passed over in silence, or looked with calm indifference on the strong and powerful claims of Lemuel Gulliver! to the discovery of a new country, which is destined to transmit to succeeding generations, his name and his *services*, in connexion with those of the discoverer of "the land we live in!"

As public attention may now be directed to this subject, and as it is not improbable the adventurous spirit of the merchants of our "commercial emporium" may be directed to this land of promise, where new visions of

Golconda's gold may open to their view, we beg of them, as they regard their posterity, to pause and look back calmly on the fall of national greatness and individual happiness which were once presented in old Castile! But to the members of our own profession, who labour not for wealth or power, but who are content to devote their lives to the alleviation of sickness and suffering, a new prospect is thus opened, which may enable them to *extend* the boundaries of science, and *enlarge* their sphere of usefulness. Ours is truly a favored country! We have had anti-slavery missionaries from abroad to teach us the art of self-government; hygeian pills enough to purge the whole American people; dentists, who were patronized by all the kings and potentates of Europe! We have received them with open arms; our purses were at their command! and wherefore should we not do equal honor to the *small* deputation of *physicians*, who have recently arrived from the land of "LILLIPUT!"? They come among us bearing the *broad* banner of the father of the Lilliputian system of medicine, having inscribed upon it, with suitable emblems and *devices*, the talismanic words, "*Organon der Heilkunde*," "*Homœopathy*," "*Dr. S. Hahnemann.*"

Our readers, we trust, will excuse us for detaining them; but, as it is probable that many will be curious to know more of the history of the rise and progress of the Lilliputian system of (no) physic, we shall proceed to lay before them an abridged* account, and next to offer some comments on the work under review.

According to Hahnemann, in order to cure diseases speedily, we must have recourse to such remedies as are capable of producing a train of symptoms similar to those to be removed; he therefore adopts as an axiom "*similia similibus curantur.*" This doctrine he first broached about thirty years ago in some of the early volumes of Hufeland's Journal, in a series of articles, entitled "An attempt to discover, on a new principle, the healing power of medicinal substances;"† and some time afterwards having digested his reasonings into something like an original theory, he chose to give it the name of *homœopathy*, derived from ὅμοιον and ἄπθος, *a similar disease.* It was the chief object of these papers to show, that the active properties of most remedies were very imperfectly understood, and that the only accurate mode of investigation was to try their effects on men in health, and carefully to note every symptom produced by their use. He endeavoured to show that this was the only way by which we could arrive at precision in their application in the diseased state, or ever become possessed of a true materia medica. He recommended physicians to try these experiments on their own persons, and, from repeated trials on himself, was induced to conclude, that all medicines, when administered to persons in health, produce a temporary or artificial disease; that by exciting such an artificial disease, the one previously existing might be removed, and that speedily, or otherwise in exact ratio to the degree of similarity existing between the old and new series of symptoms. He contended, moreover, that, by perseverance, it would be possible to discover a sufficient number of antidotes, not only to equal the number of diseases at present known, but even considerably to surpass them, if proper diligence were employed in their search. In short, that, in order to remove any disease, arising either from physical or moral causes, it would only be necessary to set up its prototype. In support of this reasoning, he endeavoured to show that this is the method employed by nature in what are generally called spontaneous cases of recovery; that the practices of unprofessional persons, of the ancient physicians, and of many of the moderns, confirm its accuracy; and that they have been from experience, although unconsciously, *practical homœopathists.*

The peculiarities of the proposed maxims appear to have attracted general attention; they were supported by some, and ridiculed by others; and as no schemes are too visionary not to procure some proselytes, Hahnemann succeeded in raising a party who publicly espoused his opinions.

In 1810, Hahnemann published his "*Organon der Heilkunde*," containing a systematic account of his opinions; in 1818, a second edition of the same work made its appearance, which was translated into French by Count Brunnow of Dresden;* and in 1824 a third edition was produced, from which the present description of the doctrine is principally taken. Besides these three editions of the Organon, he has written a large octavo work in six volumes, entitled the "Pure Materia Medica."† As the cause gained strength, it was deemed necessary to establish a journal, to keep good the ground that had been gained, and Hahnemann established his "Archives," which were published at Leipzig, and said to be conducted by an "Association of Physicians.‡ Several volumes of these have already made their appearance. Caspari and Hartlaub appeared as the defenders of the doctrine; and Jorg Wedekind, Lichtenstadt, Heinroth, Naumann and

* Dr. Spry has given us a fair and impartial narration, without appearing as the advocate of the doctrines. We shall quote him.

† Versuch uber ein neues Prinzip zur Auffindung der Heilkrafte der Arzneisubstanzen.—Journal der Practischen Heilkunde, B. i. and ii.

* Organon de l'art de guérir; traduit de l'original Allemand du Dr. S. Hahnemann. 8vo. Arnold, Dresden, 1824.

† Die reine Arzneimittellehre. Dresden, 1811 and 1821. This work has also reached a second edition, the last part of which was published in 1825.

‡ Archiv fur die Homoopathische Heilkunst: commenced in 1822, still continued.

Sachs, its principal opponents. These are only a few of the rival disputants; the anonymous productions in the shape of catechisms, squibs, and lampoons, in favour of the Homœopathical party and against it, are too numerous to give even a list of their names. Heinroth, professor of physic at Leipzig, has undertaken a serious refutation of the doctrine, in a work called the "Anti-Organon;* written with more temper than is displayed by many of his colleagues, and has successfully exposed much of its absurdities. In the "*Litterarische Annalen der gesammten Heilkunde*,"† very ably conducted by professor Hecker of Berlin, there is a good critique or exposé of the Homœopathy by Lichtenstädt. The latest opposition monograph with which we are acquainted is from the pen of Sachs, professor of medicine in the university of Königsberg: it was published toward the close of 1826, and, like many other authors, considering his arguments too conclusive to be refuted, he thinks he has given a death blow to the Homœopathekers.‡ Dr. Schoenberg of Naples has written a very voluminous exposition of the doctrine,§ which has been extensively circulated in Italy, and many physicians in that country, but more particularly at Naples and its neighbourhood, have become converts to the theory. In Vienna and Prague it became quite fashionable. So that it is pretty evident, from this imperfect account of the history of the Homœopathy, that, whatever may be its merits, it has excited considerable discussion among the profession throughout Germany, and has appeared to many of sufficient value to enter the lists in its defence. Hufeland, the senior professor of physic in the university of Berlin, has negatively patronized the doctrine, by inserting the cases treated by the Homœopathists in his Journal, and he thinks that the theory has had a beneficial effect upon the practice of his countrymen, by leading to a more precise application of remedies, and to a stricter attention to diet. He speaks in the highest terms of Hahnemann's professional character, and considers him one of the most distinguished, spirited, and original physicians of our times. It is but justice however to state, that Dr. S. received a very different account from many very respectable practitioners; and was informed of several circumstances which partook too much of quackery and imposition. For a long time he prepared his own medicines to prevent their being known, and was eventually expelled from Leipzig for thus encroaching on the privileges of the apothecaries, and for persisting to keep his remedies a secret!! He now resides in the duchy of Anhalt-Coethen, situated between Magdeburg and the Saxon frontier, where he carries on a very extensive practice, and is frequently consulted by persons who come from a great distance for that purpose.

It is curious to observe, that the first cases which he has chosen in confirmation of the success of the Homœopathic practice are taken from the records of the history of medicine in England; and he endeavours to show, that even Hippocrates* himself was a Homœopathic practitioner. "Men," says Hahnemann, "have been heretofore accustomed to cure diseases after a miserable fashion, by purely fantastical modes of procedure; and, among others, have adopted the merely palliative rule of '*contraria contrariis*:' but the true and natural method is the following, and it may be comprised in these words,—"*in every case, to cure a disease mildly, speedily, certainly, and permanently, choose a medicine capable of producing an affection similar to the one to be removed.*" He then goes on to state, that the histories of cases in which the remedies were exhibited in a simple form, so that their effects could be judged of, support this assertion; that in all such cases it will be seen that the disease was removed by a medicine which produced a similar, and not a dissimilar disease, as the prescriber supposed. The English sweating fever of 1485, which, according to Willis, proved almost as destructive as the plague, and which continued its ravages until powerful diaphoretics were administered, is referred to by Hahnemann by way of example. He appeals to the practice of rubbing frost-bitten parts with snow, and the holding of scalded parts to the fire; and quotes the authority of Mr. John Hunter, as confirming the utility of such treatment. Dr. Edward Kentish's mode of treating the men burnt in coal pits, by rubbing them with hot oil of turpentine, is likewise appealed to. The case related by Mr. John Bell, of a lady who had scalded both arms, who plunged the one into cold water, and rubbed the other with oil of turpentine, is cited as a convincing proof of the great superiority of the latter, of Homœopathic practice. Having quoted many similar cases from Heister, Sydenham and others, he exultingly asks, who

* Anti-Organon oder das Irrige der Hahnemannischen Lehre in Organon der Heilkunst, dargestellt von Dr. Joh. C. A. Heinroth. Leipzig, Hartman, 1825.

† In the September and October numbers of 1825.

‡ It is entitled "Versuch zu einem Schlussworte uber Hahnemanns Homoopatisches System." Leipzig, 1826.

§ Il sistema medico del Dottor S. Hahnemann esposto alla Reale Academia delle scienze di Napoli, dal Dr. J. J. Schoenberg. Napoli, 1822.

* "He imagines that this was the case from a passage in the little book περὶ τόπων των κατ' ανθρωπον which he quotes in the Organon from the seventy-second page of the Basil edition; but, as it is not fairly given, this support falls to the ground: it is, however, very plain, that the father of physic was opposed to such a doctrine, if we may judge from the second section of his twenty-second aphorism. "Diseases from plethora evacuation cures, as those from depletion, supply, and so with all, *always the contrary.*"

can fail to acknowledge the decided preference that should be given to the Homœopathic mode of cure; and who cannot see, in comparison with it, the misirable insufficiency of the old mode, the "*contraria contrariis*" system?

Having, as he considers, established this as the first axiom, he proceeds to another, which is expressed in the following words. "Disease, for the physician, may be said to exist only in the *totality of its symptoms*, and it is only necessary to remove this totality of symptoms, in order to cure the disease; but this can only be done by such medicines as have the power of producing similar, and to a certain extent, stronger symptoms. This knowledge of the powers of different substances can only be learnt by experiments on healthy men." He then endeavors to show that such is the process of nature, that nature can cure diseases only by setting up others of similar symptoms to the originally existing disease. According to Hahnemann, there are only three ways of curing a disease; 1*st*, the *Allopathic*, or the mode of transferring it from one part to another; 2*dly*, the *Homöopathic*, which he asserts is the only efficient method; 3*dly*, the *Antipathic*, palliative method, or "*contraria contrariis*" system, the worst of all.

He contends, that the last is the worst method, because a single symptom of the disease is combated by a medicine producing an opposite symptom, to the neglect of the others; "the consequence is, says Hahnemann, that, although the patient may appear at first a little benefited, a worse state always supervenes, and this is in a great measure owing to the immense doses usually given in the palliative mode of cure. Such large doses produce, what no other person has before noticed, a great secondary effect on the constitution, an injurious reaction." He lays it down as a general law, that all medicines produce two distinct effects on the system, a primary action (*Erstwirkung*,) and a secondary action, (*Nachwirkung*.) As examples of these distinct effects of the same remedial agent, he mentions among others the following; a hand plunged into hot water is at first much warmer, but when taken out and dried, soon becomes much colder than the other. After great bodily exercise a man feels very hot (*Erstwirkung*;) but after a time cold and shivering follow (*Nachwirkung*.) He considers that the secondary effect of medicines is always injurious, and that it is caused by the largeness of the doses usually employed. To avoid this secondary action, he prescribes his medicines in exceedingly minute doses, by which, he says, the immediate or primary action of the remedy succeeds in bringing back the patient to the equilibrium of health. This is the Homœopathic mode of procedure, by which, with suitable moderate doses of medicine, symptoms the most resembling the symptoms of the natural disease are to be produced; and this, says Hahnemann, is the only way in which diseases are to be perfectly and permanently healed.

As the causes which produce disease are almost innumerable, and the modifications in the condition of the body when suffering from its influence equally so, the labour imposed upon the Homœopathics must be very considerable; since it is laid down by Hahnemann, that every medicine has its peculiar operation, and that there are scarcely any two cases in which the same medicine can be used with success. Of the *modus operandi* of the Homœopathic treatment, the following account is to be found in section 155 of the Organon. "A medicine when selected according to the foregoing rules, and given in appropriate doses, sets up in the suffering part of the organism its own peculiar influence, or establishes in that part an artificial, but somewhat stronger disease, which, on account of its great similarity and preponderating influence over the former disease, takes its place, and the organism from that time forth suffers only the artificial disease. This again, from the minute doses of the medicine, soon subsides of itself, and leaves the patient altogether free; that is to say, the person is permanently cured."

The substances to be chosen as medicaments are to be used in their natural and unprepared state, and Hahnemann asserts, that the best mode of preserving the active principle of plants is to mix the expressed juice with an equal quantity of pure spirit. If the plant be powdered, the greatest care should be taken to dry the substances most carefully in the dark, and after the plant has been powdered, it should undergo another process of drying, for which the heat of a water-bath is said to be the best. It should be dried until the particles of the powder, in being stirred, go abroad like fine sand; it should be preserved in closely stopt glass bottles, and carefully kept from the direct rays of the sun; if in the dark so much the better. No more than one medicine, and that in a very simple form, is to be administered in a single case.

It is not only necessary to the success of the practice that a medicine be suitably chosen and prepared; but great care must be taken to administer it in very minute quantities. If the dose be large, it will certainly increase instead of diminishing the disease! In the preface to his "pure Materia Medica," Hahnemann has given the results of a great variety of experiments which he had tried on himself; and he was led to conclude, that the effects of remedies do not diminish in arithmetical progression with their diminution in dose. Eight drops of any tincture do not act with four times the efficiency of two, and so on.

The extreme minuteness of the doses which he employs appears to preclude all chance of their exerting any effect; yet he speaks very decidedly of their sufficiency. He particularly insists upon a great attention to diet, and as

the cases in which he is consulted are for the most part chronic, it is probable that he is indebted for much of his success to his attention to this point. He professes to have no predilection for particular medicines, but it is pretty evident from his writings that he has some favourite preparations. The *Atropa belladonna*, the *Cannabis sativa*, the seeds of the *Menispermum cocculus*, the *Nux vomica*, *Datura stramonium*, *Arnica montana*, *Pulsatilla*, *Aconitum*, *Opium*, and *Hyoscyamus*, appear to be the most frequently selected vegetable substances. The minuteness with which he watches the effects of remedies may be imagined from the fact, that the enumeration of the symptoms arising from the use of the nux vomica occupies fifty pages of the first volume of his *Arzneimittellehre*, and those of opium, fifty-three! According to his observations,

Camomile flowers produce	1481	symptoms.
Elder flowers - -	116	
The flowers of Verbascum, or great Mullien -	175	
Iron - - - - -	228	
Bark - - - - -	691	
Platinum - - - -	402!!!	

He observes, that he has already discovered this number of symptoms to belong to each of the substances mentioned, but that it is probable there are many yet remaining to be found out! He mentions sixty-nine different remedies which he has tried on himself.

In the second volume of his Materia Medica, he gives the doses of different substances, but for brevity's sake only a few are selected. Speaking of the doses of arsenic, he says, that a thousandth part of a grain is the largest dose that should be given; that a hundred-thousandth part is enough in ordinary cases, but that sometimes a millionth, or even a four-millionth part of a grain is too much! Of the solutions of iron in muriatic, acetic, and sulphuric acids, he says, that from the thousandth to the ten-thousandth part of a grain may be esteemed an average dose, but that sometimes the thirty-thousandth part of a grain is too strong. Of the tincture of the seeds of the St. Ignatius bean, the dose may be computed at about the three-millionth part of a grain of the seeds; but he mentions that he has seen very decided effects from the four-millionth part of the same quantity. A drop of the spiritous tincture of sarsaparilla is said to be a strong dose! One hundred grains of the *Cucumis colocynthis*, dissolved in one hundred drops of spirit of wine, is a form which he particularly recommends, and it is asserted that the seven-millionth, and even the eighth-millionth part of a drop of this solution acts sometimes too powerfully!!!

It may not be uninteresting to show how such opinions operate on practice, and if we may judge from the opportunities afforded by Hahnemann himself, the conclusion cannot prove very satisfactory. The following cases are selected from Hahnemann's own works,* and were treated by himself.

Case I.—The patient was a stout washerwoman, about forty years of age, who had been unable to work for three weeks when she applied to the doctor. The following is a literal copy of his description of the case:

Symptom I.—At every movement there is an acute pulsating pain in the cardia, particularly when the foot is put to the ground; whenever a false step is made the pain comes on in the left side.

II.—On lying down she was quite easy; no pain being felt anywhere.

III.—Not able to sleep after three in the morning.

IV.—After eating she had nausea.

V.—After eating there was a collection of fluid in the mouth, as if she had worms.

VI.—After she had eaten she had eructatations, but without odour.

VII.—She was of a choleric temperament, and during the paroxysm of pain was covered with a sweat. All the other functions were regularly performed.

(*Remarks by Hahnemann.*)

"Now as to the symptom No. I. Belladonna, Cinchona, and Rhus toxicodendron produce pain in the heart. Bryonia alba produces it also, with the additional power of causing pungent pains under the sternum on raising the arm. As to the negative symptom—No. II. there appear to be other medicines besides the Bryonia which have the power of tranquillizing pain on lying down; but none so decidedly, especially in connexion with the other symptoms, as Bryonia. As regards No. III. that symptom may be produced by many medicines as well as Bryonia.—No. IV. As to the nausea after eating, several medicines produce this effect, but Bryonia more especially.—No. V. Several medicines produce a copious secretion of fluid in the mouth, so does Bryonia; but other medicines do not produce the other symptoms detailed in the present case. Hence the Bryonia alba is to be preferred. The eructation after eating follows the employment of but few medicines, but it happens when Bryonia is used, consequently on that account also it is to be chosen. The state of the mind or temperament is also to be considered, and Bryonia produces such a change in the disposition as is mentioned in No. VII. Hence, of all medicines, the Bryonia is most applicable to the present case, if we wish to effect a Homœopathical or permanent cure." Hahnemann observes at the conclusion, that, as the woman was robust, and as her disease was so considerable as to keep her from all kind of work, he was induced to give her one of the strongest Homœo-

* Rein Arzneimittellehre, 2ter Theil, S. 28.

pathical doses, namely, an *entire drop* of the expressed juice of the root of the Bryonia alba!

Case II.—A weak, pale-complexioned man, forty-two years of age, an accountant, applied to Hahnemann five days after his complaint had appeared. The symptoms are stated in the following order:

Symptom I.—In the evening he was attacked, without any apparent cause, with vertigo, nausea, and eructation.

II.—The following morning at two o'clock he had some vomiting.

III.—The following night eructation.

IV.—Each eructation was fetid and acid.

V.—He felt as if the food remained undigested in his stomach.

VI.—He felt as if his head was empty, and was at times, rather confused, but at all times retained his consciousness.

VII.—The slightest noise troubled him.

VIII.—His mind was tranquil.

(*Remarks by Hahnemann.*)

"From these things we are to observe, 1st, That some medicines produce vertigo with nausea, particularly the Pulsatilla, which produces vertigo in the evening, a fact never observed by any other person. As to No. II. vomiting of a mucilaginous fluid, with a bad smell, is produced by the datura stramonium and nux vomica, but as far as is yet known not in the night time. The valerian and menispermum cocculus produce vomiting in the night, but not acid vomiting. Iron produces vomiting in the night, and more, it produces acid vomiting, but not the other symptoms. which must be taken into consideration. The *pulsatilla* produces not only evening acid vomiting and nocturnal vomiting in general, but it also produces all the other symptoms of this case, which iron does not. As to symptom III. nocturnal eructations occur after taking the pulsatilla.—No. IV. Fetid, putrescent and acid eructations occur after the pulsatilla.—No. V. A sensation of indigestion is produced by no medicine so decidedly as by pulsatilla. —No. VI. The seeds of the St. Ignatius bean produce this symptom, but not the others of this case, as the pulsatilla does.—No. VII. The pulsatilla also produces this symptom, and besides it acts decidedly upon all the organs of sense, but principally on that of sight. As to No. VIII. the pulsatilla also produces a tranquil state of mind, and therefore on all these accounts the pulsatilla is to be chosen."

On account of the weakness of this patient, and the peculiar way in which he was attacked, a very small dose only was necessary, that is to say, only the one-half of a drop of the four-millionth part of a large drop of the juice of the pulsatilla; only the *eight millionth part of a drop of pulsatilla* was taken by the patient toward evening! On the following day Hahnemann asserts that he was free from all his complaints; his digestion was quite restored, and intelligence was brought him at the end of a week that his patient continued in good health.

It is rather a singular circumstance that these are the only two cases of Homœopathical cures reported by Hahnemann, although many are scattered up and down in the writings of his disciples. They are sufficient to show that the system utterly fails when brought to the test of experience, and however ingenious the theory may sound, it appears too ridiculous in its application ever to obtain supporters in this country. Although the Homœopathic party is still numerous in Germany, it is but right to say that its popularity appears to be deservedly on the wane, and it is probable that it will die a natural death before the days of the next generation.

We have thus presented the most impartial account we have met with of the history of homœopathy; and whilst we leave "Hahnemann, that illustrious old man," (as Dr. Channing would say), vending his secret remedies in the duchy of Anhalt-Coethen, where, may he rest "alone with his glory," we shall pass on to the remarks we have to make respecting the pamphlet, the title of which is at the head of this article.

This letter is addressed to the physicians of France, by the Count des Guidi! a Count, who says he has been "passionately devoted to medical studies almost from *infancy*;" to which state, if we judge from his writings, we presume the old gentleman has returned in due course of nature. Entertaining such opinion then, and reverencing, as we do, old age, its tottering steps, its whitened locks, its second childhood, we cannot criticise this literary labor of the Count; we therefore trust that Dr. Channing will stand sponsor for the bantling, and thus afford us the opportunity of noticing a production which would otherwise be considered unworthy of even a passing remark.

We confess our astonishment that any one could be found here, claiming the title of physician, who would present to the profession such a tissue of absurdities; we should feel indignant, if it were supposed abroad that such trash could be palmed on American physicians as current coin; in point of literary merit, it would disgrace a boarding-school miss; as a *professional* production, it stands side by side with an "Essay on Dyspepsy," by John O. Toy, to accompany his specific "wot always cures!" We have no wish to be unnecessarily severe in our remarks; and whilst we feel regret that Dr. Channing should have sanctioned it by his name, we will do him the justice to think that this pamphlet was not intended for professional eyes; we are the more disposed to think so from having so frequently met with it in our visits to the sick, some of whom seemed delighted with the idea of being cured without physic!

In order that our readers may judge of the truth of our remarks, we shall quote the following, which is the pith of the work, and

wherein we have a farcical detail of the causes which led the old Count to become a convert to homœopathy.

"My wife, afflicted for many years with a cruel disease, had exhausted all the aids of medicine. Eminent practitioners of Lyons, Paris, Grenoble and Montpelier, had, with affectionate interest, lavished upon her case their ablest advice; but to transient meliorations speedily succeeded new relapses, sometimes alarming, and always evincing a constitution profoundly affected. Expectant treatment, and treatment very active, regimen, voyages, mineral waters, nothing had been neglected, nothing had had any durable success, when I determined, as a last hope, to conduct her to the baths of Pouzzoles,—that ancient Serapis, so celebrated for the almost miraculous virtue of its waters. My patient here only encountered more acute sufferings, and a cerebral fever menaced her life with immediate danger. In my distress, I earnestly solicited the hospital physician to unite with the physician of the baths, and aid me with their advice. The physician of the hospital proved to be one of my old friends, Dr. Cimone, of whose destiny I had been ignorant. We all hastened to the bed-side of the poor sufferer, and after some consultation, vague and unsatisfactory, Cimone, left alone with me, addressed me nearly in these words: 'To you, my dear friend, from whom I never had any thing to conceal, I will not disguise that I practise here an entirely new system, both at the hospital and in the city, whenever I can without being discovered. My success astonished myself, and the public give me the credit of such happy results; but it is certain that this credit belongs wholly to the new school in which, to tell the truth, I am as yet but a mere tyro. This extraordinary practice may save your wife.' 'What,' said I, 'do you speak of that secret medicine of a foreigner, who, they say, cures at Naples with small doses, and with poisons? How can you, my dear friend, refer me, in my situation, to secrets, quackeries or dreams; and how can you be the dupe of them yourself?' 'My friend,' replied he, 'you have always given me credit for probity, some share of science, and of good sense; and yet, because I speak to you of a thing strange to your studies and your reflections, of a thing with which you are unacquainted, behold me at once an impostor, or at least an idiot! Listen to me. This foreigner is not a vender of amulets, but a physician high-minded and well-educated—Dr. Necker,—attached to the army of occupation. His doctrines are no secret; they constitute an entire, compact, and well-digested science, composed and published in German and Latin, by a genius of the highest order—Samuel Hahnemann,—who has devoted to it a long life of immense labors. This system cures by slightly aggravating the disease, and it cures by millionths of a grain; it is one of those discoveries kept in reserve, to appear some time or other; unless you are certain that every thing is accomplished for the human race, that our sciences are to crystallize at the precise point at which they now stand, and though mostly but the creations of yesterday, that they will continue to be five thousand years hence, precisely what they are today. It is one of those discoveries, in short, to which it is no more forbidden to our age to bear witness, than to the discoveries of Columbus and Galileo. In an age like ours, of universal doubt and investigation, an age in which so many materials are accumulated, so many imperfections pointed out and acknowledged, and in which the human mind toils in every way with more energy, method and perseverance than ever; in an age which would produce Luther and Newton, if it could not have been produced without them, it is so astounding that the science the most difficult, the most important, the most in arrear of all the sciences, medicine, should have its turn also, its great revolution? This idea shocks you; it has shocked me as well as you; it is to shock many others. Do you imagine that Maquer, Sage, Baumé, Serao—upright men and able chemists—who knew Lavoisier from infancy, would have readily consented to live without phlogiston and to breathe oxygen? Must the prejudices and blindness of our predecessors be lessons eternally lost upon us? Must the contemporaries of all great discoveries always begin by repelling them? Listen, time presses; go to Dr. Romani; you know his splendid reputation as a practitioner, as a man of letters, as a philosopher, and above all, as a man of probity and worth. He is profoundly versed in the new doctrine; he has even published a translation of some works of Hahnemann. Dr. de Horatiis, physician of the court, is also a disciple. To him the new school is indebted for having treated homœopathically the Duke of Calabria; for in consequence, it is less ridiculed than formerly. We even hope, that in a short time we shall be permitted to open a clinical course in one of the hospitals of the capital. But here comes Dr. Romani.'

"The noble Cimone, in the abundance of his zeal for homœopathy and for me, would not have stopped here; but I was already decided. Passionately devoted to medical studies almost from infancy, practising medicine for many years, and not wholly without success, I had had too often, in common with you all, gentlemen, to mourn its uncertainty and its indigence, not to have made it a subject of frequent and serious reflections; but these reflections, which I found reiterated with so much bitterness and truth in all our standard works, instead of casting me, like many other practitioners, into discouragement and incredulity, had always left me full of faith and hope. Yes, I firmly believed in medicine; not in that which so often failed in its promises, and which, in despite of the noblest efforts of genius in all ages, was still

living on in an interminable infancy—but in that medicine which nature concealed from us yet, and which the perseverance of man was sooner or later to wrest from her arms. I had investigated with avidity the doctrines of Brown, those of the contra-stimulant school, and of all other schools: I owed to each of them some truths more, some errors less; but none of them was medicine, and I sought for it still. Now, a man of honor, an enlightened physician, a friend, had just announced to me the termination of my inquiries; he spoke to me of discovery, of experience, of clinical lessons, he promised me a cure which no other had dared to do. Could I hesitate? I hastened to see Dr. Romani.

"This physician, full of sympathy for my situation, at once visited the patient, and administered a homœopathic remedy. It was an atom of Belladonna, given with assurance, almost with the promise of success. Judge of my anxiety! The patient, worried at first, soon experienced a sensible alleviation which gave me some courage. The treatment was long and difficult, but in the issue wonderfully successful. It was not, however, till afterwards, when I saw sleep, bloom, strength return and manifest a general state of health unknown for twenty years, that I really comprehended the whole truth, the whole power of homœopathy; for, to what else could a cure so long unlooked for be attributed? The power of imagination, to which so many persons ascribe every thing which they have no other mode of accounting for, was easily satisfied. Climate? but climate had for a long time done no good, and the patient was even tormented, in a slight degree, with nostalgia during the treatment. Regimen? its resources had long since been exhausted. Nature? I prayed for nothing better; but nothing had indicated to me the period of her awakening, nothing taught me why nature had delayed for twenty years to come to my aid, until the precise day and hour when the homœopathic treatment was commenced. From exclusion to exclusion, I always fell back into homœopathy. But atoms! nothing!—the elixir of Le Roy, spider's web, any of the arcana, the celebrated nostrums of the day, would have put me greatly at my ease; all are something; almost all have great energy, producing some striking results which explain their transient credit; but millionths of a grain—what can they do? Yet how get rid of the facts? I unavoidably concluded with the admission that a new fact, though incredible to me, was nevertheless a fact, and that the measure of my ideas was a little short of the powers of nature and the discoveries of genius. I made experiments upon myself and upon others, and my conviction soon became immoveable. I attached myself, for two successive years, to the clinical course opened in the mean time at Naples, by Doctors Romani and Horatiis; that interesting course, the results of which have been recorded in so many journals. In fine, I studied unremittingly, and with some profit, thanks to the writings, the luminous lectures and unlimited kindness of Dr. Romani, towards whom my gratitude should have no bounds."

At the foot of page 11, there is a note appended, which, we presume, is by Dr. Channing; it runs as follows: "General usage gives the name of Allopaths or Allopathists to all physicians who are not Homœopaths or Homœopathists." This ridiculous assertion will no doubt excite a smile among the physicians of this country, who by "general usage" know of no other distinction except physician and quack! When some half dozen individuals choose to banish the lancet entirely from practice, and employ mosquitoes to bleed their patients, and the millionth of a grain of calomel to *purge* them! they may take any name they think proper to put on their door-plates, and still they will find that the public, as well as physicians, know what is the "general usage."

We were not aware that Homœopathy had a "numerous school of disciples in America," until we had it from the Count; a piece of information quite new to us! It is not improbable a few converts may be made, as it is something novel, and may afford one means of acquiring a *profitable* notoriety. Such has been the case with Mormonism; Matthias, too, has had his day! and there will always be found those in the world who are ready to be led away by any scheme, however visionary; by any project, however preposterous; and by any system, however fanciful and absurd. But that any respectable number of physicians in this country are likely to become "Homœopaths," we are not yet prepared to believe.

We will not detain our readers with any further remarks on the merits of the pamphlet before us, and we have only to repeat our regret, that Dr. Channing should have thought it worthy of translation. If it were considered necessary to address the profession in the United States, we have sufficient confidence in the ability of Dr. Channing, to believe that he would have done himself and his cause more justice, by presenting something original; neither do we think he would, like the Count, have ransacked the annals of quackery to support his positions when struggling hard to prove the "insufficiency of the art," until the light of the "new *science*"! broke forth to illumine the darkness which had prevailed so many thousand years.

To conclude, we may remark, that the labors of Hahnemann may not be entirely useless, for there is no system without some redeeming qualities; and this, with all its weakness, its inefficiency, and its folly, may lead us to investigate more closely the recuperative powers of nature, and carefully to calculate their value in the treatment of disease.

MEDICAL JOURNALS.

Art. I. *The North American Archives of Medical and Surgical Science.*

This is the first number of a new Monthly Journal, to be published at Baltimore; and edited by E. Geddings, M. D. Professor of Anatomy and Physiology in the University of Maryland. In the prospectus, which accompanies the number, the editor says, "it will have nothing of a sectional character, nor will it be devoted to any interests, but those of Medical Science at large." We are glad to learn this; for, on examining the title-page, we observed, in the rear of the altar, an accurate drawing of the University of Maryland; and we begun to suspect, that this was intended to represent the presiding deity of the work; that the professors of this Institution were to be the principal worshippers, and that her "interests" alone were to be consulted by this publication. We shall be glad to be undeceived, and to congratulate the profession on the accession of an able and talented laborer in the field of science.

The correctness of the following observations will be appreciated. "The period has arrived when an overweening inclination to the side of lenity, on the part of the medical press in our country, may be regarded as a fault, which it should be the object of every well-wisher of the profession to correct.—Abuses are daily accumulating—empiricism stalks through society with open and unshrinking audacity; and ignorance and impertinence are every day arrogating the high and sacred responsibilities of the profession. These are evils which call loudly for redress; and it will be one object of the Archives to point them out, and hold them up to merited reprobation." For ourselves, we shall cheerfully join in the effort, and our first step will be, to point out some of the principal causes which have led to these abuses. In our day we have seen men, some of whom were styled the dignitaries of our profession, freely lending their names to the most bare-faced impositions ever practised upon any people. If we take up any of our daily newspapers, we are shocked at the record of *criminal intent* and *professional degradation* which we there see, in the shape of quack advertisements, recommended by Professors! and M. D's!!

These things ought not to be permitted to pass with impunity; and we conceive it is a sacred duty, which an independent press should discharge, without fear or favor, to hold up to "merited reprobation" those who, forgetful of the dignity of their profession, of their own professional respectability, and of their duty to their God, so readily lend their names and their influence to aid the cause of empiricism; whereby a credulous community is robbed of wealth, and not unfrequently, we believe, the crime of murder is super-added.

1. *Gastric Fever.* The first paper is by the editor, and entitled, "Clinical Bulletin of the Baltimore Infirmary." This infirmary is under the government of the University, having been established expressly as a clinical school for the medical department of that institution, and the editor proposes to report the most interesting cases which occur there.

This paper occupies the first twenty-six pages, and embodies much useful but not novel information. Seven cases of gastric or intestinal fever are reported, with judicious remarks on each. We select the following, together with the remarks of the author.

"J. Nealis, labourer, aged 27, was admitted August 39th, at 5 p. m. Has been labouring under fever eight days, at the Point of Rocks, and has taken one dose of calomel, followed by salts.

"On the night previous he had been compelled to sleep in the open air, which was damp and chilly; and on the day of his arrival had travelled seventy miles. He is now much oppressed, and his energies prostrated; his countenance ghastly, his pulse feeble, his tongue coated with a thick dirty fur; bowels constipated, and extremities cold.

"Eight p m. Since he has been in bed, his skin has become hot, and his pulse fuller; but his restlessness and sense of oppression are very much increased. There is also slight tenderness on pressure over the abdomen: Ol. Rinci ℥ i.—effervescent draught every two hours during the night, the skin to be constantly sponged with cold water, as long as the heat continues.

"Aug. 31. Eight a. m. He is much better; the oil not having operated, the dose directed to be repeated, and its operation pro-

moted by an enema in the afternoon. Eight P. M. The medicine has operated, and afforded great relief to the patient. His evening exacerbation was much slighter than usual: the cooling regimen to be adopted during the night.

"Sept. 1. Eight A. M. His condition is very much improved, and the expression of his countenance is quite lively. His tongue is much cleaner, and his mouth is slightly sore, from the dose of calomel which he took before his admission. Enema to be repeated in the afternoon. Eight P. M. Exacerbation very slight; tongue cleaning rapidly, and he complains of being hungry.

"Sept. 2. Improvement still continues; enema to be repeated; no evening exacerbation.

"From this time forward, his convalescence was progressive, and it was only found necessary to give him, occasionally, a gentle aperient, and to apply dry cups to his head, to relieve some pain and heaviness of which he complained.---*Reported by Mr. S. G. Baker.*

Remarks.---When this man came into the house, his case presented an alarming aspect. He had been sick for several days; had been much exposed, and travelled a distance of seventy miles, in a condition which was so formidable as to occasion him to be refused admission into any of the houses at the Point of Rocks, or on the way, for fear he should die on the hands of their inmates. His prostration and exhaustion, at the period of his arrival, rendered him unable to help himself; and his general ghastly aspect, feeble pulse, and cold extremities, showed plainly that the organs were already suffering severely. The state of his tongue, and the abdominal tenderness, pointed to the mucous membrane of the digestive organs as the principal seat of the irritation, and the condition of the nervous and muscular system showed clearly, that the nervous centres were about to become seriously involved. A timely resort to revulsives and local depletion, however, and the employment of other means, calculated to subdue excitement, arrested at once the further progress of the mischief; and by unburdening the affected organs, so far restored their recuperative energies, that a rapid convalescence ensued, with very little more assistance. Such cases are too often evacuated by emetics and cathartics, at the commencement, to an extent which is injurious; and when the organs become so far embarrassed, either by the disease or the conjoint influence of it and the remedies, as to give rise to the fallacious symptoms of debility which the individual presented at the time of his admission, stimulants are poured in with a liberal hand, to sustain what is regarded the sinking powers of life; but what, in reality, requires a strict antiphlogistic treatment to remove it. Excessive purgation at the commencement of a fever, and excessive stimulation towards its conclusion, I feel assured from repeated observation, has done more mischief than any of the multifarious modes of practice that have ever been emloyed in that class of affections."

2. *Staphyloraphy.* N. R. Smith, M. D. Professor of Surgery in the University of Maryland, describes a needle which seems admirably adapted for passing a ligature through the uvula or cleft palate. It was suggested, from the Doctor' having seen a similar instrument, but used for different purposes, in the possession of Dr. Phelps, of Vermont,

"It is a needle having a permanent handle, its point a little broader than common, and bent from the point into a semicircle, the radius of which is about half an inch. Instead of having an eye near the point, as commonly this form of needle has merely a notch upon one of its edges. This notch passes obliquely inward and backward from the point, reaching the centre of the blade of the needle. The blade, just anterior to the notch, is broader than it is behind it, so that when the needle is thrust through the soft parts the posterior angle of the notch passes through without impediment. This needle is armed by simply laying the ligature into the notch; the thread being of such size that it accurately fits it, and waxed so as to make it slightly adhere.

3. *Excerpts from the Case Book.* The editor, under this head, gives us three cases: the first a case of suppression of urine, from contusion and obliteration of the membranous part of the urethra, which required the puncture of the bladder above the pubis, as the catheter could not be introduced. "On the third day," says Dr. G. "I determined to resort to an operation, in perineo, for the re-establishment of that passage," which was accordingly done, and the patient recovered.—We must be permitted to comment on this case, and to express our decided conviction, that the first operation was improper. We conceive that if, when first seen by Dr. G he could be safely left for "a couple of hours," before "renewing the efforts to introduce the catheter," which were unsuccessful; that the operation by the perineum should have been decided on at once, and the patient's sufferings would have been abridged materially.—The records of Baltimore surgery prove, that had Dr. H. G. Jameson seen this case, such would have been his practice, to our mind the most judicious. We would refer Dr. G. for information on the subject, to the 7th vol. of the Am. Med. Recorder, p. 261,

The second is a case of Necrosis and Exostosis, of the shaft of the os femoris succeeding a compound comminuted fracture; in which a cure was effected by an operation with the trephine, chisel and mallet. Nothing new in this case; and the same remark will apply to the third and last case, where the three first metatarsal and the cuneiform bones were successfully extirpated for necrosis; thus preserving the toes and much of the foot, after

an ignorant surgeon had pronounced it a case "requiring *amputation of the leg.*"

4. *Fungus Hæmatodes.* Professor N. R. Smith states, he had observed in this formidable disease, one trait not pointed out by authors; and that is, an occasional disposition to recede from its first locality, and transfer itself to some other part, sometimes very remote from that first affected, which may then resume its healthy condition. A case is given, in illustration, and the Doctor thinks, that if his observation be correct, "a very important principle, relative to this disease, is established, viz. that the nutritive functions have a control over the morbid excrescence greater than had been supposed to exist. And if it be established, that this power exists, it is obvious that we may hope to excite and direct it by remedies, so as frequently to effect the complete dispersion of the disease,"

5. *Anæmia.* The editor relates two cases of Anæmia, one of which we select.

"Charles Winn, seaman, aged 18, was admitted into the Baltimore Infirmary, July 30, 1834. He was born in a malarious district of North Carolina, and from his earliest youth has been annually subject to intermittent fever, until two years previous to his admission, during which time he has led a sea-faring life.

"The whole body, at the present time, is exsanguined, more or less mottled, and of a pale waxen hue. His cheeks and ankles are œdematous; the abdomen tumid; adnata of the eye of a pearly lustre; lips, gums, and tongue blanched, and the latter pointed; muscles flaccid, body emaciated, digestive powers partially impaired; respiration much disturbed, the least exercise occasioning hurried and oppressed breathing, and if continued, producing speedy exhaustion. The heart palpitates violently, even when lying at rest, and there is tumultuous throbbing of the carotids and other large vessels about the neck. The pulse is also frequent, and presents a peculiar *shattered thrill.* The liver and spleen are perhaps enlarged, but the effusion of water into the abdomen renders it difficult to decide by exploration. Massa. Pil. Hydrarg. gr. iij. Pulv. Soc. Aloes, gr. 1. Pulv. Ipecac. gr. ss. every night. Carb. Ferri, gr. x. three times a day. Generous diet, with porter.

Aug. 10. The improvement of his general health has been steadily progressive. Tongue and lips slightly reddened; abdomen less tumid. The œdema of the cheeks and ankles has lessened; digestive function invigorated, and the evacuations more healthy.

Aug. 25. Still improving. Tinct. ferri muriatis substituted for the carbonate of iron. Alterative pills to be continued.

Sept. 11. All the prominent symptoms of the disease have yielded, in a great measure, to the treatment. Tongue and lips more coloured; the tumefaction of the abdomen has entirely subsided, as has the œdema of the cheeks and ankles. The palpitations of the heart, and the excessive throbbing of the vessels are no longer perceptible. His pulse is regular and full, and he is able to bear considerable exercise without fatigue." *Reported by Mr. J. C. W. Wederstrandt.*

6. *Intussusceptio.* M. S. Baer, M. D. of Baltimore, gives a case of intussusceptio, together with the dissection and a plate. We perfectly agree with the "Remarks" of Dr. B. and wish that physicians and surgeons would more frequently present the profession with histories of their fatal cases; whereby pathology would be benefited, and the cause of medical science more advanced, than by the histories of common-place cases "successfully treated" by this or that plan; and which, for the most part, are intended to be passed off among the uninitiated as specimens of unusual skill.

7. *Ointment for Hemorrhoids.* The editor states, that he "has used an ointment similar to the following, with the most happy effects, and in a great number of cases.

R. Pulv. Carb. Plumbi, dr. ss. Sulph. Morph. gr. xv. Unguent. Stramon. dr i. Ol. Olivar. qs. M. ft. unguent. part. applicand.

"Powdered opium, to the amount of a drachm, may be substituted for the morphia; and if the dry white lead is not at hand, that which is ground in oil, for the use of painters, may be advantageously substituted. Sometimes a drachm of powdered galls may be added."

Selected Papers, Reviews, Collectanea, and a ludicrous article on the quackish "announcement" of Jefferson Medical College, under the head of "Varieties," close the number.

Art. II. *The American Journal of the Medical Sciences, No. XXVI.*

1. *Tumour of the Neck.* Wm. Gibson, M. D. Professor of Surgery in the University of Pennsylvania, describes an operation for the removal of a large tumour from the neck, in which it became necessary to apply ligatures around the carotid artery, and also the internal jugular vein, as well as to divide an important nervous branch, (the decendant vein) in consequence of its close attachment to the tumour.

The operation, we doubt not, was performed with ability; and so far as this was concerned, may be considered perfectly successful. The circumstances of the case, however, were such as to prevent any of the consulting surgeons from suspecting the real nature of the disease, which was subsequently discovered to be fungus hæmatodes. The tumour shortly after reappeared, and the patient died in a deplorable condition.

Some judicious remarks follow, on the application of ligatures to veins, and the cases where the ligature has been applied to the in-

ternal jugular veins, by Professors Mott and Stevens, of this city, and others, are brought forward to illustrate that "there is less danger from tying a vein than is commonly imagined, and that the danger is often owing to prematurely pulling the ligatures away, and other mismanagement on the part of the surgeon."

2. *Medical Uses of the Viola ovata, or Rattlesnake Violet.* We are indebted, for this short article on one of our indigenous plants, to Stephen W. Williams, M. D. of Deerfield, Mass. He says, "Many years ago rattlesnakes abounded in the vicinity of this place. Since the land is cleared they are rarely to be seen. Our old people were in the habit of using this violet for their bites. They generally know it by the name I have designated. The venerable Henry Wells, M. D. late of Montague, successfully employed it in these cases. To his statement respecting it I wish to draw the attention of physicians. He was called to a patient who was bitten by a rattlesnake, and who was laboring under all the symptoms of a diffusion of the venom. His body was enormously swollen, respiration laborious, and his skin livid. He immediately directed a strong infusion of the rattlesnake violet, and constantly bathed the wound and body with it. In a few hours the tumefaction subsided, the febrile symptoms abated, and the patient was considered nearly out of danger. He retired to rest, and gave directions with the nurse to give the violet tea often during the night. The patient continued so much better that the nurse became negligent, and omitted the directions, and fell asleep. From this suspension of the remedy the patient relapsed, the febrile symptoms returned, and the body was swollen like a puff-ball. The doctor was called, and again directed the remedy as before mentioned. The symptoms yielded; and from a continuance of the remedy two or three days he completely recovered, without the use of any other means."

Dr. W. also relates a case in which it was successful in his practice; and that he had also used the infusion of the violet, and a fomentation with the leaves of it, in an obstinate case of chronic inflammation of the eyes; which had resisted the long continued use of a great variety of remedies. We are always glad to see attention directed to the medical virtues of any of our indigenous articles, and trust that our medical men will follow up the investigation of the use of the viola ovata.

3. *Cerebral Affections of Children.* This is a very elaborate article of forty-six pages, the result of observations made by W. W. Gerhard, M. D. of Philadelphia, in the Children's Hospital of Paris. Ten cases are related with great minuteness, all of which proved fatal. The *post mortem* appearance of each case is carefully described, and the whole paper reflects the greatest credit upon the author; who proves, by the evidence here afforded, that he determined to render his "European tour" a tour of profit, not only to himself, but to his profession, which cannot always be said of those who cross the Atlantic, ostensibly in search of professional knowledge; but who, on their return home, are too apt to swell with importance, and to show, when thoroughly sifted, that their acquisitions have been *peculiar*, not professional, and that they can discourse most eloquently on the merits of Sontag and Paganini, the splendors of Covent-Garden and Drury-Lane, and tell *qu'ils ont eté souvent a l'opera Italienne à Paris.*

4. *On the Communicability of Cholera.* In October, 1832, a vessel was wrecked, about twenty miles from Charleston, S. C. She had left New-York during the prevalence of cholera in this city. and carried out, besides her ordinary crew, one hundred and five passengers, twenty-four of whom died of cholera on the passage. A number of persons had intercourse with the passengers and crew, several of whom died; and one in particular reached the city of Charleston, where he died of cholera, under the care of one of the most distinguished physicians of that city, Dr. Schmidt. Yet, singular to relate, "the city of Charleston escaped without suffering the invasion of cholera, although the captain of the brig and a passenger came up to town and communicated with the authorities; although the deputy port physician returned home after visiting, examining, and prescribing for the patients; although the crew of a wrecking boat violated the laws, and returned also for a short time to their homes, after boarding the stranded brig; although one of their number died in a very thickly-built part of the town; and although two or three of the individuals quarantined on Folly Island, escaped to the main land."

This paper is by S. H. Dickson, M. D. the estimable and distinguished Professor of the Institutes and Practice of Medicine in the Medical College of South Carolina, and we most sincerely regret to observe the following conclusions at which he arrives, from such, to us, insufficient data.

"On the whole, I cannot but think that a strong case is made out in the preceding record. That cholera is *importable*, and was in this instance *imported*, is not to be denied; that the same thing may occur again and elsewhere, is equally clear, and all governments ought to be aware of the fact, and to institute and establish, on a permanent basis, the proper and necessary measures of prevention.

"That cholera is *contagious*, seems to me also to be proved by the above history; and this conclusion can only be evaded by taking shelter in the minute and interminable discussions as to the numberless distinctions suggested between contagion and infection."

5. *Deranged Menstruation* Four cases are related by H. Lindsly, M. D. of Washington, D. C. one of which we select as illustrative.

"The patient was a young lady, sixteen

years of age, of rather a delicate constitution, and nervous temperament. When first called to see her, she had been labouring under amenorrhœa for five months. She was troubled with great difficulty of breathing; her general health was much impaired, spirits depressed, and indeed was so ill that her friends were almost despairing of her recovery. She had had medical aid, and had taken a good deal of medicine, but apparently without any benefit. As she had already been bled, and was much reduced by the depletion she had undergone, I commenced immediately with the aloes and myrrh.---R. Aloes, Myrrh, āā. gr. xxx. Ft. pil. No. xv. Of which one was to be taken every night and morning. At the same time I directed her to take as much exercise as her strength would permit in the open air, both on horseback and in a carriage. After pursuing this course for three weeks, she had a regular menstruating period; her general health was restored, and she has remained free from this difficulty ever since, although this occurred in 1829."

6. *On the Circular and Flap Operation.* Some judicious observations by R. Tolefree, Jr. M. D. New-York, are not of a sufficiently practical nature for notice in this place.

7. *Artificial Joint.* Isaac Hulse, M. D. Surgeon U. S. Naval Hospital, Pensacola, relates a case of ununited fracture of the os humeri, successfully treated by injection. We quote,

"Two months after the reception of the injury his health was restored, but no bony union was formed, and I thought of resorting to the seton of Dr. Physick. I, however, adopted a plan with a similar intention, viz. that of daily injecting a stimulating fluid into the wound, which still remained open, and had become fistulous. I began with port wine and water, proceeded to salt and water, and eventually to a solution of sulphate of copper. In two months a firm union was established, and the patient was able to exercise the arm at driving nails, and other occupations requiring a strong action of the limb. The fistulous opening continued, and about two months since a small fragment of bone presented at the orifice, and was taken out. On the 25th instant it was observed that another fragment was advancing towards the surface: it was removed by the scalpel; one end of it was found resting upon the shaft of the humerus, and the other lying in the sinus. It was an inch and a half long, and one inch broad.

"It seems very probable this last step will lead to a complete cure of the case."

8. *Scarlet Fever.* F. M. Robertson, M. D. The author of this essay limits his observations to Scarlatina as it prevailed in Augusta, Georgia, during the winter and spring of 1832-33.

After taking a cursory view of the symptoms and pathology of the disease, with which our readers are sufficiently familiar, Dr. R. next proceeds to detail his mode of treatment; we may premise, however, that he adopts the division of the disease into simplex, anginosa, and maligna.

"In the mild form of the disease little medical aid is necessary. Rest, low diet, mucilaginous drinks, and keeping the bowels in a soluble state, will generally be sufficient.---These cases seldom come under the immediate notice of the physician. But when the disease assumes the second or third form, no time should be lost, immediate recourse should be had to those remedies which experience has shown to be the most effectual in checking its progress.

"In the anginose form, we have found an emetic to be the best mode of commencing the treatment. Many objections have been urged against this remedy; but the weight of authority, as well as experience, are in favour of the use of emetics in this disease. We generally prescribe ipecac. and tartar emetic in combination, and encourage the vomiting by means of copious draughts of tepid water. ---We have invariably found the vomiting to have a most decided effect in checking the inflammation of the fauces, and reducing the general febrile action, particularly the pungent heat of the surface."

"Experience has amply shown, that emetics are among the best remedies we have against the anginose affections. In the disease in question, they not only exercise an important influence over the general circulation, but also effectually cleanse from the throat that tenacious mucus which is peculiar to this affection, and which contributes in no small degree to aggravate the irritation of the fauces.

"When we speak of the use of emetics in scarlatina, we allude to the onset of the disease; before the sympathies, which the local irritation will bring into action, have implicated other organs, in which case they might be injurious. They should be administered when the inflammation of the throat predominates, at which time there will be no danger from their action on other organs.

"The great danger of this disease arises from the formation of visceral congestions.—When proper depletion has been neglected in the first stage of the affection, a determination to the brain, or some of the abdominal viscera, will, most assuredly, take place. It is from these complications that the great fatality in this disease arises.

"To say that blood-letting is proper or necessary in all cases, would be equally wrong and dangerous as to prescribe its use under any circumstances. But when we have come to the conclusion, from the nature of the existing symptoms, that it is necessary, we should bleed until a decided impression is produced upon the system, even if it should be necessary to carry it *ad deliquium animi.* We used the lancet freely in a majority of the ca-

see that came under our care, and were never disappointed in our expectations. The delirium and determination to the head was relieved, the restlessness quieted, and visceral congestions prevented. We also found that the dropsical effusions and swelling of the glands of the neck were less frequent in the cases treated by venesection than those in which it was not used. It is to be feared, that those who are so loud in their denunciations against blood-letting have not employed it sufficiently early in the disease. This is a most important point. Prescribed too late, there can be no doubt of the injurious effects of blood-letting; but employed at the onset of the attack, its power in controlling the march of inflammation is almost omnipotent.

"It will generally be found requisite to administer a cathartic after blood-letting has been employed, or where the treatment has been commenced without it. We find costiveness, and sometimes obstinate constipation, to be a frequent occurrence; and when we reflect on the great degree of irritation and restlessness which are occasioned by the lower intestines being loaded with fæcal matter, we must be convinced of the necessity of cathartic medicines to remove the difficulty. But we must be careful that the remedies employed for this purpose be not too irritating, as they will leave the mucous membrane, which they have relieved of a load of irritation, in a worse condition than it was before. Enemata will not be sufficient alone to fulfil this indication; they may relieve the rectum of the fæces, but there is a certain condition of the mucous membrane caused by the irritation which requires something more active. —We generally administer from five to ten grains of calomel, to be followed in a few hours by a full dose of castor oil. After the bowels have been relieved by this medicine, we maintain them in a soluble state by the daily administration of enemata: and unless the costiveness should become obstinate again we never resort to any thing more than simple castor oil.

"It is necessary in this disease, as it is in all others arising from irritation, to pay strict attention to the diet of the patient. During the period of excitement all articles of a stimulating nature should be proscribed. Officiousness on the part of nurses, and those who are fond of giving advice in such cases, has been the occasion of the fatal termination of many cases. It is of as much importance, if not more, that the physician should be obeyed, with regard to the diet of the patient, as it is that his prescriptions should be faithfully complied with. The propriety of such a course must be so obvious to every reflecting individual, that we will say no more. Flax-seed tea, acidulated with lemon-juice, will form an excellent drink. In fact, any mild mucilaginous fluid will answer every purpose, provided it be not offensive to the stomach of the patient. We have no objections to the use of sago or balm tea. We have been in the habit of allowing cold lemonade in all cases, without the slightest injury to our patients. —When the force of the disease is subdued, and the patient begins to mend, we must gradually increase the diet, in proportion to the restoration of the digestive powers. After having confined the patient to an absolute diet during the period of high excitement, we may then commence with arrow-root and the different articles of the same nature.

"We have never resorted to sponging with cold water or cold affusions, for the purpose of relieving the intense heat of the surface, and therefore can say nothing as to their efficacy. We have found the warm bath useful in many cases in which the eruption had suddenly seceded; also in cases complicated with convulsions. We think it not only unnecessary, but highly injurious, to confine the patient to a feather bed, and load him with covering, for the purpose of warding off the effects of cold. He should not be exposed to a current of air; but he must be lightly covered, and confined to a mattress instead of a feather bed. This we think of much importance.

"For the swelling of the glands about the neck we use the common poultice of baker's bread and milk. Under this treatment we have not had a single case in which the glands suppurated. We are also in the habit of applying this poultice to the throat, when the fauces are much swollen and painful; it should be renewed as soon as it becomes cold. We think these external applications to the throat have had a better effect than all the gargles that have been prescribed. Many persons will not be satisfied, unless they are permitted to use a gargle of some sort; and therefore, to prevent them from doing something that would aggravate the disease, we generally permit the use of such as are not likely to be injurious."

We have extracted freely from the judicious paper of Dr. Robertson, inasmuch as the subject is one of considerable interest at the present time. We may take occasion here to remark that our own experience is decidedly favorable to the practice of sponging the surface with cold water, as it invariably allays the heat of skin and affords great relief to the patient.

9. *Ossification of Muscular Tissue.* This is the history of an interesting case which came under the observation of David L. Rogers, M. D. of New-York, and was communicated by S. R. Kirby, M. D.

Dr. Rogers was consulted in June 1832, in the case of James Mulwill, æt. 13.—Six months previous, without perceptible cause, loss of motion of the arms was perceived; the right arm became permanently fixed, and his head inclined on the sternum.

"On examination, it was found that the

pectoralis major muscle was ossified at its superior part, and extended in the direction of the clavicle to the arm; the bony deposites forming high and irregular elevations. The sterno-cleido mastoideus was ossified from the sternum to its middle portion, with several elevations. The back exhibited the greatest quantity of ossific matter, having a tubercular appearance. The scapula was fixed to the ribs, and studded with bony excrescences.—All the muscles going to the scapula appeared more or less affected, viz. the trapezius, rhomboideus, subscapularis, &c. The latissimus dorsi formed a large bony plate, from its origin to the angle of the scapula; at this part it had united to the ribs, forming a large tubercle. The longissimus dorsi was in a similar condition, extending upwards along the spine, resembling a splint, and to this may be attributed the entire loss of motion in the lumbar vertebra."

A judicious course of treatment was adopted by Dr. R., founded on a knowledge of the fact, that, bony depositions do not take place in scurvy, and that fractures which have been united for several years, are sometimes separated in the scorbutic diathesis. His plan, though unsuccessful, appears to us to have been the most judicious which could have been adopted, and as Dr. Kirby correctly observes, "May be considered a series of experiments to check the predisposition to the formation of bone."

The patient died in March, 1833, and a partial examination was had twelve hours after death.

"The glands of the mesentery were enlarged; no ossific matter in the vascular system, but it seemed to be confined entirely to the muscular tissue. The parts within the abdomen and thorax appeared to be healthy. The pectoralis major and minor muscles were united into one, and attached to the ribs by solid bone. During this part of the dissection a large abscess was opened in each side, containing about six ounces of pus; the tendinous parts of the muscles were not affected. The muscles of the back were all, more or less, in the same condition. Specimens of the latissimus dorsi, longissimus dorsi, subscapularis and pectoralis muscles, are preserved in the museum of Dr. Rogers. In several instances, spicula of bone projected from the muscles one or two inches; and no doubt, from the irritation they occasioned, abscesses were formed."

10. *Sodo-Hydrargyrate of Potassium.*—This is a highly interesting and valuable paper by William Channing, M. D. of New-York, on the chemical history and therapeutic uses of a new remedy in disease.

We pass over the first part, and shall confine ourselves to an abstract of the practical portion of the essay.

The first case affording an illustration of the medicinal powers of the preparation, which occurred in the practice of Dr. C., was a blacksmith æt. 33, of a sanguine temperament and an athletic frame.

"In February, 1832, he stated to Dr. C. that, in July, seven months preceding, he was attacked with a severe cold and cough, which had been uninterrupted to that time. He complained of acute pain in the right side, about the middle of the sixth and seventh ribs, much aggravated by full inspiration, and of cough harassing him night and day: expectoration was mucous and inconsiderable; pulse tense and frequent; flesh and strength much reduced; he was feverish in the afternoon, in free perspiration at night, and in the morning chilly and enfeebled."

The usual remedies were had recourse to, but purulent expectoration, hectic, night-sweats, &c. ensued, and the disease continued to advance, presenting the following symptoms on

"*Saturday noon, April 21st.* The cough is frequent and expectoration difficult; the sputa muco-purulent, about half a pint daily; the pulse, which has been gradually rising, now beats 105 to the minute, quick and feeble; the surface of the tongue resembles raw meat; and the appetite is insatiable; colliquative sweats and diarrhœa; the latter, having commenced two weeks since, is now urgent.—His nights are almost sleepless, and his strength and flesh so rapidly wasting, that the powers of life must soon fail, unless some means be promptly discovered to overcome these threatening symptoms; especially as his friends state, that his father, brother, and other members of the family "have died in the same way," to use their own language, "of hasty consumption;" and that he has been several years addicted to the excessive use of ardent spirits, by which his constitution appears seriously impaired.

"*Sunday noon, April 22d.* R. Deutiod. hydrarg. gr. iv. Hydriod. potass. ℈i. Aq. distil. ℥i. M, ft. sol. Take five drops in water three times a day.

"*Tuesday, 12th M. third day under this treatment.* Pulse 102; expectoration more free, and otherwise there is apparent improvement.

"*Thursday, fifth day, M.* Pulse 100; diarrhœa checked; tongue looks better, and other symptoms meliorated. Increase the dose to six drops.

"*Saturday, M. seventh day.* Pulse 96; sputa lessened and less viscid; night sweats and diarrhœa have ceased; tongue appears nearly natural. Increase the dose one drop daily."

It is unnecessary for us to follow the minute details; we therefore give the conclusion of the case in the language of Dr. C.

"*May 24th. Thursday, twenty-third day.*—Pulse 76, soft, full, and of nearly natural strength; cough very rare, and expectoration easy; sputa still purulent, but occurring only on rising in the morning, to the amount of a

tea-spoonful; bowels are regularly moved with healthy evacuations. Patient eats and sleeps much as when in his best health, and walks two or three miles a day with no more than ordinary fatigue.

"At this time, as he was about to leave town, I parted with him, directing the continuance of the solution, (of which he is taking twenty-five drops twice a day,) until the cough and expectoration should entirely cease. His family soon afterwards informed me that these symptoms had totally disappeared; since which, though my professional relation had terminated, I have from time to time, up to September last, a period of fifteen months, been gratified with the intelligence of his continued freedom from pulmonary complaint, with the exception of considerable dyspnœa, or shortness of breath, produced whenever more than moderate exercise has been attempted."

Two other cases of pulmonary disease which terminated fatally, but in which this medicine seemed beneficial, are related.

We quote, "In reviewing the history of these cases, the prominent effects clearly traceable to the recuperative powers of the agent employed, may be summed up under the following heads, as they were manifested in the different functions of the system, viz. 1st. Upon *the organs of circulation*—by the subsidence of the pulse in the first case, as a natural concomitant of the subsidence of disease; and in the second and third cases, as a diffusible stimulant, establishing reaction even in circumstances of collapse apparently desperate.

2d. *Upon the lungs;* in each of the three cases, by the progressive improvement of their secretions, and of the cough and the expectoration.

3d. *Upon the alimentary canal* and its appending glandular apparatus—by subduing in every instance the morbid action, and restoring the healthy secretions of the whole surface concerned in the functions of digestion and defecation.

4th. *Upon the urinary organs;* in the last two cases, by the revival of their activity, and the renewal and continuance of their natural secretions to the last.

5th. *Upon the skin and cellular tissue;* by the sensible changes in the secretions, exhalations, temperature, &c. particularly indicated in the last two cases by the cicatrizing of superficial ulcerations.

6th. *Upon the absorbent and exhalent systems;* 1st, of the mucous surfaces, by the effects already noticed upon the functions of the lungs, of the alimentary canal, and of the urinary organs; and 2d, of the cutaneous surface and cellular tissue, by those adverted to under this head; and particularly upon the lymphatics of the latter, by the prompt disappearance of the fluid there effused.

Or, to express these effects still more comprehensively, *they were displayed in diffusing excitement and equalizing circulation even through the minutest vessels engaged in the functions appropriated to the absorbent and exhalent systems, to the cellular, the mucous, and the dermoid tissues.*"

Dr. Channing has also employed this article in a number of other forms of disease, a tabular view of which is given. We have only to remark that further experience is required, and we sincerely hope the attention of the profession will be directed to the investigation here begun. To conclude, we very much fear the doctor will loose "caste," among his brethren of the Hahnemann sect, for having administered half a grain!! *per diem*, when they are taught that the one ten thousandth part is all-sufficient!

11. *Female organs of Generation after coitus.* In May 1827, Henry Bond, M. D. of Philadelphia, was invited to make a *post mortem* examination of the body of a female about twenty years of age, who had destroyed herself with laudanum, immediately after having passed a night, or the most of it, *in coitu* with a young man. The examination was made in the presence of Drs. S. Tucker, and C. D. Meigs, two of the most able physicians in Philadelphia

"The uterus was larger than I had ever before seen it when healthy and unimpregnated, and its colour indicated more vascularity. The ovaries were large, extremely vascular, and situated nearer the uterus than usual. Instead of hanging loose at the distance of an inch or more, they appeared to be drawn so close to the sides of the uterus, that there was scarcely the space of a quarter of an inch between them, The Fallopian tubes were very vascular, so much so as to give them a firmer and more fleshy appearance than usual, and instead of ending in loose, floating fimbriæ, appeared to terminate by an union with the ovaries, and to be very tortuous on account of the short distance between the ovaries and the origin of the tubes. On the surface of the ovaries were seen a few small vesicles of the size of shot, projecting little or none beyond the surface of the gland, and containing a slightly turbid fluid. From the ovaries and the fimbriæ several small vesicles were seen hanging by extremely delicate pedicles, from one-fourth to seven-eighths of an inch in length. They looked like pyriform drops of mucus, a little larger than the seeds of grapes, covered with an extremely delicate pellicle, which appeared to constitute the fibrils by which they were suspended. Upon cutting open the uterus, it was found to be thickly coated with a substance having the appearance and the strong peculiar odour of semen. Some of this substance was in the neck of the uterus. The Fallopian tubes, (at least the one which was laid open,) contained apparently the same matter, but whether it possessed the seminal odour was not ascertained.

MEDICAL INTELLIGENCE.

1. *New England Magazine.* We have received a criticism on "an historical notice" of Dr. John W. Francis, published in the above named journal, which had it been written in a proper spirit, free from unnecessary personality, we should not have hesitated to publish—these considerations induce us to decline its publication. The writer must know there is a point where criticism ceases to be viewed as just, and our critiques are too apt in their bitter denunciations of men to show that personal hostility, rather than professional zeal, prompts language unbecoming as well the gentleman as the votary of science. We do not, however, object to well-merited severity, when divested of personality; some men must be made to feel, but that severity should be tempered with judgment, and never allowed to go such lengths as to blunt the edge of criticism.

In reference to the historical notice, those who are acquainted with the high standing of Dr. Francis feel that he required nothing of the kind, and we regret that his talented friend had not otherwise employed his pen.—(*Eds U. S. Journal.*)

Letter to the Editors.

Gentlemen:—Although personally unknown to you, I cannot permit the opportunity to pass without making a few observations in relation to your journal. It gives me pleasure to say that I am much pleased with the plan, and I may say the same of my professional brethren so far as I have seen. If you continue as commenced, it must become interesting and valuable to the practitioner, and I am in great hopes the extracts you have published from Percival and other Medical Ethics will be the means of correcting the unprofessional conduct of many members of the profession. I would most respectfully recommend to medical societies to make it a standing rule, that, at all their meetings the first business should be to read the extracts you have published; by such a course, I am confident that transactions of societies would not only be conducted with more harmony and good feeling, but that the members would return to their homes with a determination to lay aside those feelings which too often disgrace the profession.

Permit me to suggest one or two additional articles to the medical ethics, which if they were adopted I have little doubt much good would result. 1st. Unpleasant feelings are frequently experienced by members of the profession in reference to each other in consequence of reports, (generally made by some busy body,) of what physicians should say of each other, or what patients may have said; to correct the evils arising hence, I would recommend in all cases of this kind, that the aggrieved party at once seek out the supposed author and require a full and satisfactory explanation—this done, I venture to assert it would not only nine times out of ten, turn out a mere bubble, but it would in the same proportion cement and bring together in good fellowship, men who had been divided and cherished constant hostility from the causes stated.—2d. That it should be the duty of members of medical societies to report all *facts* that may come under their notice of unprofessional conduct, and that the same be entered on the minutes, and published with the other transactions of the society. I am aware that this plan would meet with opposition, but the honourable and candid would have nothing to fear from such a course.

A few words in relation to the adulteration of drugs, as mentioned in article 5, page 9, of your first number, and I have done. The country physician I am aware from experience suffers materially in his practice from the adulteration of drugs. I could point out numbers of instances of this kind from my own knowledge, but one or two shall suffice for the present, viz., sulphate of quinine and barks. Frequently have I had to repeat the dose again and again, when if they had been pure, one dose ought to have been sufficient. This, however, is a common occurrence with country physicians, you in cities who do not put up your own medicines, I presume manage better. We physicians in the country labour under a great disadvantage in not possessing a better knowledge of medical chemistry and pharmacy, to enable us to detect adulterations; a good paper on this subject giving the best tests, &c., would doubtless be considered valuable and interesting. Whilst on this subject, permit me to express my regret that these important branches should be so much neglected in most of our medical schools, for it is not uncommon to see our medical graduates return from their *alma mater*, knowing very little of medical chemistry and pharmacy. Should this hint cause the teachers of our medical schools to improve this part of a medical education, I am confident much benefit will result.

I am, gentlemen, yours, &c.

Litchfield county, Conn.
September, 1834.

We conceive the hints thrown out by our correspondent in the above letter, of sufficient importance to lay before our readers, and we shall be glad if some of our friends will favor us with a paper on the subject of adulteration of drugs, tests, &c., as suggested by him.—*Eds U. S. Journal.*

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End of the Number.

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NOTICE TO CORRESPONDENTS.

We have several communications on hand, some of which shall appear in our next Number.

The remarks of Dr. J. were unnecessary and uncalled for, under the circumstances. We have no objection to present the *facts* disclosed, to the members of the profession, if divested of the comments, which weaken instead of giving force to them.

The letter addressed to Professor Potter, of the University of Maryland, shall appear in our next.

The well-written paper on the "Functions of the Liver," from the pen of a highly respectable physician, is too speculative, and entirely too lengthy for the limits of our Journal; we refer the author and the profession generally, to the 19th article, page 40 of our first Number, for the kind of papers we desire to lay before our subscribers.

P. R. will find a satisfactory answer in the mode suggested.

We call the attention of Surgeon-Dentists in the United States, to the establishment of the Society recently established in this city, and mentioned at page 157 of this Number.

☞ *James Webster, the Publishing Agent of this Journal, being much absent from the city, all Communications concerning the same may be addressed,* (post paid) *to him, Post-office, New-York.*

THE

UNITED STATES

MEDICAL AND SURGICAL JOURNAL.

No. IV.

NOVEMBER, 1834.

Art. I.—*A Case of Strangulated Ventral Hernia.* By A. B. Shipman, M.D. of Cortlandville, N. Y.

Widow Barney, of Summer Hill, Cayuga Co., æt. 61, had been laboring under hernia for thirty years. It was small, and she had always been able to return it herself without much difficulty, until the morning of the 17th December 1833, when she began to experience pain, which increased and was aggravated by her attempts to reduce it. She called on her physician, Dr. Benney, who made attempts by bleeding, cold applications, warm bath, and tobacco enematæ, &c.; these efforts were continued until 10 a. m. on the 18th, when I was requested to visit her. I did not arrive there until 3 p. m., and before resorting to the operation, thought best to try the effects of more bleeding, and a tobacco injection. Accordingly, after placing the patient in an erect position, a large orifice was opened, and about 16 oz. of blood taken; when syncope was produced, an infusion of tobacco was immediately thrown into the rectum, which, together with the bleeding, produced the most perfect relaxation. The taxis was now employed, and continued for an hour with perseverance without accomplishing its reduction. She had three or four hernial tumors situated on different parts of the abdomen, but the one which was strangulated was on the left side of the linea alba, about two inches above the umbilicus. The tumor was small, and situated deep, (as the patient was very corpulent.) It was painful upon pressure. She vomited, had a small frequent pulse, abdomen distended, &c. The operation now seemed the only resort, and, I confess, I felt somewhat timid, as I did not recollect to have seen or heard of a case where the tumor was situated so high up in the region of the stomach. The extreme obesity of the patient was another objection. After explaining our views to the patient and her friends, she not only consented to the operation, but wished it performed as soon as possible. The patient was laid on a couple of tables, with their ends placed together, and covered with folded blankets. She was supported on each side by assistants. An incision was made beginning above the superior portion of the tumor, and carried down over the most prominent part of it, about five inches in length. Another incision about three inches in length, at right angles and on the left side of the first, was next made, and a careful dissection through the fat and cellular substance to considerable depth was made, when the hernial sac was exposed. This was very thin and transparent, through which the intestine was plainly to be seen. On opening it, the intestine was perfectly black. There was no adhesions to the sac, nor was there any fluid in it. On examining the stricture, I found it embraced the intestine so closely, that it was difficult to pass a director, when, with a probe-pointed bistoury, I enlarged it by cutting directly downwards. A small portion of omentum was likewise embraced by the stricture.

The portion of intestine strangulated was one of the small ones, about six inches in length; and on pulling out a portion of it from beyond the stricture, it was found highly injected and inflamed; but all included within the stricture appeared as if gangrenous. No circulation could be discovered in it, nor any sensation. The intestine was returned into the abdomen, the omentum was left, as it had formed old and extensive adhesions.

The patient bore the operation with the greatest fortitude, and never uttered a groan while it lasted. The wound was closed by sutures and adhesive strips, and a sheet folded was pinned around the abdomen. The patient expressed herself much relieved after the operation. I was assisted by Dr. Benney, of Summer Hill, and Drs. Beers and Crain, of

Geston. A dose of ol. ricini was administered, and an enema next morning, which procured several stools without pain or uneasiness; water gruel for nourishment.

20th. No unpleasant symptoms; bowels moved twice without medicine; no pain or fever; pulse rather frequent. 22d. No pain; restless; complains of burning at the stomach; vomited with some relief; pulse frequent; tongue slightly furred; no tenderness of the abdomen; bowels moved twice without medicine.

23d. Feels better; has some appetite; takes crust water and gruel; no motion since yesterday.

24th. Examined the wound, as she complained of pain in it; found it inflamed, and an erysipelatous blush diffused over the abdomen. Some portions of fat were protruded from the wound between the stitches which was gangrenous, which I removed; there was a thin fœtid discharge; fever; restlessness; quick pulse. Gave cath. of oil; this procured two or three stools. Evening: Great restlessness; delirium; rapid weak pulse; edges of the wound look gangrenous, and several patches of the same character below the umbilicus, at some distance from the wound. The stomach was irritable, and rejected every thing; swelling and distension of the abdomen to such a degree, that the stitches gave way, and the wound gaped. Apply a yeast and charcoal poultice over the abdomen.

25th. Some better; rested well after taking Dover's powder; great fœtor of the discharges from the wound; sloughs beginning to separate; dress the wound with dry lint; a diarrhœa which it was difficult to restrain; continue the poultices, and give wine and sulph. quinin.; chicken broth.

26th. More comfortable; sloughs separating; two patches below the umbilicus, of the size of the palm of the hand, sloughing; wound is now suppurating a healthy pus; removed some more portions of the omentum as it protruded from the wound, and was sloughy; bowels not moved since yesterday; some little appetite; pulse less frequent; continue the wine, chicken broth, and quinine; approximated the edges of the wound as near together as possible, by placing two wide strips of adhesive plaster on each side of the wound, and parallel with it, and attaching tapes to them, by which means the edges could be drawn nearer together without the irritation of the straps passing over the wound.

27th. Sloughs separating below the umbilicus, and the margins suppurating; patient feels better; tongue is cleaning; more appetite; pulse less frequent; bowels moved once without medicine; skin moist.

28th. Still improving; sloughs separated to the depth of the facia, and leaves a healthy granulating surface; the wound discharges large quantities of a thin fluid, very fœtid, and and as *black as ink*; continue the wine and a nourishing diet with quinine; dress with dry lint.

It is unnecessary to pursue the daily detail of this case. She continued to improve steadily; the wound at length taking on a healthy action; granulations filling it up, as well as the spots where the skin sloughed; and in the course of a few days was able to sit up. It was two or three months before it entirely healed; since which time she has enjoyed her usual health and strength. There has been no appearance of the hernia since the operation, which proves that a permanent cure is the result.

Remarks.—The success of this operation I attribute to its early performance; for it is clearly certain, that the delay of a few hours must inevitably have proved of no avail, as the state of the intestine plainly indicated. It is too often the case, that the operation for hernia is delayed beyond a reasonable time, until the life of the patient is sacrificed, or, what is nearly as bad, doomed to labor under that most disgusting and filthy affliction, viz. artificial anus. The operation for ventral or umbilical hernia, according to Scarpa, requires the more early performance than any other species. He says "that the operation is frequently unfavorable, because it is done too late; that when strangulated, the symptoms are much more intense, and gangrene comes on more rapidly than in every other species of rupture." With respect to the manner of operating in ventral hernia, Sir Astley Cooper recommends the valvular incision, for the purpose of avoiding peritoneal inflammation. It may be practicable in some cases, in thin subjects; but in the above case, where from the corpulency of the patient, and the consequent depth of the stricture, it would have been much more difficult. I think the fever of peritoneal inflammation from the introduction of atmospheric air into the cavity of the abdomen has been greatly exaggerated, in the first place, from the nature of the abdominal cavity the external air is not liable to enter, and secondly, if it should, its effects are not to be greatly feared.

Art. II.—*A series of notices of the therapeutic uses of some of the more recent articles of the Materia Medica. Chiefly from the Dict. de Mat. Med.* Translated by W. C. Roberts, M.D. of New-York.—No. 1.

Iodine.—The medicinal qualities of Iodine about which there is the least doubt, are those of acting as a stimulant, either upon the system at large, or, when given internally, upon the digestive apparatus; of exercising a peculiar action upon the organs of absorption and reproduction; and of being a powerful resolvent: hence the success it has obtained in the treatment of lymphatic affections, upon which, M. Coindet, in 1819, first experimented with it. In the affection called *Goitre*, in

which he first employed iodine, it has always hitherto appeared to be of unequivocal utility. There are, probably, very few physicians at the present day, who cannot add their testimony to that of Coindet, Irminger, Baup, Manson of Nottingham, Henning, Lacrosse, Ulrich, Rickwood, Kolley, Brèra, Graefe of Berlin, &c., as to its value in the treatment of this disorder. Often in a very few weeks, say from six weeks to two months, large goitres are dissipated. The skin loses its tenseness and appears to thicken; the tumor softens, first diminishes in height and then in thickness, then is divided into lobes, which soon undergo a still more numerous subdivision, and ultimately disappears altogether. Those cases are the best calculated for its employment, which are of brief standing and moderate size, and consist of a gelatiniform infiltration of the interlobal and interlobulary cellular tissue of the thyroid gland. Where, also, the disease is complicated with inflammation, the latter must be allayed before the iodine is exhibited.

The good effects of this medicine in *Scrofula*, properly so called, were first pointed out by M. Coindet, particularly in his third memoir, and have been confirmed by the researches of Manson, Brèra, Baron, Magendie, and others. But the most interesting facts which we possess upon this subject are those published by M. Lugol, physician to the Hospital St. Louis in Paris, to whom we are indebted for our knowledge of the properties of Iodine when administered in the form of baths. By a reference to his first memoir, in 1828, it will be seen, that of one hundred and nine scrofulous patients treated by iodine alone, during a period of six months, and under *unfavorable* circumstances, thirty-six were perfectly cured, thirty underwent a remarkable amelioration, four alone remained unbenefited, and the remaining thirty-nine were still under treatment. The subsequent report to the Academy of Sciences, by M. Magendie, in January 1831, fully confirmed these gratifying results. The three memoirs of M. Lugol were translated and published in 1831, by Dr. O' Shaugnessy, of London, with a valuable appendix, and his work is extensively and analytically reviewed in the Medico-Chir. Review, for January 1832, which is reprinted in this country. The work is there pronounced to be the most valuable monograph which has been issued from the press for many years, as being entirely practical, and founded on *authentic* clinical observations and experiments.

In *tuberculous affections* the experience of M. Guersent is opposed to its efficacy; but Brèra, Benaben, Callaway, and Gassaud relate instances of its success in *tabes mesenterica*. The latter, in particular, has detailed four cases in the Revue Medicale, for 1830; in which antiphlogistics, followed by baths, and frictions upon the abdomen with tincture of iodine, effected the disappearance of very considerable mesenteric enlargements. Tubercles in the *female* breast have likewise yielded to this powerful agent.

Notwithstanding that MM. Laennec and Guersent failed in deriving any benefit from iodine in incipient *tubercular phthisis*, the facts which have been published by Baron, (on Scrofulous diseases) Gairdner, Haden, Manson, (on the effects of iodine, 1825,) and by M. de Fermon, tend to create a hope of its future usefulness. By Messrs. Berton and Scudamore the inhalation of iodine has been much commended. The former, in three cases, observed a very perceptible diminution of cough, expectoration and attenuation. In a work published in 1830, Sir Charles Scudamore warmly lauded its use in the form of vapour, (Cases illustrative of the efficacy of inhalation, in pulmonary consumption and asthma,) but omitted to detail his formulæ, for a very unsatisfactory reason. After a lapse of four years he has rectified his error, and in a second edition proposes his system of treatment with augmented confidence.

There are certain *tumors* in which this remedy has been employed with success; such are indolent white tumors, (Gairdner, Manson, Bayle, &c.;) tumors in the breasts, in the abdomen, of the ovaria and parotids, (Forma) Baup, Gairdner and Baron.) The cases by the latter gentleman, published in the Midland Recorder for 1829, are of peculiar interest. After detailing two cures of ascites with enlargement of the liver, after tapping; a third case of tuberculous disease of the serous membranes, and a fourth of incipient tabes in a child, he proceeds: "Allow me now to select two other cases, in which the most gratifying success has arisen from the use of the iodine." The first was that of a female who had a *tumor in the abdomen*, about the size of a child's head, occupying its lower portion, and pressing on the pelvic viscera, so that neither urine nor fæces could be discharged without the greatest difficulty, and the catheter and rectum bougie were often needed. Under the use of iodine ointment, with judicious general treatment, the tumor was so completely removed that no trace could be felt externally, and all the inconvenience and pain had disappeared. The second case was yet more formidable, and had made greater progress, and the result was such as to allow the patient to return to the active duties of an arduous situation. In Mr. Jewel's late work on Leucorrhœa, (p. 80) a case of *diseased ovary*, not less interesting, is detailed. It was removed by iodine given internally. Dr. A. Todd Thompson has reported a case of recovery from *ovarian dropsy*, after tapping, effected by similar means. By Mr. Guthrie, an *enlargement of the testicle*, which he calls *scirrhus*; by Messrs. Bardsley and De Salle, *engorgement of the liver*, so frequently the cause of dropsical effusion, *steatomatous tumors* of the lower belly, &c., have been remedied through its agency.

Amenorrhœa, in which disease iodine was

commended by M. Coindet, as an emmenagogue of great power, has been successfully treated with it by MM. Brêra and Sablairolles. M. Magendie once saw an abortion which he attributed to its use; a circumstance which justifies the advice of M. Coindet, that it should not be used in cases of this affection in which the cause is at all equivocal, or in confirmed pregnancy. It has also been found efficacious in *leucorrhœa*. In *syphilis* and *blennorrhea*, Messrs. Brèra and Richond both high authorities have often successfully employed it. The former considered it one of the best remedies in gleety discharges, and in buboes. In a subsequent article we shall enter more fully on this subject, when speaking of some of the compounds into which it enters, and the ioduret of mercury in particular, which, in venereal and cutaneous affections, enjoys much celebrity.

A distinguished physician of Paris, M. Gendrin, has for many years past been engaged in observations on the effects of Iodine in cases of *gout*, and has published the results of his experiments in the Jour. Gen. de Med. CIV. He asserts that in nine cases out of ten, this remedy has succeeded in dissipating, in a very few days, severe attacks of *acute gout*, and that its use, if persevered in sufficiently long, laying it down at intervals and again resuming it, prevents the return of the paroxysms. In chronic gout he has found it much less useful. For the resolution of tophi, or chalk stones, he applied it in ointment to the affected joints. MM. Godier and Montant, in the same journal, have recorded subsequently additional cases of its efficacy. Of seventy-two patients afflicted with *chorea*, Mr. Manson states, that he cured about one half with iodine. In *tic-doloureux*, *cephalalgia*, *paraplegia and hemiplegia*, particularly when it may be suspected to be owing to a scrofulous tumor in the brain, its beneficial effects are often observed, although it can seldom be expected to procure perfect recovery. Of the eleven hemiplegic patients of whom Manson speaks, one alone was cured, and others relieved; of five paraplegics, one was cured and two derived benefit.

There are several other maladies of which successful cures have been reported as obtained by means of this remedy. By Magendie, a scorbutic enlargement of the gums; by Brèra, an hæmoptysis consequent upon amenorrhœa; by Coindet and Brera, chlorosis. Guintini has recorded a case of vomica with pulmonary catarrh; Brera, others of phthisis laryngea, chronic diarrhœa, œdema of the lower extremities; Buisson, of anasarca; Benaben, of stricture in the urethra. But these scattered facts are few, and the majority of them very incomplete, or so vaguely detailed as not to allow us to attach to them any particular importance. Not so, however, the repeated observations we have mentioned concerning goitre, scrofula, leucorrhœa, amenorrhœa and gout; most of them are either very conclusive, or at least, worthy of most serious attention.

Whatever be the result of the application of this remedy to the other above named diseases, iodine will always preserve its place in the materia medica as one of its most active agents; at once as useful as any, and as safe in skilful hands. It may justly be considered as the most interesting chemical and therapeutic conquest of the present age, with which the names of Courtois and Coindet must ever remain inseparably united.

Iodine is administered, first, in the form of *vapor*, which is inhaled from a double necked bottle, containing dilute sulphuric acid, into which a quarter or half a grain of hydriodate of potassa daily; 2dly, in *powder*, in fractions of a grain made into pills, rubbed up with an extract; 3dly, *dissolved* in water or suspended in syrup, or in solution in alcohol or ether. Externally, it is employed as an ointment, lotion, injection, or bath, and for a collyrium in scrofulous ophthalmia. Of all these, the tincture, the iodurets, or the salts of iodine, are the most commonly made use of.

A brief survey of the physiological action of iodine may not be wholly useless. The vapor is liable, in certain cases, to induce cerebral congestion. It stains the surface of the body yellow, but not permanently; it is absorbed into the circulation and may be detected in the secretions; when used in large quantities it reddens, pustulates and even vesicates the skin. Large doses given internally induce slight gastric irritation, cause constipation, excite the uterine functions, and if too long continued, bring on cough, acceleration of pulse, rapid emaciation and debility, and sometimes phthisis! The disappearance of the mammæ in females, has frequently been noticed, and three cases have lately been recorded by Hufeland. The same has been said of the testes. But these are owing solely to an abuse of the remedy. Emaciation is far from being essential to its action; on the contrary, it tends to increase appetite and *l'embonpoint*. In conclusion we shall observe, that where its use has to be long continued, it is thought best to suspend its exhibition at occasional intervals, after which, it may be resumed with increased advantage.

Art. III.—*Sketch of the life of* Solomon Drown, M.D., *late Professor of Materia Medica and Botany, in Brown University.* By Usher Parsons, M.D. &c. Providence, R. I.

The subject of this brief memoir was born in Providence, March 11, 1753. He graduated at Brown, at the age of twenty; and soon entered upon the study of medicine. After attending three courses of lectures in Philadelphia, he received a medical degree in that city, in 1781, on which occasion he read and

defended a dissertation. He served as a medical officer in the revolutionary army, and was in Sullivan's expedition upon Rhode Island. In 1785, he visited the hospitals and medical schools of Europe; and enjoying the acquaintance of the illustrious Dr. Franklin, then minister at Paris, his opportunities for improvement were highly favorable;—and the compass of his scientific attainments, shows that they were diligently employed.

On returning to Providence, he resumed the practice of medicine; but shortly after, he removed to Ohio, and was present at the first settlement of Marietta, in 1788, and the year following delivered an anniversary oration in reference to that event. This performance and also a funeral eulogy on General Varnum were published. He again returned to his native town and continued his medical practice until the year 1792, when ill health compelled him once more to migrate to the west; but learning, on his way, that Marietta was subject to frequent incursions in the border wars of the savages, he sojourned for a season in West Virginia; and from thence proceeded to Union, in West Pennsylvania, where he resided nine years. Here he delivered three orations commemorative of American Independence, and also an eulogy on General Washington, which were published. In 1801, he returned to Rhode Island, and settled in the town of Foster, where he passed the remainder of his days in professional and agricultural pursuits,—excepting a few weeks which he annually appropriated to the teaching of botany to the upper classes of Brown University, or to a private class of citizens, and in lecturing upon materia medica, two or three seasons to a class of medical pupils. He died in February, 1834, at the advanced age of eighty-one years.

To those unacquainted with the favorite pursuits of Doctor Drown, it may seem strange and inexplicable, that one whose mind was so highly cultivated, and who had tasted the pleasures of refined and intellectual society in the elegant cities of Philadelphia, Paris and London, could seek an abode upon the rugged, granite hills of Foster:

> "To sit on rocks; to muse o'er flood and fell;
> To slowly trace the forest's shady scene,
> Where things that own not man's dominion dwell,
> And mortal foot hath ne'er or rarely been."

But to him botany, and a fondness for rural pursuits, were a ruling passion. He loved "to climb the trackless mountain all unseen," and to contemplate that beauty, order, and variety, which is to befound in the structure of vegetables; and that wonderful fitness to its end, which we perceive in every work of creation.

But his attention to botany was directed not more to the philosophy of the science, than to its practical uses in agriculture and medicine. It may truly be said, that no individual in Rhode Island, has equalled him in these practical applications of the science. Twice he was called upon to address the Agricultural Society, at its anniversary meetings. Those who heard him on one of these occasions, will long remember the glowing animation he displayed, when treating of the sugar maple; particularly when he seized a branch that lay near him and extolling its value to the American husbandman, waved it over his blanched head, with rapturous encomiums. His second address was given but a few months before his death; and its brevity, as well as his subdued manner, evinced that eighty years had wrought their usual changes upon his physical energies.

A few years since, Dr. Drown complied with a request that had often been made by the Rhode Island Medical Society, of which he was vice-president, to act as orator at its annual meeting. The performance though brief, affords an accurate index to his prominent traits of professional opinions and practice. After an appropriate exordium, he observes;

"Were I to prefix a text to my brief desultory discourse, it would be '*In simplici salus;*' —restoration to health depends on simplicity in remedies;—or, more literally,—there is safety in simple things. What a farrago of drugs has been, and perhaps still is, used by many physicians. 'I have really seen in private practice, and in some medical writings, says Huxham, such a jumble of things thrown together in one prescription, that it would have puzzled Apollo himself to know what it was designed for.' A practitioner in the country, said, that the quantity or rather complexity of the medicines which he gave his patients, was always increased in a ratio with the obscurity of the cases;—'If,' said he, 'I fire a great profusion of shot, it is very extraordinary if some do not hit the mark.' A patient in the hands of such a practitioner, has not a much better chance than the Chinese mandarin, who upon being attacked with any disease, calls in twelve or more physicians; and then swallows, in one mixture, all the potions which each separately prescribes.

"Unwildered by thorny theories, unstable as the phases of the moon; it would be far better for the practitioner to tread the path pointed out by a strict observance of nature." * * "On a review of my own practice, I think I have perceived greater advantages from the use of simple indigenous remedies, than of others commonly prescribed. It seems to me, that the human constitution, or corporeal frame, was not thus intricately and wonderfully formed, to require, in repairing, what some physicians call the *broad-axe*—meaning mercury, arsenic, &c.

"You know, gentlemen, that mercury, used freely, will induce a mercurial disease, more difficult to cure than that which it was designed to obviate. Sangrado, in Gil Blas, ascribed all his fatal cases to want of sufficient bleeding and tepid draughts: so some modern physicians seem to ascribe all their success to a bold use of calomel; and, if the

disorder terminates unfavourably, calomel, to be sure, was not pushed far enough.

"It is to the simplicity and paucity of remedies used, to attention to the *natural habit*, and regimen, that I can, with least hesitancy, ascribe my success in practice. By this I would not be understood to boast of cures performed; those were effected by the work of nature. What can we do more than merely to regulate the *vis medicatrix naturæ*—the self-preserving energy; by exciting it when languid, restraining it when vehement, in changing morbid action, or in obviating pain or irritation, when they oppose its salutary causes."

Dr. Drown's lectures on materia medica, contained many valuable observations on the medicinal virtues of our indigenous plants, worthy of the attention of the profession; most of them being the result of his own experience.

As a popular lecturer on botany, Dr. Drown has probably never been equalled in this country. His various knowledge, fine classical taste, and lively imagination, eminently qualified him to illustrate and embellish the science of which he was an enamored votary from early youth.

He was one of the oldest Fellows of Brown University, and formerly held the office of its secretary. He was a member of the American Academy of Arts and Sciences, and an honorary member of several other learned bodies. The Rhode Island Medical Society appointed him a delegate to the convention that formed the National Pharmacopæia.—In 1825 he published 'The Farmer's Guide;' of which it was truly said, "It would be difficult, in the same number of words, to comprise a greater number of ideas, which may prove practically important to the agriculturist."

Dr. Drown was in stature below the ordinary height; in his manners retiring and unobtrusive, and inclined to abstraction. If, when visiting his patients, botanical objects chanced to arrest his attention, they were apt to engross it, to the disappointment of those who were waiting his arrival. The ancient classics were his favorite study; and he often regaled his voluptuous taste for English poetry and romance. At the house of a patient his eye would sometimes light upon a book that would chain his attention for hours, and even retain him in a standing posture. His intimate friends were sometimes favored with the privilege of hearing him recite, in his usual enthusiastic manner, from some favorite poet. As a philanthropist, it should be mentioned, that he always evinced a deep interest in the temperance reformation; with the principles of which his own habits had ever accorded. When public sympathy was awaked in behalf of the Greeks throughout our land, Dr. Drown came forward at the solicitation of the citizens of Providence, to plead the cause of that bleeding people before an assembled multitude. This was the most brilliant performance of his life, and resulted in a very large contribution of solid relief. Although not a professor of religion, he was ever ready to support its interests; and in his lectures he often alluded with rapturous enthusiasm to the wisdom and beneficence of the Creator, as displayed in the natural world.

"When to the common rest that crowns our days,
Called in the eve of life the good man goes;
————————and, ripe in wisdom, lays
His silver temples in their last repose."
"We think on what he was—his stainless worth,
————————and in the book of fame
The glorious record of his virtues write."

We have commenced in this number, and shall subsequently continue the publication of the "Transactions of the Medico-Chirurgical Society of Edinburgh," from our valued contemporary, the Edinburgh Medical and Surgical Journal for October. It will be remembered that heretofore this Society has published its transactions in the form of a volume, but believing that more extended circulation might be given to them, they have made arrangements with the editors of the above named work, so that they will now regularly appear in the Journal.

We take this opportunity to suggest to the profession, the formation of a similar society in the United States, with active members not confined to any one city or town, but to comprise the most distinguished medical men throughout the Union, whose communications should be forwarded to some central point, read before the society, and after submitted for publication. We shall be happy to receive any suggestions on the subject, to present to our readers.—*Eds. U. S. Journal.*

Art. IV.—*Select Cases and Communications, forming part of the* Transactions of the Medico-Chirurgical Society of Edinburgh. Communicated by the Council.

Prospectus by the Council.

[Not long ago the Medico-Chirurgical Society of Edinburgh circulated among its members and friends a proposal, that they should communicate to the society, for accumulation in its records, any detached cases of interest which might occur in the course of practice,—the object being to preserve and make known a class of facts, which, however valuable, the society were well aware must often escape publicity, because they present themselves to practitioners who entertain, either in the parti-

cular circumstances, or even generally, no views of becoming authors in the ordinary form. A considerable collection of important cases has accordingly been now made; and these, as the society originally anticipated, have acquired by their relations to one another, an interest which, intrinsically or severally, they never could have possessed. It has now, therefore, become the duty of the council to decide how these cases may be published in such a manner as to meet most amply the views of their authors and of the society; and the result is, that, with the concurrence of the Editors of the Edinburgh Medical and Surgical Journal, they have resolved to insert as regularly as possible in the quarterly numbers of that journal, a digested series of such cases as have met with their approbation. The present section, being the first part of a series of diseases of the brain and nerves, may be considered as a fair specimen of what may be expected from the society's plan.

It is to be understood that no cases or communications will appear in this journal under the head of the Medico-Chirurgical Transactions, except such as have been read before the society and approved by its council; and that the council exercises the sole control in the admission or refusal of articles.

The council feel it wholly unnecessary to point out the advantages which may be looked for from the steady execution of the plan which the society has sketched out for itself. They will venture, however, to express to the members of the society, as well as to its numerous friends, their hope that the fortunate agreement they have made with the editors of this journal,—in consequence of which they are able to secure certainty and promptitude of publication for all communications of value,—will induce contributors to come forward in increased numbers. The second section will probably comprehend diseases of the Abdominal Viscera.

The council have it farther in contemplation to append to each section an abstract or general summary of the cases contained in it, wherever such summary seems practicable and likely to prove useful. But, for obvious reasons, this is a part of their plan which they cannot pledge themselves uniformly to execute.]

Section First.

Cases and Communications illustrative of the Pathology of the Brain and Nerves.

§. I.—Morbid Changes in the External Membranes of the Brain.

1. *Case of Ossification and Preternatural Aridity.* By Alexander Hood, Esq, Surgeon, Kilmarnock.

Agnes Buchan, aged 28 years, was sober, industrious, and attentive to business early and late. She had little time for air or exercise; and tea, bread, and butter, constituted her diet morning and evening, for she took little dinner in general for many years. In October 1827, she complained of palpitation of the heart, which continued more or less severe till January 1828, when the disease in a great measure disappeared. From this time till the month of May she enjoyed tolerable health, though somewhat delicate and nervous. The catamenia appeared regularly.

On the 24th of May, while menstruating, she walked fourteen miles out and home with a pleasure party without inconvenience. On Monday the 26th, she was much engaged in cleaning a room, and in taking the curtains off a bed, washing them, and putting them up again.—On the 27th, she complained of being stupid and confused, and of want of recollection.—On the 28th, she had a slight attack of epilepsy, was sick and oppressed during the day, and vomited frequently.

On the 29th, she had some vomiting; palpitation occasionally troublesome; complained of being confused, and of having considerable pain about the back of the neck, but particularly the upper and back part of the head; pulse 72; countenance pale; almost bloodless; bowels in general costive. The head was ordered to be shaven, and eight or ten leeches applied to the pained part; and she was requested to take an ounce of castor oil immediately. This was the first time I had seen her.

June 1st. The oil had been rejected. She now complains of palpitation of the heart, of nervous debility, and a confined state of the bowels.—2d. She took two ounces of a solution of sulphate of magnesia, in which were dissolved eight grains of the sulphate of iron. Soon after taking this solution, she began again to vomit, and vomited very frequently during the day, and occasionally brought up some bile. Pepper and whiskey were applied to the stomach, and an opiate administered to procure rest during the night.—On the morning of the 3d inst., the vomiting returned; pulse 72; took a Seidlitz powder; and shortly after an enema was thrown up, by which some dark-coloured feces were evacuated; but in rising from the stool, the right leg, and also the right arm, were found to be paralytic.

In the evening I learned that she had had several convulsive attacks in the course of the afternoon; incoherent; countenance pale; eyes staring and wild; pulse 110, full and strong. She was bled to the extent of sixteen ounces from the arm, and ten leeches were applied to her head. In the course of the night she had a great many convulsive attacks, or epileptic fits, which exhausted her so much that about mid-day on the 4th she expired.

Dissection.—On dividing the scalp to remove the skull-cap, not a drop of blood was lost, nor was a blood-vessel to be seen. The

cranium was of the usual thickness; and near the coronal region, on the right side, was a small ossified projection on the outer plate of the bone, in shape and appearance much resembling a split pea, though somewhat larger in size.

Within the skull, a little anterior to the commencement of the lambdoidal suture, and on each side of the longitudinal sinus, spiculæ of bone were formed, about half an inch in length, and one-third of an inch in breadth. The sinus was completely filled with a hard coagulum of blood, so that when the vessel was cut open it retained its form, and had so much consistence that it resembled very much a portion of boiled blood-pudding. On the left hemisphere of the brain, immediately under and posterior to the coronal suture, the membranes covering the brain in this part were very fully injected with blood, so strongly coagulated in the vessels, that their contents could not be pressed backward and forward, as is usually the case. It was found necessary to slit open the veins in this place, in order to examine the coagulum. About the middle of the left lobe, near to where the falx divides the two hemispheres, a clot of blood was discovered in the substance of the brain, about the size of a small bean. About two and a-half inches farther back, nearly under the ossified portion of the sinus, but still in the left hemisphere, there appeared to be some disorganization,—the cerebral substance being soft, and containing several clots of blood about the size of a pea. There was not a drop of serum discovered in this dissection of the brain, no effused lymph, and scarcely even a drop of fluid blood was observed.

The lateness of the hour—it being midnight—prevented me from examining the chest and abdomen.

Kilmarnock, June 9, 1828.

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2. *Tumour from the Petrous Portion of the Temporal Bone, with extensive Disease of the Brain.* By Dr. Beilby, F.R.C. Physicians, Edinburgh.

A gentleman, aged 31, who had enjoyed remarkably good health, became affected, in March 1830, with pain in the right ear, from which a discharge of purulent matter soon took place, after which the pain abated, but returned occasionally with violence for a short time. In the following June, the ear, which had continued to discharge, was again the seat of constant acute pain, and the discharge ceased. He now began to suffer extreme pain in the head, for which he took a great deal of medicine,—especially mercury. Discharge from the ear again took place, with great mitigation of the headach. But from this time he continued very subject to pain in the head, varying in degree, and in its particular seat, being sometimes felt chiefly in the back of the head, at other times above the eyes but most frequently on the right side, and described by him as shooting from the ear towards the vertex. It sometimes ceased suddenly, and without any known cause, and he had perfect ease for two or three weeks.

I first saw him about the beginning of last December, at which time he was suffering violent pain in the head, and had a constant sensation of noise in the right ear, the function of which was so much impaired, that he could only distinguish pretty loud sounds on that side.

Leeches, blistering, and purgatives, produced no sensible benefit.

On the 23d of January he was found lying on the floor of his bed-room in a state of stupor, and when roused, he said he had fallen out of bed, but could not give any intelligible account of it. His mind was confused, and his speech indistinct. There was a constant tendency to fall into a state of stupor, from which he was very unwilling to be roused, and when raised up, said he had great pain in his head. On the following day he died.

Appearances in the head on examination—The general surface of the brain was dry. There was from an ounce and a-half to two ounces of serous fluid in the lateral ventricles. The parietes of the lateral ventricles, the *septum lucidum*, and the *fornix*, were in a softened state. There was a firm tumor about the size of a horse-bean upon, and apparently growing out of, the ridge of the petrous portion of the temporal bone, imbedded in, and united to, the brain itself, which could only be removed from the skull by the laceration of this adhering part. There was a large abscess, with unhealthy scrofulous-like matter on the anterior surface of the *cerebellum*, affecting both hemispheres, and involving both the *crura cerebri*. The contiguous portion of the *tuber annulare* and the *medulla oblongata* were in a softened state.

It may not be without its use to advert to some circumstances in this case which are worthy of remark, as exhibiting coincidences very likely to embarrass the judgment, and which did for a while mislead mine. The symptoms appear to be decided and unequivocal, and the diagnosis perfectly obvious. The pain of the head, generally referred to the right side, especially to the ear, the impaired function of that organ, and the purulent discharge from it, all seem to point out ths very disease which the subsequent examination develops. When I first saw the case, I entertained no doubt that such was its nature. But the failure of the remedies employed to mitigate, even in any degree, the symptoms, the entire remission of the pain at times, without any remedy, and that even for weeks, —the inconstancy of the pain, as to its seat also, and its being often referred to particular parts of the face, as well as the head, espe-

cially to a point a little below the inner angle of the right eye, to the *ala nasi* of the same side, and sometimes to the *symphysis menti*, all concurred to induce me to think that it might not be *neuralgia*, and that the abscess of the ear might not be connected with any deep-seated disease. The effect of the remedies I prescribed under this notion seemed for a time to sanction it. The pain of the head ceased while he was taking large doses of quinine. A second trial of it, indeed, proved inefficacious. I was then induced to order Fowler's solution, during the use of which there was an entire remission of pain; but this also failed on a subsequent trial.

Dec. 7, 1831.

3. *Case of Inflammatory Suppuration of the Internal Ear passing to the Dura Mater and Brain.* By William Brown, Esq. F. R. C. Surgeons, Edinburgh.

James Johnston, aged 14, a robust and vigorous boy, but liable to occasional attacks of abscess of the ear, complained of pain in his right ear, and vomited once or twice on Wednesday the 12th January 1834. He continued at school till Saturday, but still complained of pain, and had the appearance of inattention and stupidity. I did not see him till Monday the 17th. He was then in bed, complaining of severe pain of the ear; the integuments around the ear were tender, but very slightly swelled. The tongue was very foul; he had a good deal of wheezing; and the pulse was quick and hard. He was almost deaf in the affected ear, and this gave him an appearance of stupidity, as he lay on the other side. No matter flowed from the ear, as had done in previous attacks. I ordered leeches to be applied around the ear, and to be followed by a large poultice.

18th. Pain continues very severe. He has a good deal of drowsiness; pulse about 70, and small. I ordered the head to be shaved, and the poultice continued. In the evening he was rather easier.

19th. Rather easier. Pain and tenderness considerably abated; very slight swelling behind the ear. Late in the evening his breathing became very laborious, and a blister was applied to his chest. I did not see him till next day.

20th. I learned that he had been quieter in his breathing through the night, but had once or twice a recurrence of the dyspnœa. When I saw him, he was quite intelligent, and was not suffering much pain, nor was his breathing very uneasy. I found a considerable swelling behind the ear, which I laid open, and discharged a good deal of very fœtid matter. I felt the mastoid process to be bare to a considerable extent. In the evening I took Dr. Alison with me about eight, and found him moribund. He was quite comatose, with slow and very laborious breathing; pulse about 180; the right pupil contracted, and left dilated. He died before we left the house.

The body was opened thirty-nine hours after death. The skull-cap came off very easily. There was no moisture on the arachnoid. The brain when cut into showed a number of red points; but its texture did not seem in any respect diseased. The lateral ventricles contained two or three ounces of serum. When the brain proper was removed, the *tentorium* on the right side appeared thickened; and on its being slit open, the lower surface appeared covered with pus. No other morbid change was visible.

The bone immediately adjoining the diseased membrane was of a darker color, but was not carious. Around the external ear the bone was bare, but not otherwise diseased.

Two or three gristly tubercles appeared on the pulmonic pleura. But the lungs on both sides were in no respect diseased.

The narrative of this case is defective, from its giving no distinct information respecting the symptoms for five days. We are thus ignorant of its progress during the period which is most interesting in a practical point of view, and we do not know whether it had been caused by external injury, or by exposure to cold. The symptoms observed during the last four days, and the appearances recognized after death, do not remove this uncertainty; but they render it more probable that the *dura mater* was primarily affected, and that the collection of matter under the *pericranium* was the consequence of the internal inflammation.

4. *Case of Meningitis, with gelatiniform softening and perforation of the Stomach.* By A Hood, Esq. Kilmarnock.

James Macmillan, aged 7 months, has, during the last five or six weeks, been affected with slight catarrhal symptoms.—December 25. He seemed to be more affected than usual with cold, and has a livid circle round the right eye.—On the 26th, the left arm was observed to hang in a debilitated state by his side; still he can raise it to his head, but when it is moved or handled he cries bitterly. He was feverish and restless during the night. —On the 27th he slept little, his sleep being disturbed with starting and screaming.—On the 29th, the left arm, about the shoulder, was swelled and painful, supposed to be from a wrench, or some unobserved casualty he had sustained. He takes the breast well, though evidently sick and oppressed. The arm to be rubbed with strong spirits, and the temperature supported by means of warm flannel. Bowels easy, or rather lax, and he makes water freely.—On the 31st, symptoms somewhat aggravated; no power of motion in the arm, though he can move the hands and fingers.—January 1st. Took a grain and a half of calomel, which operated well; and he continues to make water abundantly.—2d. He seems to be very sick and much oppressed.

The anterior fontanel was projecting, and the integuments tense and elastic; the sutures very open; the eyes appear to be natural; but the palpebra of the right was more contracted than that of the left. Venous effusion being suspected, let the head be shaven and blistered.—3d. The patient is apparently sinking; was restless, and moaned much during the night. The eyes slightly affected with convulsive twitches; he moves the left hand little, and it is turned inward, apparently from an affection of the muscles. The right eye is much deeper sunk in the head than the left, and seems likewise to be much smaller than the other. During the night his breast heaved much; he was greatly oppressed; and about eight o'clock in the morning he expired.

N.B.—The state of the pulse could not be accurately ascertained.

Dissection.—In dividing the scalp preparatory to making a section of the cranium, the bones of the head were found to be imperfectly united at the sutures, and the anterior fontanel was large, and its integuments flaccid. The bones could not be removed in connection with each other, and the brain suffered in its organic texture with the attempts which were made to remove them, while a considerable quantity of water escaped from the surface of both hemispheres. Between the *tunica arachnoidea* and *pia mater*, there was a layer of coagulable lymph, of purulent appearance, and in some parts more than one-eighth of an inch in thickness. The veins exhibited much of the same appearance, and in many places their contents seemed to consist as much or even more of this same purulent lymph as of blood. The brain was soft and very vascular, and the ventricles contained water, though the precise quantity could not be accurately estimated. The lymphatic effusion extended along the base of the brain, and encircled the commencement of the spinal chord. From the softened state of the brain, and the injury it had sustained in preparing for examination, much minuteness could not be observed.

In the abdomen, the intestines were blanched, and much distended with flatus. The liver, spleen, and kidneys were in a sound state, but the mesenteric glands were slightly swollen, indicative of incipient disease. In the depending portion of the large curvature of the stomach, there was an opening, apparently more than an inch in diameter. On raising the stomach, some ounces, perhaps three or four, of a dark coffee-coloured fluid escaped through the aperture, the edges of which had a dark shade, and the coats of the stomach were thinner and softened to a considerable extent, and the internal coat was so completely dissolved, that it could be rubbed off with the finger like mucus. The pylorus was very much contracted, and somewhat thickened.

In the chest, the lungs were in a sound state, except that the bronchial glands were enlarged, and about the size of a scarlet bean. The thymus gland was, I apprehend, of the natural size, and might weigh two drachms, and no fluid could be expressed from the incisions which were made into its substance. The right and left auricles were distended with coagulated blood, and the *foramen ovale* open, and the aperture nearly as large as the caliber of the descending *cava*. The left ventricle was very small, but its walls thick and fleshy. Before the state of the *foramen ovale* was discovered, the heart had been removed from the body, which, with hurry connected with a protracted dissection, prevented me from ascertaining the condition of the *ductus arteriosus*.

Kilmarnock, January 1827.

§ II.—Morbid Changes in the Internal Membranes.

5. *Case of Hemorrhage from the Cerebral Membranes, the Pia Mater, and Choroid Plexus, causing symptoms of Apoplexy.* By Dr. John Scott, F. R. C. Surgeons, Edinburgh.

About five in the evening of the 24th December 1834, I was requested to see Mr. W. Brown, aged 19, of pale complexion, dark hair, and nervous temperament. About half an hour previously, he had been suddenly seized with a feeling of faintness and sickness, followed by insensibility, which continued only for a moment, when he recovered, and vomited a small quantity of watery fluid. He had over-exerted himself the day before, and dined from home. When I saw him he was sick and retching; he complained of severe pain in the fore-part of the head; the skin was cold and pale; the pulse very small, quick, and feeble. External warmth was applied, and an emetic ordered. Two hours afterwards the emetic had operated well; the circulation was re-established; he felt well, but there was still some pain in the head, with foul tongue. Laxative medicines were ordered. Next morning the pain in the head continued, but not severe, and only felt on motion or sitting up. Countenance natural; tongue foul; evacuations scanty and bilious. Laxative medicines continued, and leeches applied to the head.

The attack was considered and treated as influenza, and in eight days he was perfectly well. The only thing that struck me was the persistence of the pain in the head, after the bowels had been freely relieved, on motion or sitting up; but even this had disappeared by the fifth day. The pulse was about 64, full and regular. He continued well till the last week in February, when he went on a visit to Inverkeithing. There he had another attack of the same kind. Insensibility for a moment, followed in half an hour by sickness and vomiting. Dr. Dewar of Dunfermline saw him, and prescribed some laxative medi-

cine, and in a few days he was quite recovered.

A week afterwards he had another attack, was insensible for a moment, followed by sickness and vomiting. On these occasions he was always very pale, without convulsions, with a very small feeble pulse. When Dr. Dewar saw him at this time, he was struck with a laboring appearance in the action of the heart. It was seen and felt to pulsate over a surface unusually extensive, and there was a feeling of undulation in its beat. The pulse was never quite regular for a minute together, and varied in strength and frequency, and in the distinctness of its beat. He complained of a pain in the head, giddiness, and an inclination to faint on raising himself to the erect posture. Dr. Dewar opened a vein, but the blood only trickled from the orifice, and with difficulty twelve ounces were obtained, when faintness came on, and it was some time before the circulation could be restored.

I saw him two days afterwards with Dr. Dewar. The appearance was natural; but the pulse was 98, small, and rather irregular. He complained of his head on motion, but it was quite easy when lying quiet. The sound of the heart was natural; but the impulse was diffused, and without the regular stroke of the apex. Leeches were applied to the head; and in two days he was quite well again, except that the pulse continued at times irregular. He returned to Edinburgh, and, on his arrival, made no complaint except of weakness. I examined the heart carefully, and satisfied myself there was no disease there. His diet was regulated, and he was advised to be very cautious in every way not to overexert or fatigue himself.

On Sunday, the 30th March, he had taken a short walk, and returned home about five, when he complained of sickness, and lay down. About seven in the evening, he was seized with what appeared to be an attack of epilepsy, viz. violent convulsive motion and twisting of the features, neck, and upper part of the body; great rigidity of the arms; while the pulse was small, and so quick, as scarcely to be counted. He continued in this state about half an hour, and then became sensible, and complained of severe pain on a particular spot in the right temple. He became very sick, and vomited a considerable quantity of fluid. Leeches were ordered, and directions given for the night, as he appeared to have recovered.

About ten he was seized with violent convulsions, and lay in a state of complete insensibility, with rigidity of the arms, full and bounding pulse, and distended veins. I opened a vein, and took a large quantity of blood, which flowed with great force. The convulsions then ceased. Injections were used, and in about an hour, as the pulse continued strong, eight ounces more of blood, which was of a bright scarlet colour, were taken. The pupil of the right eye was observed to be dilated, and of an oval form; the left contracted to a point. A few minutes before death it also dilated. The pulse continued full and strong, but the respiration became gradually embarrassed and slower. When the respiration was ten in the minute, the pulse was 98. Ten minutes afterwards, the respirations were five, pulse 90. In a few minutes the breathing ceased, but the pulse could be felt distinctly for nearly a minute afterwards, when it stopped abruptly, and at once.

Dissection.—Very little blood flowed during the removal of the integuments of the head.

On taking off the skull-cap, there was found towards the top of the forehead a bony eminence on the inner plate, projecting inwards about a quarter of a inch, and a corresponding depression was observed in the membranes and substance of the left hemisphere of the brain. The veins leading into the longitudinal sinus contained a considerable quantity of blood; and a slight serous effusion between the arachnoid membrane and *pia mater* was perceptible.

On separating the hemispheres from one another, a remarkable redness appeared diffused over the surface by which they join, and probably caused by the contact of a small quantity of blood proceeding from below. The upper side of the *corpus callosum* was covered with a thin layer of coagulated blood, and this layer of *coagulum* extended backwards and downwards to the base of the brain, the whole of the central part of which, as well as the *pons Varolii*, and the lower surface of the lateral cerebellic lobes, and part of the *medulla oblongata*, as far as the lowest origins of the eighth pair of nerves, were obscured by a thin coagulum of blood.

The lateral ventricles were distended by clotted blood, mixed with a considerable quantity of thin red fluid, which might be the serum. The quantity of blood effused in the ventricles might amount to about three ounces; the clots being in much greatest quantity in the right ventricle, the fluid most in the left. The clots extended into the anterior and middle, as well as into the posterior *cornua* of the ventricles. The middle on the right side contained the greatest quantity, and at the base of the brain the clot seemed to be joined with that effused on the base.

The *septum lucidum* had been broken down. The third ventricle was filled with blood; and a small chord-like clot extended from this through the iter into the fourth ventricle. A considerable quantity of blood was collected between the anterior lobes of the cerebral hemispheres, which separated one or two convolutions on each side from one another to the depth of an inch or more; and we found that the brain was quite broken down and softened in the space of more than half an inch cubic, situated immediately before the *corpora striata*, or the anterior descending pil-

lars of the *fornix*, and above the origins of the olfactory nerves. There was no appearance of disease in the blood-vessels of the brain.

The heart appeared sound.

The left lung adhered by old lymph to the parietes of the chest at the upper part.

6. *Case of Hemorrhage into the Ventricles of the Brain, and into the Theca of the Chord.* By William Brown, Esq. F. R. C. Surgeons, Edinburgh.

Hugh Anderson, aged 9. During the night of 18th May 1829, he awoke complaining of his head. He then had something resembling a slight convulsion, and vomited freely. When I saw him next day he complained still of his head, and vomited occasionally. His bowels were bound. Cold was applied to the head, some blood was taken away by leeches, and a purgative was administered. On the 25th he was almost well; but in the afternoon he had a convulsion. When seen in the evening he complained much of his forehead, and his pulse was 64 28th. He had been keeping easier under the use of cold, purgatives, and a blister; but his pulse continued slow, he had a tendency to drowsiness, and his bowels were obstinate. This morning he had a slight convulsion, and soon after a very violent one, which lasted without intermission for several hours. During this the left arm and leg were in constant motion, the right side only occasionally so. His countenance exhibited an appearance of satisfaction, and he was constantly performing the actions of chewing, sucking, and licking his lips. After the violent motions ceased, the fingers continued to be twitched for some time. In the evening his sensibility returned to a considerable degree: his pulse was then 130. During the last day of his life coma became more profound, diarrhœa supervened, and at length, after several hours convulsions, he died on the 3d of June.

On dissection the *dura mater* and *pia mater* exhibited a healthy appearance. The lateral ventricles contained each a coagulum of blood, and were distended with reddish serum. Coagulated blood was contained in all the other cavities, was spread in considerable quantity on the base of the cranium, and distended the theca of the spinal chord till nearly its termination. The structure of the brain and chord seemed to be sound.

7. *Case of Hydrocephalus.* By Charles Ransford, M. D.

I was sent for, October 4, 1833, to visit Margaret May, aged 18 months, whom I found in a comatose state, lying sunk in the bed upon the back. Her face appeared swollen, and unnaturally pale; slight convulsive twitches about the angles of the mouth; and deglutition was performed with difficulty. There was complete paralysis of the right arm and leg. The pupils were considerably dilated, but contracted when a lighted candle was put near to them; no strabismus. Respiration was hurried and laborious; pulse 125; skin hot and dry; no vomiting; bowels had been confined for two days previously; the abdomen was not swollen, and had a perfectly natural feeling; the legs and feet were œdematous; urine secreted in small quantities.

I learned that she had been ill for a fortnight,—had been first seized with headach and general uneasiness, manifesting much irritability,—and the day previous to the one on which I first saw her she became insensible. She had always a heavy appearance, but never suffered from worms or any complaint, except occasionally constipation; but I understood that in September she had fallen upon the ground from a chair, and sustained a severe blow upon the back of the head; not complaining of this, however, longer than the day following the accident, no traces of the injury remained. Cold was applied to the head; a blister to the nape of the neck; and two leeches to the temples.

A grain of powder of foxglove, one grain of powder of ipecacuan, with eight grains of calomel, were divided into eight powders, of which one was ordered to be given every six hours. An enemà of gruel, containing a drachm of oil of turpentine and castor oil, with the warm bath in the evening. The gums of the left molar teeth, which were swollen, were divided by the lancet. The following day the leeches had bled well; the blister had risen; and was ordered to be dressed with mercurial ointment,—ʒi. of which was also ordered to be rubbed on the thigh every six hours. No evacuation from the bowels; the powder had been taken regularly; and secretion of urine much augmented. Enema ordered to be repeated.

October 7th. The blistered surface was much inflamed; the bowels had been freely opened; and deglutition was easier.

October 9th. The child appeared much better; pupils contracted more freely; and the state of coma less complete. The calomel was now relinquished on account of diarrhœa supervening. A relapse took place within a few hours, accompanied with convulsive shrieks.

She died on the morning of the 11th.

Inspection thirty-six hours after death.—The body was much emaciated. There were considerable adhesions between the *dura mater* and *calvarium*; the brain was large and soft; both it and its membranes were more vascular than usual; the ventricles were much distended, and contained each about two ounces of serum, clear, and without flakes. In the centre of the right anterior lobe of the brain, a small portion was of the consistence of cream, perfectly white. There were about two ounces of serum at the base, where the arachnoid was considerably thickened, of white opaque colour; a gelatinous deposit extended over the *pons Varolii* and origin of the nerves.

The abdominal viscera were healthy. The lower end of the ileum, for the space of about three inches, was filled with much dark greenish-coloured matter, similar in colour and consistence to the contents of the gall-bladder.

§. III.—Morbid Changes in the Blood-vessels.

8. *Case of fatal Apoplexy, with unusual symptoms connected with disease of the Arteries of the Brain.* By the late Dr. James C. Gregory.

Udny Marshall, aged 49, a stout, active, healthy-looking man; had been in the army for many years, and had been affected with yellow fever and dysentery in the West Indies. But since that time he had enjoyed good health for many years, with the exception of occasional dyspeptic symptoms and headach, so slight as not to interfere with his duties as porter to the Royal Infirmary.

Early in May 1831, he consulted me on account of a dull pain indistinctly referred to the *epigastrium* and the lower part of the *sternum*, and somewhat increased on full inspiration. I examined him particularly at this time. He had no cough, and no signs of an affection of the lungs or heart could be detected by auscultation. The apex of the heart was felt pulsating between the fifth and sixth ribs. There was no increased impulse, and the sounds accompanying its contractions were natural. But in addition to the ordinary dyspeptic symptoms to which he was subject, his tongue was white, his bowels confined, and his appetite impaired. His pulse was soft, rather frequent, and occasionally slightly irregular. Under the use of purgatives and stomachics, the pain which had never been so severe as to interfere with the active duties of his situation, and the other symptoms, disappeared in a few days, and his pulse became quite regular and of natural frequency. He continued in apparent good health till the 27th of June, when he appeared to be seized with a febrile attack. He complained to one of the physicians' clerks of headach, general uneasiness, and restlessness. His tongue was foul, his skin hot, and his pulse frequent. These symptoms increased towards evening, and continued during the night.

About nine o'clock on the morning of the 28th, he suddenly complained, while in bed, of impending suffocation, with a sense of constriction at the lower part of the neck, and pain referred to the upper part of the sternum. His countenance was anxious; his face pale and clammy; his respiration rather slow and prolonged; his pulse frequent, small, feeble, and irregular. The pain and difficulty of breathing were somewhat relieved by an ether draught, but in a few minutes, and while at stool, he began to complain first of numbness of his right hand, then of vertigo and general feebleness, and this was quickly followed by difficulty of articulation, which terminated in complete *aphonia* before he could be removed to bed. He did not become insensible, and made frequent attempts to speak, and to express himself by signs.

Twenty ounces of blood were drawn from the arm, and before the arm was tied up, he was able to articulate a few words. While the blood was flowing the pulse became less frequent and stronger, but was still irregular. The action of the heart, which previously could scarcely be detected by the ear applied to the chest, became more distinct, but without increased impulse or sound. He expressed himself relieved, and breathed with greater freedom. But he appeared drowsy, confused, and complained of headach. Twenty leeches were applied to the forehead, which bled well.

When I saw him about twelve o'clock, along with Dr. Alison, he was in a state of stupor, approaching to coma, with restlessness, and occasional indistinct and apparently incoherent muttering. His pupils appeared somewhat contracted, but were not insensible to light. His face was not flushed, and his skin was then cool. His pulse was rather small, soft, and occasionally irregular. There was no strong action of the heart, or of any of the arteries. The chest sounded well on percussion, and the sound of respiration was every where natural. There was some distension of the abdomen, with considerable tenderness about the *epigastrium*. He could be roused so far as to put out his tongue when desired, and to answer a few questions. But he was very confused, his articulation seemed impeded, and when left to himself he quickly relapsed into incoherence. The tenderness at the *epigastrium* disappeared after the application of some leeches, and, under the use of purgatives and other remedies, the symptoms of an affection of the head abated considerably. The drowsiness and stupor went off in a great measure. He was able, though not very accurately, to describe his sensations. His articulation became much more distinct, and he had no numbness or loss of power in any of his limbs. But there was still something peculiar in his mode of respiration, particularly during expiration; and when speaking, it was hurried, anxious, and somewhat interrupted. He could take a full inspiration without apparent, pain, but when questioned on the subject, he always said, "there was something not right there," without pointing to any particular part as the seat of uneasiness. His pulse at this time had become much more regular, but was more frequent than before. It was soft and small in the right arm, but was of better strength in the left.

The symptoms now, for a few days, resembled very much those of our common continued fever, and even put on somewhat of a typhoid character. His tongue, at first white and foul, afterwards became dry, with thirst; his skin was hot, and his face somewhat flush-

ed. He had some headach; was restless, with moaning and occasional muttering delirium, especially at night. His countenance was languid and oppressed, and his pupils somewhat contracted. At this stage of the disease, the state of the pulse, as well as the other symptoms, indicated the use of wine. A little was accordingly given for two days; and under it the pulse improved in strength, and became less frequent. But on the 4th of July the drowsiness and stupor returned; and, notwithstanding the application of a blister to the head and active purging, gradually passed into complete coma, with slow pulse and stertorous breathing, and he died on the evening of the 6th of July.

Inspection.—The body was examined about forty hours after death. It had unfortunately been kept during hot weather in a warm room, and the process of decomposition had advanced rapidly. The whole cellular membrane was extensively emphysematous and swollen. The face was so livid and swollen that the features could not be recognized. The most of the abdominal and thoracic organs exhibited a darker and more livid colour than common, evidently the effect of decomposition, perhaps increased by the blood being everywhere fluid.

The heart was of natural size, soft, and flabby. There was no hypertrophy of any of the cavities. The walls of the right ventricle appeared even thinner than usual. The internal surface of all the cavities, as well as of the aorta, its branches, and the pulmonary artery, was of a deep-red colour, apparently caused by imbibition of the fluid blood. When cut into, the muscular substance of the ventricles was very soft, of a paler colour than natural, and of a mottled and somewhat granular appearance, as if from the internal deposition of fatty matter. There was perhaps a very slight commencement of thickening at the base of the aortic valves, but certainly not so much as to have interfered materially with the action of the valves, which were otherwise quite healthy. The mitral, the tricuspid, and the semilunar valves at the mouth of the pulmonary artery, were quite healthy.

No disease could be detected in any of the abdominal organs.

The brain, contrary to expectation, was found remarkably fresh and firm in its texture.

There were no unusual signs of sanguineous congestion on its surface or in its substance, and the ventricles did not contain more than two drachms of limpid fluid. But on removing the brain, the whole of the arteries, at its base, the vertebrals, the basilar, and the internal carotids, were found extensively diseased. This change of structure, which appeared to be chiefly confined to the inner coats, was most marked in the large trunks, but it extended also into the minute branches in every part of the brain. These branches seemed to be everywhere enlarged and thickened: and, on making sections of the *coropra striata*, numerous openings, which would admit the head of a common-sized pin, were seen; and from these portions of the blood-vessels could be drawn out by means of the forceps, in which the same change of structure could be distinctly traced. This disease consisted chiefly in a firm and opaque deposit, generally of cartilaginous, but in some spots of bony consistence, irregularly distributed on the inner coat of the arteries, adhering firmly, and causing loss of elasticity and transparency. In several places, even in the larger trunks, where this deposit was most abundant, the area of the artery was completely plugged up by concretions of the fibrin of the blood. In those places where this decided change of structure had not taken place, the internal membrane appeared thickened, and had a red colour similar to that described in the heart and great vessels. The greatest amount of this disease appeared to be in the basilar artery and its branches, where it lies in contact with the *tuber annulare* and the *medulla*, and in the arterial circle of Willis. It was traced in the internal carotid within its bony canal; and, in order to ascertain how far it extended into the larger arteries, the common carotids were examined along their course as high as their bifurcations. Just below this point a distinct *corona* of disease, with some ulceration of the inner coat, was found in the left carotid, and a similar but less marked appearance in the right.

9. *Case of Apoplexy in consequence of Effusion of Blood from Aneurism and Rupture of the middle Meningeal Artery.* By Dr. John Gairdner, F.R.C. Surgeons, Edinburgh.

On Friday the 2d December 1814, I was desired to see the subject of this case, a tradesman, 48 years of age. About three weeks before he had assisted a neighbour to carry a heavy load to the top of one of the high stairs in the old town. In doing so he felt a sudden headach, and he was troubled from that time forward with headach and occasional giddiness, increased by stooping forward. For some days before I was called, he had also been conscious of some degree of imperfection of vision. At the time of my visit he represented his headach to be very violent and severe. The pulse was 46, feeble and oppressed; the pupils of the eyes contracted and dilated readily enough, but two days after (Wednesday 7th) they were found to be permanently contracted, and not affected by the admission or exclusion of light, and they continued in this state ever afterwards.

Next day (Thursday) he was in a drowsy state, but he could easily be roused from it. He replied to questions distinctly enough, and seemed to have less suffering. There was obviously a failure of his muscular power, for he sunk down in bed and was unable to raise himself. After this he proceeded by imper-

ceptible gradations to a state of perfect coma, with absolute insensibility to light and sound, and impressions of all sorts. Involuntary discharge of his feces and urine occurred for several days prior to his death, which happened on Tuesday the 13th. It is worthy of remark, that the breathing was without stertor even to the last.

Dissection.—On opening the head a sac was found on the left side, in the course of the meningeal artery, occupying the region of the lower part of the parietal, and upper part of the temporal bone, formed by the separation of the layers of the *dura mater*, and containing about four ounces of blood in a state of coagulation. The portions of the *dura mater* forming the walls of this sac were much thickened and very vascular. The surface of the brain opposed to the sac was flattened, or rather depressed, and the ventricles contained a considerable quantity of serous fluid. These were the only morbid appearances. It is obvious that the artery which poured out the blood must have given way a month before, at the time when he lifted the heavy load and experienced the sudden headach.

§. IV.—Morbid Changes in the Brain.

10. *Loss of Cerebral Substance in an old Apoplectic Case.* By Dr. Abercrombie.

A gentleman, aged 64, was first seized with apoplexy in 1824. He recovered under the usual treatment, but retained some imperfection of speech, and a degree of weakness of the left side. Some months after, he had a second attack; and in July 1825, a third accompanied by convulsion. In this attack he lay in a state of insensibility for thirty-six hours, and was not able to leave his room for a fortnight. From this time to the period of his death in 1830, he had a succession of apoplectic attacks, amounting in all to twelve. Each left him more and more embarrassed in his speech, and paralytic on the left side, with distortion of the mouth; and he died in the twelfth attack in 1830, after an illness of eight or ten days, during which he lay in a state of nearly perfect coma, with total loss of speech, and perfect palsy of the left side.

Inspection.—On removing the *dura mater*, a remarkable depression was observed on the surface of the right hemisphere, forming a deep and well-defined cavity, capable of containing from three to four ounces of fluid. It had been filled by a clear serous fluid, which escaped when the *dura mater* was wounded in opening the head. The surface of the cavity presented nothing different from the usual appearance of the cerebral surface, being covered by the *pia mater* and arachnoid; but the *dura mater* was extended across the mouth of it, and had inclosed the fluid by which the cavity was filled.

On cutting into the cerebral substance which bounded this cavity, it was found more dense than natural; and immediately below the bottom of it, in the substance of the hemisphere, a cavity was exposed, presenting the usual appearance of a collapsed apoplectic cyst, which had been the seat of an extravasation. It was about an inch and a-half long, lined, as usual, by a yellowish membrane, and part of it was obliterated by the adhesion of its opposite surfaces, a thick layer of the same kind of membrane being interposed between the surfaces of cerebral matter at the place of adhesion. Several other very small cysts were observed in various parts of the right hemisphere, but they were all empty; and no appearance could be discovered capable of accounting for the fatal attack.

The leading peculiarity of this case is the remarkable cavity on the surface of the brain, produced by actual loss of cerebral substance at the part which covered the apoplectic cyst. It presents another fact of some importance,—namely, the most distinct approach that I have seen towards an obliteration of the cyst by the adhesion of its opposite surfaces. The French writers describe the cysts as being entirely obliterated in this manner. I was formerly disposed to doubt the accuracy of these observations; but in this case about one-half of the cyst was obliterated, and there did not appear any thing to prevent the obliteration of the remainder.

11. *Case of Tumour in the Left Hemisphere of the Brain producing Epilepsy and Paralysis.* By John Gairdner, M. D. Fellow and former President of the Royal College of Surgeons, Edinburgh.

The subject of this case was a most laborious tradesman, of strictly temperate habits, and of more intelligence and information on most subjects than are usually found among persons in his station in life. He was seized (the 16th March, 1826) with epilepsy, together with a partial paralysis of the right foot, and a slighter affection of the same sort in the hand of the same side. Previously to this, he had been tolerably healthy, with the exception of a scrofulous swelling above the left cavicle, for which I attended him some years before, and which, after disabling him for a long time, slowly suppurated, and ultimately got well. On the supervention of the epilepsy he was freely bled and purged, and subjected to a strict regimen. The fits afterwards continued to recur at various intervals. They became aggravated in the summer, and attended with pain of the head, loss of speech, great increase of the palsy of the arm, together with startings of that arm, which went on almost unceasingly.

The fingers of the hand became spasmodically contracted, and continued all the rest of his life indented into the palm, from whence they were occasionally with great difficulty drawn out for the purpose of paring the nails. The power of speech, after leaving him entirely, returned partially, and underwent several vari-

ations in degree in the course of his illness. But after it first quitted him, he now regained it sufficiently to be able to utter more than two or three words consecutively. He would often make an attempt to communicate his thoughts, and after beginning a sentence, would stop suddenly, as if either from failure of his memory, or from inability to articulate the word he wished to employ. His sight was good; he knew every one at once, and continued to take an interest in many things; but his memory was very imperfect; and, although formerly a great reader on all subjects, he lost all interest in books, from inability to make the mental effort necessary to carry on the train of ideas suggested by them. The pain of the head was a pretty constant symptom during the last twenty months of his life; sometimes, and especially in sultry weather, it was very distressing. It was situate in the left parietal region. It was sometimes alleviated by cupping on the spot; but now entirely banished. Blisters and various other means, local and general, were also employed without any permanent benefit. The disease progressively increased, and destroyed his recollection so completely, that he latterly did not recognize his most intimate friends. He died the 30th March, 1828, after having been ill more than two years.

Dissection.—On the left side of the head, the *dura mater* adhered to the surface of the arachnoid and *pia mater* throughout the whole region of the parietal bone, part of the frontal next to the coronal suture, the greater part of the temporal and left *ala major* of the sphenoidal bone. Subjacent to these adherent membranes, and anterior to the course of the middle meningeal artery, there was a tubercular tumour, or rather what had the appearance of a congeries of tumours coalesced into one mass, which extended from midway between the antero-superior and antero-inferior angles of the parietal bone above to the *sella turcica* below, including the whole surface of the left middle lobe of the *cerebrum.*

This disease did not penetrate deeper into the brain than the convolutions. Its colour, when stripped of the investing membranes, was yellow, like that of pus; its consistence firm superiorly, but much softer as it proceeded downwards, and semifluid in the situation of the middle lobe.

The ventricles were distended with serum, and much of the same fluid was effused between the membranes of the brain on all its aspects. In other respects the *cerebrum* and *cerebellum* were natural.

12. *Case of Hypertrophy of the Brain, with Spontaneous Obstruction of the Humeral Artery, and other morbid changes.* By Dr. Christison.

A woman, Johnston, of dissipated habits, and 37 years of age, was admitted into the infirmary of this place, affected, as was alleged, with palsy. Her friends could not give any account of her illness, farther than that she had been suddenly taken ill fourteen days previously with weakness in the limbs, and that in eight days she began to complain of severe headach and to lose her memory.

When I first saw her the sensibility was generally impaired; yet she expressed pain, in whatever part of the body the skin was pinched. She could move both legs and the left arm with tolerable freedom; but the right arm was quite flaccid when moved by another person; and although she could move it when desired, she did so feebly, and could not direct the hand to a given object, which she could do well enough with the left. There appeared also to be an imperfect paralysis of the muscles of the face. When she spoke, the left side only of the mouth moved; and when she was pinched on the trunk or extremities, the left corner alone of the mouth was retracted. Yet when the *right* cheek was pinched, she then retracted both sides. The eyelids on both sides were unaffected. The tongue was thrust out straight, when she was told to show it. The pulse was above 100, moderately full and rather hard. The breathing was slow and soft.

There was obviously considerable stupor. She had a tendency to doze, did not always understand even simple questions, and her words were broken and incorrectly connected, though it was evident she sometimes understood sufficiently what was said to her, and what she ought to say. The pupils were dilated, but contractile.

In the right arm the pulsation of the artery ceased abruptly about two inches below the level of the outer edge of the *pectoralis major*, and could not be felt any where lower down. This arm was also very cold, while the rest of the body was at least of natural warmth.

I immediately directed that she should be bled; but she fainted when scarcely four ounces of blood were withdrawn. She was bled from the *left* arm. A brisk cathartic was then administered, and also a purgative injection.

On the second morning, the right arm was completely paralyzed; but the left arm and both legs continued sensible, and likewise retained freedom of motion. The general sensibility and her articulation were unaltered. The bowels had not been moved. The pupils were less dilated. The pulse in both wrists and ankles was no longer perceptible; and at the temple it was 80, and very feeble. She still thrust out her tongue when desired to show it. On examining the heart with the stethoscope, it was found that neither impulse nor sound was produced at the ordinary period of the heart's pulsation; but instead of them there was a very distinct and prolonged *bruit de soufflet.*

She was much inclined to doze in the morning; afterwards the somnolency gradually

increased till complete coma was established, and in the evening she died.

The body was examined in forty-two hours after death. In the chest, the lungs were found gorged here and there with blood towards their posterior surface. The heart and arterial system appeared unusually small for a woman above the middle stature, as she was. The valves of the heart were healthy, with the exception of the mitral,—one division of which was nearly separated from the parietes of the heart by a fissure; and both edges of this fissure were covered by crumbly, cauliflower-like excrescences. The inner coat of the aorta was here and there opaque and inelastic.

In the region of the right arm, corresponding with the point where the pulsation of the humeral artery ceased, a considerable swelling of the artery was perceived; and about two inches below the upper edge of the swelling, the artery abruptly diminished to less than half its natural breadth. On laying open the vessel in the situation of the swelling, it was found that immediately below the going off of the *profunda humeri*, the whole circumference of the inner coat was detached along half an inch of the course of the vessel, and hung loose in the cavity in the form of a cone; that this cone, pointing of course downwards, was filled with white, firm fibrin, to the upper part of which was attached a bloody clot an inch long, and adhering to the undisturbed part of the inner coat. Below the cone the tube of the vessel contained another looser and unattached clot; and between the cone and the stripped fibrous coat purulent-like matter was deposited.

In the head we found the whole surface of the brain uncommonly dry, both on its upper region, and likewise at the base. There was no fluid whatever between the *dura mater* and arachnoid, or in the base of the skull; neither was there any effusion in the arachnoid itself. The convolutions of the brain were flattened in a considerable manner, and the vessels in their grooves, though they contained a good deal of blood, were manifestly compressed. The whole substance of the brain was rather firmer than usual, except at the posterior part of the posterior lobes on each side, where the cortical substance was softer than elsewhere. The cortical structure had everywhere its natural colour. Throughout the whole substance of the brain very few bloody spots were presented when it was sliced. The right ventricle contained less than a tea-spoonful of fluid, and the left a few drops only. In the posterior angle of the left *corpus striatum* there was a spot as big as a sixpence, where the tissue of the brain was reddish and softened to the consistence of a thick pulp. No other disease could be found in any part of the brain, except two minute tubercular bodies of the size of half a lupin-seed, in the external cortical matter of the left middle lobe. The cerebellum was healthy in color and firmness, and its convolutions not flattened.

I have presented the preceding case to the Society as being, as far as I am aware, the first that has hitherto been noticed in this country of the remarkable disease described about the same time by *M. Dance* and *M. Laennec* (*neveu*) under the name of Hypertrophy of the Brain. In the original papers of these gentlemen, of which a copious abstract has been given in the Edinburgh Medical Journal, Vol. xxxii. p. 225, several instances are related where the signs of what they consider hypertrophy were present without any other diseased appearance whatever,—namely, want of the ordinary cerebral fluid, flattening of the convolutions, unusual firmness of the substance of the brain, and diminished vascularity of the brain and its membranes. In the present case these signs existed along with partial *rammollissement* of one *corpus striatum*,—which concurrence of pathological appearances was also remarked in some of the French cases. When the description I have endeavoured to give of the state of the brain and its membranes in my patient is carefully attended to, I think it will appear scarcely possible to ascribe so much external flattening of the convolutions, dryness of the membranes, and firmness of the cerebral tissue to any other cause than hypertrophy. It cannot be reasonably referred to the *rammollissement* in the *corpus striatum* producing distension of the surrounding cerebral matter; because flattening of the convolutions in connection with this disease is observed only when the *rammollissement* is very extensive, and even then not always.

REVIEWS.

Art. I.—*Des Convulsions chez les Femmes, pendant la Grossesse, pendant le Travail, et apres l'Accouchement.* Par A. F. Velpeau, Chir. de l'Hop. de la Pitié. Paris, 1834. 8vo. pp. 136.

The work of which the above is the title, is the last production of the very prolific pen of Mons. Velpeau, and was the thesis offered by him at a recent *concours* in which he was an unsuccessful candidate for a professorial chair. It is a brief abstract of all that is known upon a subject of much practical interest, on which we possess very few monographs, and from the pen of a professor of tokology, and a man of considerable expe-

rience; and we are therefore induced to lay before our readers a brief analysis of its contents. The authorities upon this subject, beside the detatched remarks in various systems of midwifery, are the work of Dr. Dewees, in 1818, on Puerperal and other Convulsions; that of Miquel, Traité des Convulsions, 1824; and that of Prof. Chaussier, Conv. des Femmes enceintes et en couches (pregnant and parturient women), of the same date. It appears, therefore, that another work upon this subject is far from being superfluous, and in addition to twenty-four original cases which it contains, we shall find the present volume to comprise a judicious summary of all that has been done by previous writers, a good critical examination of their precepts of treatment, both obstetrical and therapeutic, and some valuable observations upon the pathology of convulsive affections as they occur in the female.

M. Velpeau begins his treatise with the assertion, that no one has yet given a precise definition of the term *convulsion*, a disease which it is much easier to detect than to define. "It may be said," he observes, "that it is characterized by sudden, anormal, involuntary motions either of some viscus, or of the locomotory system," (p. 1), by which the distinction into general and partial convulsions is immediately established. When these convulsive seizures are reproduced with certain regularity, it is customary to assign to them a generic nosological appellation, as tetanus, hysteria, epilepsy, chorea. Such distinctions are evidently not applicable to the peculiar examples of these affections which depend, as do those treated of in the work before us, on the parturient condition. After observing that as mere symptoms of very various lesions, the word *convulsions*, like that of fever, ought to be banished from nosological systems; that spasm and convulsion are but grades of the same malady; and that it is not the muscular fibre alone which is susceptible of spasm or convulsion, M. Velpeau continues: "Organs which are possessed of contractility may be attacked with convulsions, although it is the muscles which they chiefly affect. Those which act on the system of voluntary muscles exclusively, be they partial or general, have their immediate origin in the brain or spinal marrow; whilst those which occur in organs abstracted from cerebral influence, are evidently beneath the dominion of the innervation of the great sympathetic." p. 3. Their nature it is difficult to determine, whether they be idiopathic or symptomatic; we find them equally occurring in conditions of hyperæmia, and in that of anæmia which follows abundant hæmorrhage, and hence it is equally difficult either to attribute them to irritation, or to consider them as asthenic.

M. Velpeau divides his subject into the following heads: 1st, the forms, the species and frequency of their occurrence; 2d, their causes; 3d, the progress of symptoms; 4th, the terminations; 5th, the cadaveric alterations; and 6th, the treatment; being careful, under each head, to consider the subject relatively to pregnancy, labor, and delivery. Twenty-four cases are introduced into the work, and serve as the proofs of some of his assertions.

Convulsions may be partial; the voluntary muscles are most often affected by them, but the hollow viscera which naturally contain a fleshy structure, as the stomach, bladder, heart, uterus, and diaphragm, are sometimes violently tormented by them. Mons. Velpeau agrees with Miquel, that the obstinate vomitings met with in certain cases of pregnancy, are owing to convulsive movements of the stomach; and M. Baudelocque, jun. conceives that the violent palpitations of the heart, sufficient very often to disturb the dress, are owing to similar actions of that organ. Partial convulsions are nevertheless rare, and generally susceptible of some other denomination. The case reported on page 8, is one of this form of the malady, in which the walls of the abdomen contracted so forcibly as that the uterus was completely crowded back in its cavity. It was then seen to return suddenly into its place, and to bound in the manner of a ball which had been struck upon the ground. The patient was five months advanced in pregnancy, but recovered without aborting. The second case is still more remarkable; it is one of partial convulsions of the intestines, occurring soon after delivery; a ball was felt to traverse the lower part of the belly in every direction, the parietes always retaining their natural flexibility. The unfortunate patient, having conceived the idea that she was carrying some living animal within her, became completely insane, and died two years afterwards, during all which time the affection made an occasional reappearance.

Convulsions of the uterus come next in order, and are certainly much the most interesting to the accoucheur. During gestation we have the testimony of M. Ménard, that they have given to the uterus the form of a calabash. Mess. Baudelocque and Deneux relate cases in which the womb rose, descended, and passed from left to right, and from right to left with surprising violence. Convulsion of the uterus during labor is less difficult to be understood, because each contraction is, at this period, of a truly convulsive character. With the spasmodic stricture of the cervix uteri, all are familiar. In the cases related by Mauriceau, Saxtorph, and Smellie, the contraction was so strong, that it was necessary to perforate the head. Baudelocque, jun. has even advised an incision into the strictured circle. Dubois was foiled in an attempt to turn, from a similar cause; and in a remarkable case by M. Ménard, the upper part of the cervix embraced the thorax of the child like a hoop of iron, and the hand was carried up to the feet only with the greatest difficulty.

Retention of the placenta from hour-glass contraction, another effect of uterine convulsive action, is well known to all.

Authors have differed as to the *species* of puerperal convulsions. Merriman and Vogel contend that they are epileptic always. Burns thought them owing to fatigue, &c. and of the nature of tetanus. Dr. Dewees has ranked them as epileptic, apoplectic, and hysterical. Baudelocque, jun. considers them as tetanic, epileptic, or cataleptic. "For my own part," says M. Velpeau, "I think they differ from either of these diseases, and prefer that the name first given them by Sauvages, and subsequently by Hamilton, that of *eclampsia*, be continued." If indeed we meet, in eclampsia, with certain characteristics of the diseases from whence its varieties have been named, it nevertheless as certainly impresses them with a peculiar stamp. For instance—M. Capuron tells us of a woman who, a short time after conception, fell into a state of emprosthotonos, and so continued until her accouchement. This, it is true, was a *tetanic* condition, but cannot be considered as true tetanus. M. Velpeau occupies several pages in the examination of certain recorded cases of convulsions of other varieties, which space does not allow us to quote, among which we may merely cite instances of exemption from true hysteria and epilepsy during the whole term of pregnancy, and concludes by referring to his article on the differential diagnosis for further proof that between true epilepsy, hysteria, tetanus and chorea, and eclampsia, which partakes of the character of these diseases, there are numerous distinctive characteristics. Hence the propriety of the *genus* eclampsia, and of the *varieties* hysteric, epileptic, tetanic and apoplectic, which M. Velpeau subsequently establishes.

Statistical accounts, in greater numbers, and based upon larger masses of facts than obstetrical science now possesses, are wanting to establish the positive and proportionate frequency of eclampsia. Dr. Merriman, who speaks of about 10,000 labours, met with 48 cases; whilst Me. Lachapelle, among 38,000 patients, details only 67, of which 6 were true apoplexies. M. Pacoud, in charge of the Maternité Hospital, at Bourg, has seen it 47 times, in 11,208 labours. For the present, then, this must remain an unsettled question. It is perhaps occurring oftener in certain years, and under certain conditions of the atmosphere, than in others, and has sometimes appeared to be epidemic. It is most common during labor incontestably, and is very rare before the sixth month of pregnancy. A fatal case in the fourth month is however recorded; (obs. xxi) after delivery it is rare to encounter it. M. Velpeau here enters into careful analyses of the periods of occurrence and fatality of many hundred cases, under the observation of Mauriceau, Merriman, Lachapelle, Pacoud, Desjardins, Champion, and himself, of which latter twenty-one, we may observe that of eight during gestation, three died; of five during labor, four died; and of eight after delivery, two died, making a total of *thirteen deaths in one-and-twenty cases!* Twenty-four cases of varied interest succeed. In the twelfth case, a rapidly fatal one during labor, a post mortem examination showed the brain highly injected, and two ounces of blood in the ventricles. The twenty-second case, though quite out of place in a volume devoted to the consideration of puerperal convulsions, since the female was not pregnant, contains a well-marked instance of genuine hysteria, and of that phenomenon which that disease sometimes displays: we mean an apparent lifelessness, which to the friends is highly alarming, and to the uninformed practitioner will be equally so, and perhaps induce him to give a very unfavorable, as well as a very incorrect prognosis. The patient was a healthy girl, nineteen years of age, who had had repeated hysterical paroxysms, each of which was followed by insensibility for several hours. "What was singular, was, that she remained on this occasion, (that spoken of in the published case) in the paroxysm for seventy-five hours. Her pallidity, her perfect calmness, and her utter immobility during this long period, might have induced one to suppose her dead, or in a lengthened syncope, but that respiration, heat, and circulation were perceptibly though very feebly kept up. We were exceedingly surprised to see her, upon her recovery, immediately resume her wonted occupations, and make no complaint, other than of slight debility." A very striking case of a similar kind, occurred some time ago in the practice of the reviewer, and if the reader have an opportunity of consulting the London Medical and Physical Journal for 1828, he will find there an analogous case of catalepsia hysterica, to which some very practical and judicious remarks upon this subject are appended by the relator, Mr. North, but which we regret our limits do not allow us to transcribe.

M. Velpeau next enters upon the *causes* of eclampsia, which are either predisposing or determining. Among the former we may enumerate a stout and plethoric habit, a dry fibre, an irritable and nervous temperament, and a first pregnancy. Dr. Merriman was led to attribute them to an over-distension of the uterus, and to general irritability. Certain conditions of the stomach and bowels have been thought to favor their invasion. Lastly, with Me. Lachapelle, the author thinks that females who have infiltrations of the pelvic limbs, are peculiarly liable to convulsions. Among special causes, are to be placed the profound alterations impressed by conception upon the whole nervous system, the suppression of the catamenia, and the powerful reaction of the uterus, thus enlarged and loaded with fluids, upon the system, through the medium of the nerves. At a later period, its great size, by pressing on the nervous and vascular trunks within the pelvis, and on the aorta, and crowding back the diaphragm and

lungs, becomes a fertile source of trouble and disease. On the special causes of convulsions during labor, such as rigidity of the uterus, twins, severity of pain, &c. and on those which induce it after delivery, such as the sudden change in the relative positions of the viscera and distribution of the blood, which constitute what the author emphatically calls "le bouleversement," induced by gestation and labour, we shall make no comments. One practical remark of the author we may not omit, which is, that the more the neck of the uterus resists the parturient contractions, the more liable is the female to an attack of eclampsia. A host of determining causes are detailed by the author, such as tight lacing, fashionable dissipation, indolence, &c., to which he evidently attaches but little importance. The menstrual molimen at times appears to be concerned in their production, and the author states that the uterus is frequently, in the latter months of gestation, the seat of a painful *shuddering* at the period at which the menses were wont to occur, often accompanied with the prodromi of convulsions. This fact he has, he says, very frequently ascertained. A common cause during labor is the laceration of the uterus, or its cervix. After delivery, floodings prove a frequent source of convulsions, either with, or without inversion of the uterus; but no cause is more active in their induction than retention of portions of the placenta. We come next to the *symptoms* and *progress* of eclampsia, and most willingly would we lay before our readers, in the very words of the author, the graphic delineation of these phenomena which he has given, did our limits permit. Certain premonitory symptoms indicating an affection of the brain, subsultus tendinum, and irregularity of pulse, often precede the fit; but it is seen at others, again, to burst upon the patient in a sudden and unlooked-for manner, and to set in at once with symptoms the most alarming.

Pain in the head is not unfrequently met with as a prelude to convulsions. Denman and others have laid much stress on *pain in the stomach.* M. Velpeau has seen it in many women, while in the greater number it was wanting. Chaussier and Mme. Lachapelle, who drew their opinions from the practice of the same institution, have, singularly enough, arrived at different conclusions; the one asserting that it exists almost always, and the other that it is almost always wanting. A symptom not sufficiently noticed, and one which M. Velpeau has very particularly observed, is a weight and painful sensation in the hypogastrium, where the uterus feels contracted, and is tender to the touch. The seat of pain, however, will be found to vary with the organ which is the seat of irritation. A general description of a puerperal convulsion follows, which we transcribe. "The woman becomes suddenly unconscious, and seems to awake for an instant only to pass into the most violent agitation. The limbs are contorted, contract, bend, and are extended with surprising rapidity and power, and the trunk is drawn backwards, as if to bring the occiput in contact with the heels, and, in a case seen by Baudelocque, they actually did touch each other. The hands are made to strike the chest and epigastrium energetically, and as it were, angrily; the features are convulsed; the lips drawn in various directions, and moved in the most extraordinary manner; the eyes roll, and are inverted in their sockets. The carotid and temporal arteries may be seen to pulsate through the integuments; the jugular veins are congested, the face and neck tumid and of a purple hue. The eyes seem to be starting from the head; the mouth is filled with frothy saliva, which is often ejected to a distance upon the bystanders; the tongue is often pinched, nay violently bitten, by the gnashing of the teeth, and the convulsive action of the jaws. The diaphragm, by its precipitate contractions, induces sobbing, a sense of suffocation, and expels from the nose and mouth the matters which were there accumulated. The stomach, bladder, intestines, and uterus itself, when they become involved in similar movements, induce vomiting and the involuntary expulsion of the fæces, urine, and even of the ovum, with extreme rapidity. At other times, again, the face and limbs pass with the speed of a flash of lightning, from this state of coleration and excitement, to one of deathly paleness and the most unbroken tranquillity. In a longer or a shorter time, *cerebral congestion induces coma*, which in general follows the syncope and loss of consciousness."

"The duration of the paroxysm is no less variable than its intensity. It may last for ten minutes, or for an hour, and consciousness may continue absent for a day. Nay, unless coma supervene, it may so continue for many days, and yet a complete and speedy recovery ensue. Certain functions are often impaired after the disappearance of the state of torpor, such as vision, olfaction, &c.; and internal lacerations, or effusions, are not unfrequently seen to follow attacks of severity. In the more successful termination of the case, the woman returns to consciousness, weary, depressed, and bruised in every limb, as if after ong and violent exertion, wondering at the condition in which she finds herself, and ignorant of what has passed; and delivery even has been accomplished, of the reality of which the patient could by no means be convinced."

Having before said that eclampsia was divided by M. Velpeau into four varieties, we shall briefly relate the peculiar characteristics which, when superadded to, or detracted from the detail of general symptoms just enumerated, constitute the four orders under which the disease appears.

The *hysteric variety* often commences with sobs, a sense of constriction about the throat, and irregular motions of deglutition. The patient straightens herself in the direction of

her length, and rolls on one side, as if to escape from the bed. She raises her hands to her chest and neck, apparently seeking to remove something from them, and the features are but very slightly discomposed. The paroxysm is usually of short duration, and ends in plaintive cries, an abundant flow of tears, or the expuition of viscid saliva. Consciousness immediately returns, or that peculiar condition of immobility supervenes, to which we have already alluded, without coma or stertor, and with a slow, but natural pulse. The *tetanic variety* is known by a peculiar rigidity of one or more parts of the body, generally attended with loss of consciousness, but without pain. The *epileptic variety* is the most frequent, and often fatal. To it belong most of the symptoms which we have so fully detailed; the other varieties may however run into it. There is, in it, more of cerebral congestion, but not of coma during the remission, but rather torpor, and unless the former be ultimately induced by the duration of the malady.

In the *apoplectic variety* the cerebral congestion is greater, the convulsive movements less free, and after the paroxysms occurs true coma, with stertorous breathing. The loss of consciousness is permanent and entire. It is seldom seen except during labor, and after delivery. The distinction between epilepsy and tetanus, and the tetanic and epileptic varieties of eclampsia are easy. Still easier is it to distinguish apoplectic convulsion from apoplexy, in which there is no convulsion, and often paralysis when tho stupor wears away. To discriminate between epileptiform eclampsia, or the true hysteric convulsion, and the hysteric variety of eclampsia, is confessedly more difficult, and requires judgment and care. The relative diagnostic marks, however, will readily suggest themselves to the reader. We pass hastily to the *terminations*, *prognosis*, and *cadaveric lesions* in eclampsia.

Eclampsia ends in the recovery of health, in death, or in the production of some new disease. When cerebral congestion increases, when the attacks increase in duration and severity, and coma takes the place of convulsive movements, death is to be feared. It has been fatal in thirty-five minutes, in twelve hours, and in thirty-four. Of the affections to which it gives rise, cerebral hæmorrhage is undoubtedly the most alarming. Of laceratio uteri, it is a common cause; mania, ramollescence of the brain, and paralyses, are observed to succeed it. Peritonitis is said by Mme. Lachapelle to destroy many who are recovering from the eclampsia; and M. Velpeau mentions a severe erysipelas of the leg after recovery, and draws a parallel between the manner of affection of the internal mucous membranes and the skin; both of which he thinks may be phlogosed from the development of inflammation; in the seat of external irritants, such as sinapisms, in the one, and from the action of medicines on the other, which had lain dormant during the storm. For both the mother and the child, the *prognosis* is very unfavorable. Death occurs in a large majority of cases. The further labor has advanced, the less alarming it is; for depletion of the uterus will be more easily and quickly accomplished than if the labor were lingering, and the os uteri rigid and undilated. In the three latter months of pregnancy, the danger is imminent. It is hardly necessary to detail the order of gravity of the four varieties, after what has been said; nor to observe, that the milder the symptoms, and the longer the interval of calm, the less formidable are the cases. The fœtus runs greater risks even than the mother. Except it be quickly delivered by instruments or version, or be spontaneously expelled, it almost invariably dies.

Autopsic examination is far from always affording a satisfactory explanation of the severity of the symptoms. Dr. Merriman usually was unable to detect any appreciable lesion within the cranium. Cruveilhier, whose testimony on such a subject will not be suspected, asserts that on one occasion the vessels were not even engorged, and Mme. Lachapelle distinctly observes, that unless complicated with apoplexy, the organic changes stand in no relation to the severity of the symptoms. Baudelocque, jun. also says that eclampsia often leaves no appreciable traces within the cadaver, and M. Ciniselli gives his testimony to the entire sanity of a brain and spinal marrow which he examined. All that is frequently seen is a little serous effusion in the ventricles, more or less redness of the meninges, and of cerebral congestion. Flaccidity of the heart, paleness and œdema of the lungs, and traces of intestinal inflammation, are also sometimes met with. At other times, again, sanguineous extravasations are encountered of various sizes, and in different parts of the brain. "Pathological anatomy, however," says the author, "teaches us really nothing as to the nature of eclampsia."

The seventh and last chapter is devoted to the *treatment* of the affection which we have been considering, which, as we learn from a preceding remark by M. Velpeau, it appeared from the question proposed to him by the "*jury*" he was specially to consider; and accordingly, the remaining fifty pages are entirely occupied by an able statement of the vairious therapeutic resources which have been used against it, and a summary and comparison of their utility. We shall cite briefly and comprehensively the leading topics. "A malady," says the author, "which occurs under so many forms, cannot always be cured by similar medications; and many have, therefore, been resorted to for its relief. A few are susceptible of application almost indiscriminately to all the phases of the reproductive function in which the patient, at the period of attack, may be placed; other of these states again, require particular attention, whether pregnancy, labor, or the pos-

parturient condition." Uuder the first heads, or the *general treatment*, we find included antispasmodics, narcotics, emetics, purgatives, sanguineous evacuations, whether general or local, or both, revulsives, baths, refrigerants, and some others.

As it regards *antispasmodics*, such as ether, the anodyne liquor of Hoffman, amomnia, assafœtida, castor and camphor, they have been, by many modern authors, thought useless, if not hurtful. "In hysterical convulsions, however, I have used them often enough," says M. V., "to recommend their use without hesitation; but without placing too much reliance on their efficacy, even in partial convulsions." Ether, ammonia, and camphor, being irritants, require to be used with some caution. Opium, a *narcotic*, has met with many opponents; and the powerful names of Petit, Hamilton, Burns, Merriman, Lachapelle, and Dugès, may be ranked among the number. Dr. Bland, in his observations on Parturition, takes a very opposite view of its efficacy, and knows of no preferable remedy. M. V., without believing all the good, or all the bad character it has received, concludes that where there is neither coma, nor stertor, it is an accessory not to be neglected, particularly in hysterical convulsions, after bleeding, or in those in which it was not indicated. He highly approves of the preparations of morphine, and especially of the *acetate in powder*, given in the dose of ¼ or ½ gr. every two or three hours, in a spoonful of cold water. They are quite as certain in their soothing effects, and give rise to much less congestion about the head than those of opium. Opium in the form of pomatum, has bas been applied to the cervix uteri, and after delivery, injected in an emollient decoction into the cavity of the uterus. The first method, M. Velpeau says, is not without value among primiparous women, and in partial convulsions of the womb. The second should be done with extreme circumspection. Belladonna and hyoscyamus have been commended. All are aware of M. Chaussier's pomatum, recommended since by Dr. Conquest and others; and to which, says M. Velpeau, "I have myself three times had recourse with marked advantage." He does not consider it adapted to eclampsia proper, but to unequal contractions of the neck, and convulsions of the uterus itself. It is a remedy rather preventive than curative, and solely applicable during labor. Siebold and Chaussier have both invented instruments for conveying it to the os tincæ. Me. Boivin's experience does not confirm this favorable opinion.

Of *evacuants*, Chaussier highly disapproves and absolutely proscribes them; and in France, at this period, they are rarely employed. Merriman and Bond are in favor of emetics; and M. Velpeau observes, that in pregnancy, and after delivery, he would willingly employ them, if it were evident that the convulsions depended on gastric disturbances. English practitioners, it is well known, use purgatives freely. It is, says M. Velpeau, a less efficacious, though a less fearful method, and applicable to cases which depend on intestinal plenitude.

Sanguineous emissions alone have been employed by all physicians, and are the only means in which Me. Lachapelle places any confidence. By Dewees, Davis, and Ryan, they are considered as admirable *preventives*; and the second of these gentlemen asserts that an attack of eclampsia in a parturient female tells strongly against the skill of her attendant physician. M. Velpeau considers these views as not a little singular, doubting, in the first place, whether the non-occurrence of eclampsia after bleeding is always owing to that cause; and secondly, observing that an excellent proof of the inefficacy of bleeding is given by Chaussier, one of its greatest advocates. It is this: a countrywoman, pregnant with her first child, complains, in the ninth month of gestation, of a terrible headache, and is largely blooded. Two days afterwards she falls into terrible convulsions, and in twenty-one hours expires. Nevertheless, where there is a strong or accelerated pulse, a hot or florid skin, vivacity of countenance, a weight about the head and torpor of the limbs, it may not, he says, be omitted; but for a mere headache, or pain in the stomach, he would not advise it. As *a means of cure*, sanguineous emissions of every kind have been employed.

General venesection has always been preeminent. The vein to be opened has not always been considered a matter of indifference. The queen Marie Antoinette was cured of puerperal convulsions by a bleeding in the foot, employed by Vermont against the advice of his consulting brethren, which has given to pedo-phlebotomy some celebrity; but as it is not certain that a better revulsive effect is produced by it than by that from the arm, and as the veins of the foot yield but little blood, it has fallen into disuse. Opening the jugular vein has its partisans. M. Velpeau has tried it once, and thought the effect favorable; but seems to dread the entrance of air into the heart. M. Velpeau does not consider *arteriotomy* to be preferable to phlebotomy. Most practitioners are of opinion that the bleeding should be abundant. "The quantity which some have not feared to abstract, is even alarming." (p. 100.) Dr. Dewees, in his System of Midwifery, p. 502, 505, speaks of a woman who in seven operations lost 97oz. of blood; and of "another who recovered after having lost 120oz. *in the first six hours, and* 140oz *afterwards!*" This practice, he continues, which is generally followed in England and in America, is evidently bad; and a patient from whom Mr. Shaw abstracted 82oz. of blood, died in thirty-four hours notwithstanding. A fatal case, in which five or six pounds were abstracted, is given by M. Velpeau (obs. 4.) Depletion so copious, and so sudden, observes the author, favors too much the exhaustion of the nervous energy, and the effusion of serum,

to permit of its performance; and besides, it is well known that convulsions are a natural termination of hæmorrhages. He, with Cruveilhier, proscribes these copious losses of blood; and advises smaller bleedings every fourth hour, or *pro re nata*. Mauriceau and Lachapelle, who bled largely, lost half their patients; and Merriman, who bled infinitely less, saved two-thirds of his. It would be an error, says M. Velpeau, to suppose that without bleeding, eclampsia is necessarily fatal. A stout plethoric woman, (obs. 15) in whom the paroxysms were forty times repeated, with extreme violence, in the space of twenty hours, lost not 10oz. of blood, yet recovered. A second (obs. 10), a patient of Maygrier's, one of Viardel's, and one of Ciniselli's, did well also without the employment of this measure.

Local bleeding. Cups and leeches are seldom used, except as auxiliary to general bleeding, save in delicate and feeble females. "Wherever we, upon the continent, put leeches, the English put cups." This, though generally, is not strictly correct; the further remark seems a singular one to *us*. "They (cups) are not sufficiently used among us, for me to appreciate their value." Not so with leeches, so warmly lauded by Denman and Chaussier; the latter of these authors placed them behind the ears, on the neck, to the nostrils, and more particularly, to the epigastrium, to which Baudelocque and Miquel also advise their application. Having used them conjointly with bleeding, M. Velpeau thinks himself entitled to praise them. They ought to be placed as nearly as possible to the seat of the raptus. Leeches effect an insensible disengorgement, which is less debilitating than venesection, and thus destroys the congestion, or its cause, during the interval between the paroxysms.

Revulsive medication, after bleeding, has obtained most celebrity, and its origin is traceable to the most remote antiquity. Dry cups are said by M. Velpeau to be innocent, and almost always useful, and especially in partial convulsions. Mustard, in poultice and in the form of pediluvium, is of constant application; and a practical remark of M. Velpeau's deserves to be held in remembrance. Although the skin may seem for a time to be insensible to their stimulus, the sinapisms ought not to be left on too long; otherwise erysipelatous inflammation may show itself upon the limbs. M. Velpeau, with Dugès, thinks that when there is neither stertor nor coma, they do more harm than good. With Chevreul, he cannot too strongly advise *blisters*, and has always found them useful; they interfere with no other medication, and are suited to all severe cases of eclampsia, unattended with febrile reaction. *He puts them at once upon the nucha and the two thighs*, and thus they are acting whilst bleeding, &c. are going on; where labor is slackening or slow, he thinks highly of *a blister over the uterus*. Tepid baths are, of course, rarely applicable, but in the decline of the disease may be useful. Denman strongly commended cold aspersion on the face. Ice itself, or iced fluids on the forehead, or to the head, are exceedingly useful where there is headach, or threatening of effusion in the cranium. After the fit, they may prevent, or at least postpone its return. Divers other means have been recurred to in the treatment of eclampsia, which constitute no distinct class. Among these may be ranked digitalis, so warmly commended by Hamilton, on the evidence of a single fact; the oxide of bismuth, which in cramp of the stomach, or the vomiting of pregnancy may be of use, and the sulphate of quinine, where there is any intermittent character about the paroxysms. Besides the general medications, which have now been examined, eclampsia calls for other and *special treatment*, according as it occurs during pregnancy, during, or after delivery. The former condition rarely demands any other than the means above detailed, although delivery, by some process or other, may be occasionally requisite during gestation. Delivery is incontestably the best remedy for puerperal convulsions. Mauriceau, Portal, Amand, Dionis, Guillemeau, Deventer, Lemoine, Deleurye, Roederer, Aitkin, and Pnzos, are in favor of immediate delivery in eclampsia during labor. But Ross, Denman, Baudelocque, Garthshore, and Gardien; Burns, Hull, and Leake, do not advise it as a general rule, or they confine it to cases in which the convulsions spring from the uterus. With Mauriceau and Mènard, M. Velpeau entirely coincides, and believes that nothing but depleting the uterus can arrest the progress of that eclampsia which is developed during travail. True, it will not always succeed, but this is often owing to delaying the delivery too long, and allowing time for organic cerebral lesions. Desjardins, by this course, lost one patient only in seven, and Champion saved seven out of ten. The head being low down, and the cervix uteri expanded; the labor advanceing and the pains brisk; we may await the spontaneous termination of labor, and rely on general treatment, and the more particularly, if the convulsions are hysterical, and separated from each other by lucid intervals. In an opposite condition of things, however, for the sake of both mother and child, we are not to hesitate, and must end the labor with the utmost promptitude. Ergot, though by some commended, cannot, M. Velpeau thinks, be much relied on. Early in the labor, it would add, he says, to the risks run by the fœtus, and when the head is in the pelvis, the forceps is a better means, or version, where the os uteri well dilated, and the head yet at the upper-strait. The utility of forceps is confined within a narrow limit; the head must present, and the neck of the uterus, if not cleared, be at least entirely opened. Duchateau, Dubois, and Champion, indeed, advise the application of forceps before the head has descended. M. Velpeau does not accede to their views: bearing in mind the preservation of the mother, and

considering the death of the fœtus as highly probable; he advises turning, as being most speedy and easy; the forceps being proper, when the head is either powerfully engaged across the orifice, or in the pelvic excavation.

Version, however, at the beginning of labor, or when there exists spasmodic contraction or induration of the neck, is either impossible or extremely difficult of accomplishment. In eclampsia occurring in the latter months of gestation, and threatening to be serious, premature labor may advantageously be induced, for it generally puts an end to the convulsions of pregnancy. Lauverjat introduced the finger between the uterus aud the membranes, to separate them as much as possible. "I do not hesitate to advise it, more particularly as it has already been several times done by Hamilton, in cases of deformed pelvis; and in my opinion it deserves to arrest the attention of practitioners." (p. 118.) If the convulsions endured after this manipulation, the next step would be to *rupture the membranes*. It might be said that if this measure failed, the operation of turning would be rendered more difficult, by the subsequent contraction of the uterus upon the child; but the results hitherto derived from premature labors, observes M. Velpeau, furnish a sufficient reply to this objection. Between a forced dilatation of a yet undilated os uteri, and its incision, M. Velpeau hesitates. Where the neck is diseased, the former is impracticable, and never can it be done without great pain and a hazardous increase of irritation. *Incision of the neck* then alone remains for us to notice. It is as old as the time of Ambrose Parè. Baudelocque strongly condemns it, and asserts that it is an idea conceived in a moment of delirium; Lachapelle dreads the extension of the incision to the womb, but erroneously, as the four cases of M. Coutouly prove. It is, says M. Velpeau, neither painful, nor formidable, and numberless facts place its harmlessness beyond all question; it is simple and easy. Several incisions are better than one; and as the disk of the cervix is thinned, it may be incised extensively. 'I think, with Miquel, that this division is too generally neglected at the present day, or too timidly employed by practitioners." (p. 123.) Did the spasms arise from the obstruction offered by a membranous crescent, it would equally require to be incised. A case of this kind has been related by M. Velpeau, in his treatise on Tokology. If the vagina be imperforate from adhesion of its sides, as in the case recorded by M. Lombard, a passage must be opened to the uterus. In a narrow pelvis, cephalotomy, if it will answer the purpose of extraction of the fœtus; if not, the Cesarean section, must be performed. The latter will seldom save the child. The patient dying undelivered, it may also, but with as little hope of the child's life, be performed; or the uterus, if no obstacle exists, may be entered *per vaginam* in the usual way. Perhaps Mr. Lebreton's plan of incising the cervix, would be better than to open the abdomen.

If after the birth of the child, convulsions occur, and the placenta be yet undelivered, it must be removed without delay, under all circumstances. This during the first few hours is always easy, but by postponement it becomes difficult. Coagula have by many been looked upon as the cause of after pain and convulsions. Art possesses no special remedies for eclampsia after delivery. During eclampsia, the use of the catheter may be required; and the convulsive motions, though they demand restraint, must be restrained with gentleness; for by attempting to control them by force, it is proved that we augment them. The tongue should be pushed back into the mouth at the commencement of each fit, or a bit of cork placed between the maxillary arches.

We have now brought to a close our analysis of this little work, which we think will be considered as evincing learning and judgment, and to be clearly and systematically arranged. As it is an abstract of the opinions of others, with the criticisms of a man of experience and reputation, we have offered but few comments on his own views, but leave this duty to the care of our readers, to whom we think this essay will be both profitable and entertaining. W. C. R.

ANALYSIS OF MEDICAL JOURNALS.

Art. I.—*The Transylvania Journal of Medicine and the Associate Sciences.* No. 11. Vol. VII. 1834.

1. Vegetable Alkalies. This is an elaborate paper of forty-eight pages, and was submitted as an inaugural thesis, to the trustees and medical Professors of Transylvania University, by its author, Robert Peters, M. D. of Lexington, Ky. It contains a full account of the vegetable alkalies, including their therapeutic action, when applied internally, or by the endermic method.

It is obviously not of a character for analysis in our Journal, but as it reflects much credit upon the author, we take the liberty to recommend it to students of medicine, as a good sample of what a thesis ought to be. Our young men are too apt to regard the composition of a thesis as of little or no importance, and hence they frequently throw away an excellent opportunity of making a favorable

impression when entering upon the practical purposes of life. We should rejoice to see them stimulated to more active exertion, and we would urge those who are about becoming candidates for the honors of the profession, to look abroad upon the numerous experimental subjects which call for investigation, upon which they might throw some new light, and by which they may be enabled to acquire some reputation that would be *valuable to* them.

2. Sanguineous Tumors of the Vagina.—Is an article of twenty-nine pages, by Hugh H. Toland, M. D. of Newbury Village, S. C. It will be observed that this, with the preceding paper, occupies more than one half the number. Dr. T. has collected all the useful information on the subject from the various writers, and his paper will serve as a valuable reference to those who may be interested in such investigation.

3. Tænia Solium, *successfully treated*, by Erasmus D. Fenner, M. D. of Clinton, Mississippi. Dr. F. was called to a negro boy, aged two years, on the 14th April. "He had pain and swelling of the abdomen, œdema of the lower extremities, capricious appetite, &c. attended with occasional paroxysms of fever. He had taken one or two doses of family medicine, which had brought off several lumbricoides, and something supposed to be tænia. I prescribed calomel, two grains, three times daily, with decoction of spigelia, and occasional doses of ol. ricini.

17th. Found patient no better. He had discharged several more lumbricoides, besides a considerable quantity of what I was assured by an intelligent witness, was tape-worm, in numerous pieces and dead. His fever continued, and none of his other symptoms had abated. Prescribed five grains calomel at night, ol. ricin. in the morning, with eight or ten drops spts. terebinth. three times a day.

19th. Has discharged more of the tænia—one piece about two feet long, alive, which, on being voided, separated into three parts, each moved off by itself. Abdomen still hard and tender—has fever, and frequent paroxysms of pain—says "pins are sticking in his belly." Prescribed ol. terebinth. ʒi, ol. ricin. ʒiij, to be followed by a warm bath, and an opiate.

29th. More worm discharged, but little abatement of any of the symptoms. Bladder irritated by the turpentine. Ordered spts. nit. dulc. and paregoric, with mucilaginous drinks and warm bath.

21st. Patient no better. Much debilitated. Discharged this morning about six feet of worm, in a single piece, besides several disjointed pieces—all dead. Four o'clock p. m. no better. Gave a dose of ol. ricin., which was immediately rejected, together with a fluid as green as copperas. Gave an emetic of ipecac. which vomited gently, and operated on the bowels, dislodged several small pieces of the worm. Spts. nit. and paregoric were given.

22d. Rested well last night. Debility great; but fever abated. Pulse slow and intermitting. Some appetite. Prescribed half a grain of sulph. quin. every three hours.

23d. Patient better. Rested well—pulse less intermittent—abdomen softer—appetite returning. Continue quinine.

From this time forward he improved until the 1st of May, when he was attacked with intermittent fever, which, however, was easily arrested by an emetic and quinine, and he was soon restored to health. He is supposed to have discharged, during his illness, about twelve feet of worm.

4. Lithotomy in Paris.—We take the liberty to select entire the following extract of a letter from a physician in Paris to the Editor, by which it will be perceived that Civiale and those who practise his method, are not so successful as generally supposed.

"I often attend Civiale's operations for stone, at the Hospital Necker. There seems to be no difficulty whatever in introducing the straight instrument into the bladder, and he sometimes succeeds in grasping the stone instantly; but very often he fails, and is compelled to postpone the operation on account of the pain experienced by the patient. I have seen his patients suffer more, apparently, from an unsuccessful attempt to break or drill the stone, than patients generally do from the operation with the knife. Agreeably to a report, made by Larrey and Boyer to the Academy of Sciences here, on the account rendered by Civiale, of his operations in the Hospital Necker, more than one-third of his patients die, besides those that remain uncured. This operation, as practised here at present, is not attended with that success that is generally supposed in the United States. There are a great number engaged in the operation, and each one has a different mode. From a report made to the Academy of Sciences by Baron Heurteloup, now operating in London, of his new instrument and its use, it seems that he has great success. M. Amussat has improved upon Heurteloup's instrument, and by his polite invitation, I have seen him operate with it frequently. This is the most simple, and I presume the best at present. It is composed of two pieces, and when prepared to enter the bladder resembles a common sound. It is opened after entering the bladder; the stone is caught, and broken by percussion, applied by means of a small hammer.

"I have seen Amussat's patients suffer much from extracting the fragments of stone that lodge in the urethra after being broken to pieces.

"I have taken some pains to collect all the information in Paris relative to the different modes of operating for stone. I have seen all the instruments that have been invented—have seen them tried often upon the dead subject, and the living, by their inventors, and those most skilled in their use, and I am now fully convinced, that the *lateral* operation is far preferable to any other mode practised at present. Notwithstanding the horrid success

attending lithotomy, as performed by Dupuytren, in the Hotel Dieu, it is not so painful to witness or think of, as the operation of Civiale at Necker. Dupuytren loses one in four or five.

"It is not only in the operation for stone that we see such mortality in Paris, but in all other capital operations. I saw Dupuytren amputate the thigh of a healthy-looking girl, for what he called rheumatism of the knee-joint. When done the operation, his hands were full of ligatures. The patient was sent off without any dressing to the stump. In two weeks the *cadaver* of the girl was brought in for Dupuytren to explain the cause of her death. The os femoris was bare for some inches."

The paucity of practical matter in this number is compensated for in great measure by the labors of the editorial table. The reviews are written with fairness and liberality, and the lash of criticism is tempered with judgment and correct feeling.

Art. II.—*The Edinburgh Medical and Surgical Journal.* No. CXX, for July 1834.

1. Case of Medullary Sarcoma, by Dr. Nichol. The tumour extended from above the acromion process to about half way down the arm. A tape passed over it in its vertical diameter measuring fully eight inches; across its transverse diameter it measured ten inches and a half. It was uniform on the surface, except over the axilla, where it was more prominent. The portion contained in the axillary cavity was trifling, compared with the mass which occupied the fore part of the shoulder. Embraced by the hand, in all directions there was a strong pulsation and distinct feeling of distention, the hand being visibly elevated, and this sensation and appearance was much stronger at its more prominent part, over and in the axilla. The humeral artery could have been distinctly felt high up; but in the axilla the pulsation was suddenly lost as if in the tumor.

"The situation of the tumor and the aspect of the large subcutaneous veins, seemed to denote the existence of malignant disease; but though accustomed as I have been for upwards of twenty years, to see such formations in every variety, this impression was not so strong as much to weaken my confidence in expressing a different opinion. I pronounced the case to be aneurism, probably of the axillary, or if not, of some of the humeral vessels."

Having but one aneurismal needle, and with which the doctor was not altogether satisfied, he applied to Professor Syme of Edinburgh, to send him one better adapted to the purpose, and at the same time communicated a history of the case.

"Professor Syme expressed a doubt of the tumor being aneurismal from the situation which it principally occupied, and that if it were, the axillary artery was not implicated. He referred to a case related by Pelletan in the second volume of his Clinical Surgery, similar in regard to the form and situation of the tumor, and which the author supposed depended on the rupture of the *thoracica humeraria;* but added he, 'Are you certain that the disease does not proceed from a vascular medullary growth from the bone? Should you come to the conclusion, on another examination, that the case is proper aneurism, but of some such nature as that just mentioned, perhaps the most prudent course would be to amputate at the joint.'

"Notwithstanding the doubts of Professor Syme, none were entertained by the physicians in attendance, as to its aneurismal character. Under a stethoscopic examination, the bellows sound was not so distinct as has been described by many writers. The patient was removed to Inverness, and the artery tied above the clavicle a few lines from the edge of the scalenus, which was not exposed.

"At half past seven p. m., I received a hurried message in the street, and near to his residence. I instantly repaired to his bed side, and found him deluged wtth blood. One of the women about him was attempting to stem the torrent by the application of a towel to the wound. This was effectually accomplished by the point of my forefinger, moderately pressed into it, and which was now so much contracted as to be thereby completely plugged up. At this time the bowels were largely moved; no purgation had been exhibited for some considerable time previous.

"Upon inquiry, I learned that he had sat up during the day for about three hours; that he had made considerable exertion in getting into bed; that he continued thereafter for some hours in his usual state; about five o'clock he fell into a tranquil sleep; at a quarter past seven awoke, and observed to Mrs. T. that he felt something trickle down his side. Upon examination she observed the bleeding, and immediately ran to the landlady for assistance. She was prompt in the application of a towel, but unfortunately directed the pressure against the clavicle, and thus a much greater quantity of blood was lost." "At the moment neither the color of the blood, nor the account of the manner in which it flowed, could guide me to a satisfactory conclusion as to its real character; yet there seemed to be ample evidence to establish this point. To place the matter, however, beyond doubt, I withdrew my finger, but there was not the slightest oozing from any part of the wound which was clean, and presenting its usual appearance. Half a dram of the liq. mur. morphiæ was administered. The part was covered with dry lint, and a moderate pressure with a dry sponge directed by the hand was unremittingly continued by my apprentices, in succession for forty-eight hours, and thereafter by my attendants, as I

had abundant cause to dread the recurrence. Before leaving him at this time, the pulse had so much recovered its fulness as to lead some of my professional friends to remark that I considerably overrated the quantity of blood lost."

"During three days he had attacks of occasional diarrhœa, and fever. After a rigor that lasted about three quarters of an hour, he fell into a state of stupor, and became hourly weaker, until half past three of the following day, when he died; being the twenty-fifth day after the operation.

Post mortem examination. On removing the body the left arm hung loosely; and it was for the first time discovered that the humerus was detached about three inches from its head. The proximal extremity of the artery projected about a quarter of an inch beyond the margin of the scalenus. Its mouth was open, but plugged with a coagulum firmly adherent to the sides. On removing and slitting up the vessel, it was found that the coagulum was membranous firmly adherent to the sides, save at its upper part, where there seemed a separation and subsequent reparation, a circumstance which will account for the source of hæmorrhage. The artery was traced downwards into the axilla, and *was found perfectly sound alongside and past the tumour*, to which, with the accompanying vessels and nerves, it was firmly adherent.

On removing the muscles which were also firmly adherent, the tumour was found to be saccular or encysted. It was much diminished in size; and the axillary projection formerly described was now found to be caused by its being strapped down by the long head of the biceps. When it was freely exposed and divided by a section, it presented all the characters of medullary sarcoma. The bone in its whole diameter, for three inches downwards, had disappeared. A very few spiculæ were felt by the knife in making the section; these, however, were not visible to the eye; and a thin shell of the head, corresponding to its articulating surface, only remained. On disarticulation, its surface was sound, as was also the scapular cavity, although the ligamentous structures were much thickened."

In his remarks on the case, Dr. Nichol considers that though it was unfortunate in the result, it in no way militates against the expediency or even the safety of the operation when performed under more favorable circumstances. He believes that notwithstanding the languid process of reparation throughout, and under a depraved system, complete cicatrization would have followed, had it not been for the partial separation of the coagulum, and consequent loss of blood; an occurrence which must have resulted entirely from the patient's own imprudence in exerting himself as he did to get into bed on the day on which it happened.

The profession is nevertheless indebted to Dr. Nichol for the candor with which his case is related. We differ from him in opinion that, "it in no way militates against the expediency or even safety of the operation, when performed under more favorable circumstances."

We do not see a single reason why so important an operation as the tying of the subclavian artery should have been performed. He acknowledges that "the situation of the tumor, and the aspect of the large subcutaneous veins seemed to denote the existence of malignant disease," yet he "pronounced the case to be aneurism, probably, of the axillary, or if not, some of the humeral vessels;" and in this opinion other physicians concurred. From the situation of the tumor, the axillary artery could not be implicated; nor was there any reason to believe that the humeral vessels were aneurismal. The narrative of surgical errors is often of more consequence than that of successful cases; that they may serve as beacons which others should avoid, and that no operation should be undertaken without a decided conviction of the nature of the disease. "How to operate, when to operate, and when to avoid an operation," is the aim of the surgeon. The last part of the maxim is of as much value as the first. When there is a mistaken idea of the disease, and a dangerous operation proposed to be performed, a life might be further prolonged and the surgeon's peace of mind undisturbed by letting it alone.

Dr. Nichol relates the history of a case that was operated on by M. Pelletan. The patient had an immense tumor occupying all the length and circumference of the arm from below the clavicle to within four fingers breadth of the articulation at the elbow. M. Pelletan introduced a knife under the pectoral muscle, and separated it from its attachment to the humerus, carrying his section as high up as the clavicle; in doing so he divided eight large arteries which he secured; he then tied the axillary trunk, and made a large incision into the tumor, when he found it to be an osteo-sarcoma, part of which only was removed, and the patient died two hours thereafter. The whole osseous structure invested by the tumor had disappeared, with the exception of a thin shell of the articulatory surface.

We repeat, that the profession is indebted to Dr. Nichol for the honest narrative of his highly interesting case. In the opinion that the tumor was aneurismal he was not alone, for a similar opinion was entertained by the other practitioners; and in the case operated on by Pelletan, even Dupuytren was mistaken, as he pronounced it to be aneurismal.

2 Angina or Quinsy. *On a particular species of quinsy or angina, depending on diffuse inflammation of the base of the tongue, and its connections with the inferior jaw, palate and pharynx.*—Dr. Craigie, the author of the paper, "infers that quinsy assumes two if not three forms; one a superficial, confined chiefly

to the mucous membrane of the nostrils, palate, *uvula* and *pharynx;* the other a deep seated, affecting not only the mucous membrane, but the substance of the tonsillar lobules, their submucous cellular tissue, and that of the palate and uvula; and the third affecting, with the parts now specified, the base of the tongue, and spreading by this not only literally to the *rami* of the inferior jaw, but interiorly to the *epiglottis*, and occasionally to the *glottis* itself.

"In the former case, the disease produces little inconvenience, and presents the usual characters common to sore throat, that is to say, a sense of soreness and tenderness of the mucous membrane of the palate, tonsils, and *pharynx*, with difficulty and pain of deglutition; and when the throat is inspected, which is done with comparative facility, the membrane is found red and diffusely swelled."

"In the latter case, however, when the submucous, filamentary tissue is affected, a much more formidable train of symptoms is observed. Not only is the patient totally unable to depress the jaw sufficiently to allow the throat to be inspected fully, but the tongue cannot be moved, deglutition is completely impracticable, and even thin fluids cannot be swallowed. When the attempt to swallow is made, they produce great pain, and are rejected through the nostrils. At the same time respiration, and especially expiration, is performed so completely by the nostrils, that the air is expelled from them with a forcible blowing noise. In this state, also, the patient, instead of speaking as in health through the throat, snivels or utters his speech in an inarticulate or painful manner by the nostrils, or, to speak more accurately, without the motion of the soft palate and *uvula*. With these symptoms there is generally conjoined a profuse secretion of *saliva* and ropy *mucus*, which, instead of being swallowed or coughed up, trickles incessantly from the mouth, so that the patient appears as if in a state of profuse salivation.

"When the palatine or tonsillar mucous membrane alone is affected, the disease may be recognised by redness, and diffuse swelling of these parts. The constituent glands of the tonsils are sometimes chiefly or alone affected; and then these bodies become so much enlarged, as to project from the space between the anterior and posterior pillars of the *fauces*, in the form of two globular or spheroidal bodies on each side, pressing on the *uvula*, diminishing or obliterating the passage between the *uvula* and the lateral pillars, and giving rise to considerable difficulty of deglutition and pain more or less constant, but much aggravated when deglutition is attempted. In this form of the complaint, however, as the basis of the tongue is not much swelled, the jaw may yet be depressed, deglutition is still practicable, and the patient swallows fluids, and even soft solids occasionally.

"In the third form of the disorder, that, namely, in which the submucous cellular tissue is the seat of disease, not only are the tonsils considerably swelled, but the whole submucous and muscular tissue of the tongue, and the submucous tissue of the lower jaw and lateral parts of the throat, are diffusely enlarged, hard, and painful, so as to render it absolutely impossible to depress the jaw, in order to inspect the throat, while the swelling of the base of the tongue prevents the patient from moving that organ backward, or in any direction, and consequently from swallowing or speaking articulately. The velum especially is so much thickened that it loses flexibility and pliancy, and can no longer, in the motions of deglutition, be reflected upwards to cover the posterior nasal cavities. As the disease proceeds, these parts become still more generally swelled, and so unfit to obey the action of the muscles of deglutition, that not only is the patient unable to swallow solids, but he cannot even get fluids to pass into the *œsophagus;* and when the attempt is made, they regurgitate by the nostrils. The irritation of the nasal mucous membrane, thus induced by the application of substances to which it is not habituated, gives rise to swelling of that membrane, and so far changes the voice, that the patient snivels and speaks inarticulately through the nose; or, in other words, is unable to speak by the throat, mouth, teeth and lips. At the same time respiration is performed entirely through the nose with such force, that in expiration each breath is forcibly expelled from the nostrils in a current sufficient to affect the flame of a candle. An incessant and copious stream of saliva issuing from the open mouth, attending this variety of inflammation of the throat, proceeds partly from the circumstance of the impracticability of swallowing the saliva as it is secreted in health."

"In consequence of the interruption of the functions of the tongue and epiglottis, on the one hand, and those of the soft palate, *uvula*, and pharyngeal muscles, on the other, a secondary inflammation is induced in two parts, namely, the nasal mucous membrane and the *glottis*, which give a peculiarly complex and aggravated character to the disease. The inflammation of the nasal mucous membrane is simply painful to feel, and distressing to behold, in consequence of the peculiar character which it communicates to the respiration and voice; but it does not necessarily involve any result inconsistent with the continuance of life. The inflammation of the mucous membrane of the *glottis* and *larynx* is a much more serious circumstance; and unless moderated by art, or subsiding spontaneously under the retrocession of the original disease, it may very speedily prove the cause of inevitable death."

"The membrane investing the arytenoid cartilages then becomes swelled, thickened, and vascular; at first dry, it afterwards be-

comes the seat of a secretion of viscid mucous fluid; the submucous filamentous tissue becomes swelled and infiltrated with serous fluid; and as these two tissues, the mucous and submucous cellular, thus become inflamed and swelled, and their surface become covered by the morbid secretion, they encroach on and diminish the opening of the *glottis*, until it is so much contracted as to be incapable of admitting of the alternate motions of inspiration and expiration. These motions then become limited, imperfect, and inadequate, and eventually frequent, hurried, and laborious. The motion of the blood through the branches of the pulmonary artery becomes impeded and retarded, and accumulation in the trunk of the artery, and the right ventricle forthwith ensues. The cardiac contractions become frequent, quick, and feeble; and the patient dies of a species of secondary asphyxia,—chronic certainly in progress and duration, but not on that account less certainly fatal."

The author relates the case of a servant girl, aged 28, of a plethoric appearance, who was admitted into the clinical wards of the infirmary, with symptoms of the third form of the disorder. The respiration was rather difficult, and panting but feeble, and the pulse was very small, from 104 to 116.

Twelve leeches were applied to the external surface of the throat, which bled freely, and were followed by some disposition to faintness, but not much abatement of the difficulty and pain of deglutition. A blister was then applied, and rose imperfectly. As she was unable to swallow a solution of salts and tartar emetic that had been prescribed for her, an enema was administered which was followed by a single evacuation. Next day several punctures were made in the anterior part of the *uvula*; but the blood which issued from them threatened suffocation. The purgative *enema* was repeated, and afterwards an anodyne *enema* was administered, in order to relieve the difficulty of respiration which seemed urgent with very weak pulse. At twelve the breathing became stertorous; she appeared to fall into a state of insensibility to all external impressions, and she died at two in the morning.

On inspecting the body, the following appearances were found. The tonsils presented the appearance of having contained puriform mucus which had been discharged. The swelling of the uvula was almost gone; but the base of the tongue was tumid, hard, and much distended with blood and serum infiltrated in its cellular tissue, and the parts between that and the angle of the jaw were in like manner infiltrated. The *glottis* was pervious; but the membrane forming it was covered with a coating of opaque, whitish, puriform matter, which was also found in the ventricles of the *larynx*. The *epiglottis* was thickened and opaque, and mucous fluid was found in the angles between it and the lateral folds of the base of the tongue. The bronchial membrane was reddened, and the tubes contained puriform mucous fluid. The lungs were gorged with blood. The pulmonary artery and right ventricle were much distended with dark-colored blood, fluid and in clots. The vessels of the brain were also much loaded."

Query. Might not bronchotomy have saved the patient?

Another case with similar symptoms in some time presented itself. Leeches were applied to the throat, six grains of calomel were given, and as many doses as could be got swallowed of infusion of senna and solution of salts.

"Notwithstanding all the distress and suffering which it was extremely painful to witness, it was remarkable that the pulse was not above 84 or 86, and though small and feeble, could not be denominated hard or wiry. The respiration was hitherto not much affected, that is, neither much more frequent than natural nor laborious."

After much consideration, he was convinced that venesection would be beneficial. This was performed at half-past two o'clock; and it was gratifying, in the evening between six and seven, to observe the improvement in the course of four hours. The patient was now in comparative ease, could swallow fluids in small quantity, with a little effort, did not expire through the nostrils with the same blowing noise as last night and this morning, experienced almost no regurgitation of fluids through these passages, and the discharge of saliva was less profuse. She continued, however, unable to depress the jaw, or open the mouth. The evacuation of blood was repeated, a blister was applied to the neck, and the *aqua acetatis ammoniæ* given in half-dram doses."

"After this period the patient improved rapidly. Convalescence took place slowly in consequence of the nervous habit of the patient. But no symptom of the original inflammation remained."

"The disease exemplified in the two cases described, may be regarded as a species of *glossitis*, or inflammation of the tongue,—an *Angina lingualis*. The reasons on which this opinion rests may be shortly specified. *First*, the painful tumefaction of the body, and especially the base of the tongue felt by the finger, which not only prevents the jaw from being depressed, but gives rise to swelling visible in the external surface of the neck. *Secondly*, the incapacity to move the tongue backwards and upwards in the act of deglutition. *Thirdly*, the incapacity to move the tongue in the nice and delicate motions required for articulate speech. And *fourthly*, the incapacity to contract the palate and *uvula*, and apply them over the posterior nasal aperture."

"I should not have ventured to dwell at so great length on this affection, were I not convinced, from the accounts of authors, that it has been, with certain exceptions, either overlooked entirely, or so imperfectly and in-

accurately described, that it may be justly said to have been confounded with ordinary quinsy, or tonsillar inflammation. It is a singular fact, that this disease appears to have been better known by several of the ancient physicians than by any of the modern systematic or practical authors."

Dr. Craigie gives quotations from Aretæus and Cælius Aurelianus, to show that their descriptions of the varieties of *Angina* have been more complete than those of modern authors. He concludes by observing "that the disease ought to be opposed early by efficient evacuation, in order to realise any hopes of counteracting its fatal tendency."

3. On the Mortality of the Infantry of the French Army.—The author, Mr. Marshall shows, that among those who were comfortably fed and less exposed to variations of temperature, the ratio of mortality was considerably less than among the privates. The ratio of mortality in the infantry employed in France, from the year 1820 to 1826 was 2.1 per cent. This number is nearly one-fourth higher, than that of the British troops, which he estimates at 1.5 per cent. The greater mortality among the French, he attributes to the consequences of conscription; aversion to a military life, and an unwillingness to volunteer their services after the compulsory period of six years. The paper is an interesting one, but a further analysis is unnecessary in this land of peace and liberty, where no forcible servitude can be imposed, and which we hope will long be free from scenes of warfare.

4. Complicated Labor. *Remarks on the risk incurred of laceration of the uterus, in labors complicated with deformity or narrowness of the pelvis.*—From the history of nine cases, Mr. Roberton infers that when the rupture of the uterus does happen from contracted inlet, the interval from the earliest signs of labor, to the occurrence of the accident is seldom great. In six cases, out of the nine detailed, the interval was not more than thirteen hours. In the other three, it was nineteen, thirty-five, and forty hours.

The author then quotes from different authors, twenty-seven cases, and, from these thirty-six cases, exhibits the comparative duration of labor, previous to laceration, in tabular forms; which shows, that in the major proportion, this period was under thirteen hours, and that laceration rarely occurs in a first labor, and oftenest, perhaps, in a second, third, fourth, and fifth. That those who have had a number of children, are less exposed to this fearful accident, than those earlier in the career, or lower in the scale of fecundity.

"In a great majority of instances, of slight contraction of the inlet, in perhaps three cases out of four, diminution of space is caused by the promontory of the sacrum encroaching on the antero-posterior diameter. The cause next in frequency, is one or more projections of bone, springing from the inner surface of the *ossa pubis* at the symphysis."

"*Signs of danger.*—From what I have observed and learned from others, I incline to believe that a crampy pain, and tenderness on pressure, in some particular part of the lower abdomen, precede for a time laceration of the uterus, occurring under the circumstances I am now supposing, *i. e.* from deformity or tightness of the inlet."

"A healthy and patient woman, in the middle class of life, fell in labor for the first time, in her fortieth year. About 11 o'clock, P. M., the vertex presented naturally in the brim, which was of course lined with the *cervix uteri.* The pains soon increased in strength and frequency, yet not the head but the scalp tumour descended. There were no signs of pelvic deformity. From two till four o'clock, I watched my patient with great anxiety, owing to an almost intolerable *crampy pain* in the abdomen, a little to the right of the pubis. This pain never quite absent, was increased on every recurrence of the labor-pains. Finding the anterior lip of the womb tumid, and considerably lower than the head; I began in the intervals of the pains, to raise it assiduously with the middle finger of my left hand. After some time, I succeeded in raising the anterior portion of the cervix above the brim, when the crampy pain gradually ceased to be complained of; and the labor-pains becoming more efficient, the head was fairly lodged in the cavity of the pelvis by six o'clock. In this case the brim, although well formed, was small, and the fœtal head large. The symptoms, in my opinion, threatened laceration of the uterus, until they were allayed by my removing the cervix from the vice-like gripe in which it was held between the head and the brim.

"The data I have furnished appear to me to warrant the following general rules."

"1. That, as in a majority of those instances of rupture of the uterus, caused by faultiness in the brim, the accident occurs within twelve hours after labor has commenced; the practitioner ought in every case of labor, involving this impediment, to solicit a consultation. Whatever be the amount of his experience, he is not at liberty to rely solely on his own judgment, if a second opinion can be obtained.

"2. Is there space to admit the passage of the head, allowing for moderate compression and moulding? If this is determined in the affirmative, (I say nothing of the facts on which such determination ought to be founded; they are to be seen in the works of Burns and Dewees,) then the progress of the labor is to be patiently but most attentively watched. If in the negative, there can be no use in much delay; embryulcia ought to be had recourse to. Moreover, when we have *satisfactory* proof that the fœtus is dead, the head ought to be forthwith perforated, even, although we conceive that it might be born by the natural pains; for surely, nothing is more absurd, than that the uterus of a living woman should be *in any degree* bruised, or its integ-

rity endangered, to preserve the integrity of a dead fœtus.

"3. When it is determined to watch the efforts of nature, the state of the *os uteri* demands particular attention. Blood-letting if there be the kind of rigidity in which this remedy is useful, should be performed, not forgetting, however, that if the deformity is owing to *malacosteon*, the constitution ill bears the loss of blood. Unless there be entire absence of labor-pains, the patient is to lie perfectly still in bed, either on her side or back; if on the former, which is commonly the easier position, the obliquity of the uterus generally requires that the abdomen be supported by a broad flannel binder. Where there are labor-pains, and the *os uteri* is becoming tumid from compression, we may, if it is practicable, raise the cervix gently with the finger, so as to disengage it from the pressure of the head.

"4. How long is the practitioner to rest satisfied with watching the efforts of nature? This will depend upon their effect. If the head moulds readily, the tumified scalp descends, and the bulging part of the cranium makes some progress through the inlet; we may hope that the base will ultimately be forced down without injury to the mother. But when it is the scalp merely, that the pains effect, this is discouraging; and when the head, notwithstanding continued uterine pains, does not become fixed in the brim, but may be raised on the cessation of pain, by the finger; then we have reason to fear, either that the head is above the standard size, or that the inlet is more contracted than we had calculated. And what remains is to determine, whether to perforate the head at once, or to try first what may be done by the long forceps or the lever; not failing to remember, that the pelvis of the mother, is not like that of the skeleton, but that it is lined, especially in the inlet, with textures at once most important to life, and easily injured by instruments."

From what we have seen of rupture of the uterus, we are not inclined to put any reliance on the crampy pain, and tenderness on pressure, noted as signs of danger; and if they did occur, we would not consider ourselves warranted to have recourse to instrumental delivery, especially *embryulcia*. Rupture of the uterus may and does occur, without any deformity of the pelvis, or wedging of the neck of the uterus.

It will sometimes happen during the attendance of the most skilful accoucheur, at a time when no danger is anticipated. On the other hand, the resistance the uterus can overcome without injury, is often wonderful, and from repeated observation of this, practitioners, as they advance in experience, become less inclined to have recourse to instruments.

5. Morbid condition of the heart.—Richard Poole, Esq., makes some observations on the influence of a certain morbid condition of the heart on the system at large, and draws the following conclusions from his observations:

"1*st*, That, in a certain condition of the heart, characterized chiefly by what we may term debility, the supervention of disease in any other part of the body may be marked by symptoms referable, in a great measure, to the state of this organ.

2*dly*, That these symptoms will be more intense in appearance, than indicative of great disturbance in the part affected by disease.

"3*dly*, That for their relief, active depletion is either unnecessary or hurtful.

4*thly*, That the treatment best adapted for their removal is such as has influence on the condition of the heart, rather than on the local disease.

5*thly*, That, after the general and local disturbances are delayed, there is a greater tendency to collapse than in other affections having a different origin, even although the treatment has been far from active."

6. Malignant Cholera. *An attempt to account for the various methods adopted in the treatment of malignant cholera*, by Mr. Gaskle. Mr. Gaskle believes that there are two species of cholera; the circulatory system is chiefly embarrassed in the one; the respiratory in the other.

"The means of removing these two states are different; a remedy applied with advantage to one case is totally inapplicable in another. Hence it is not improbable that undue power may, from this circumstance, have been attributed to a remedy as inapplicable to all cases of cholera, when it can be used with advantage, in certain cases only."

The different methods of treating these species the author has not related. For ourselves we have not been able to distinguish them.

The author remarks that "means which depress action, as fear, aggravate slight symptoms into a marked case; those which excite and invigorate it, as exercise in the open air, remove a slight attack." He then relates a story about a patient with marked symptoms, who ran away from the doctors, and who was cured by the excitement produced by being pursued by the hospital assistants.

7. On the Seeds of Plants, by Dr. Pearson—"The advantage which the seeds of plants possess over other parts of the same plant are these. 1. They keep better. 2. The administration of them is now simple and convenient. 3. Their doses are more ascertainable."

The author gives some examples of seeds possessing remarkable medicinal efficacy, as caraway, coriander, mustard, stramonium, belladonna, croton tiglium, and nux vomica. He then gives, as exceptions to his remarks, the impotency of the seeds of the plant that affords opium; the leaves and not the seeds of the *melalenen cajiputi*, affording cajiput oil, and the medicinal activity of colocynth being contained not in the seeds, but in the pulp of the fruit.

"I would next suggest, that great advantages would probably be derived from experiments, skilfully conducted, on the seeds of certain medicinal plants, concerning which we are at present without any accurate information."

We wish that Dr. Pearson would extend his researches. He promises to endeavor to prevail on an able physician, attached to a charitable institution, to put the suggestion to the test of experiment. Might not some of the attending physicians of our dispensaries make similar trials?

8. Asthma.—Case, in which urgent symptoms of asthma appeared to be induced by electricity excited by new feathers, by Mr. Ross.

This was the case of a stout athletic ploughman, Crichton by name, who, after being married, on retiring to rest for the first time in his new home, was seized with a difficulty of breathing for three weeks. This compelled him to remain whole nights by the fire, as the sense of suffocation while in bed was intense. He resolved to leave home, and absented himself for five nights, during which period he slept soundly. "Conceiving that he might now enjoy the pleasures of his own bed, he again returned, but his tormentor was still an occupant of his dwelling." He again absented himself, and became free of all ailment. He returned to his home, and his health became again impaired. Mr. Ross recommended him to sleep on chaff instead of feathers, and he remained free of his complaint. We think it possible that the symptoms of the newly-married, "stout, athletic ploughman" might be produced by other electric agents than new feathers.

9. Additional Observations on Arsenic, by Alex. Murray, M.D.—This is a valuable paper, in a medico-legal point of view, the result of much experiment. Dr. Murray points out the advantages that the gaseous possesses over the liquid form of ammonia, added to the silver or to the copper test. He gives the result of experiments on several substances containing arsenic. In coffee and tea, the silver test in a tube or a watch glass produced a dark brown color; in broth and gruel, it produced a whitish, uncertain precipitate. In whisky punch and pease soup, the change could not be perceived. But when a drop of the arsenical solution was put upon paper, nitrate of silver added, and afterwards gaseous ammonia, the yellow arsenite of silver was produced in a distinct form.

"The effect of decoction of onions upon the present subject may next be adverted to, as great interest has, from accidental circumstances, been attached to this source of fallacy, first noticed upon the occasion of a trial which took place in 1817. Dr. Neale, a physician at Exeter, deponed that he had added to a decoction of onions both the copper and silver tests, and that the former produced 'a green precipitate,' and the latter 'a pale yellow cloud.' Upon this point the following observations have been made.

A small quantity of decoction of onions was put upon paper, and tried with the silver test, which produced yellowness, but not the full yellow surface which was formed when the same steps were gone through after arsenic had been added to the liquid alluded to. The similarity, however, is such, that I do not think this test could be relied on in such a case. Sulphate of copper having been added to a drop of decoction of onions placed upon paper, a green color ensued; while the addition of ammonia caused blueness, but not in the usual ready manner, and this color did not afterwards disappear, giving place to a distinct green, as it usually does when there is arsenic, and as, indeed, it was found to do when I added arsenic to the decoction of onions. Perhaps, then, the circumstance just mentioned forms the best distinction that can be derived from the copper test between a mere decoction of onions and the same liquid containing arsenic. After all, the matter is of but little moment, as there is not a shadow of reason to suppose that any one should have occasion to seek for arsenic in a pure decoction of onions. Yet the objection has been brought forward not merely in a general hypothetical way, but it has actually been adduced in criminal trials, both in this country, as already stated, and likewise, I believe, in America."

Before concluding, the author observes, that when water is added to a liquid, supposed to contain arsenic, the investigation ought to be conducted in a tube, as the experiment upon paper does not appear to be superior, or even equal to the more common mode, when the arsenical solution is weak and transparent,

Toxicology, as well as the other branches of the profession, affords a wide field for experiment. We would be most happy to publish the results of practitioners, in our own country, who would imitate the laudable example of Dr. Murray.

10. Amputation.—This was a case of successful amputation, near the hip-joint, through the great trochanter, barely leaving the attachment of the short muscles; by D. Kerr, Esq. Surgeon.

11. Bronchial Inflammation. *Case in which an ear of grass, impacted in a bronchial tube, gave rise to symptoms of intense bronchial inflammation.*—For nearly two months, the patient complained of cough and deranged stomach and bowels. After a violent fit of coughing, she brought up an ear of grass, and became well. In his annotation on the case, Dr. Craigie, quotes eight similar cases, in which distressing symptoms occurred, from various foreign bodies being lodged in the windpipe.

ANALECTA.

1. Tumor in the Pharynx, *causing violent dyspnœa threatening suffocation, successfully removed by ligature.*—A child, æt. three weeks, had since birth been affected with a difficulty of respiration, which produced a croaking noise something similar to that in croup. The infant kept its mouth constantly open, with the tongue retracted, and the point elevated towards the palate. Its colour, when the fits of dyspnœa were most violent, was of a purple hue, and it could not suck without great risk of suffocation. Indeed, from its inability to obtain its natural food, it had undergone a considerable degree of emaciation. On the sixteenth of August its mother brought the child to me, and said that she had observed it vomit something red, which filled its mouth, but that it had been immediately swallowed. I was inclined to laugh at the story, especially after examining the child's mouth, when nothing extraordinary was to be seen. By way of experiment, however, I tickled the fauces, so as to induce the action of vomiting, when it brought up, to my great surprise, a tumor three inches in length, and one and a-half inches in circumference. Whenever my finger was removed from the mouth it was again swallowed, and the croacking noise recommenced, followed by a considerable discharge of frothy mucus. It was with difficulty that a part of the base of the tumor could be seen, even by depressing the tongue, on account of its deep attachment in the fauces. In its natural situation it occupied the centre of the upper part of the pharynx, having the uvula in front. Its base was of a considerable breadth, as far as could be judged. On the following day having induced the child to vomit up the tumor, the apex was secured and retained by a *tenaculum*; a single loop of dentists' silk was passed through a double *cannula*, and drawn pretty firmly, after which another was passed to complete the knot; the ends were then cut away, and the tumor swallowed. Next day the tumor was again brought up; but, from the maceration in the mouth, and perhaps the inaccuracy of the application of the ligature, it had slipped. Another single noose was therefore passed over the tumor, tightened by the *cannula*, and fastened to one of its eyes. The *cannula* was then retained in the mouth till the circulation was impeded, the ligature being from time to time tightened. The tumour was then cut away by the scissors close to the ligature, and the *cannula* removed. The child breathed quite freely during the whole time the tumor was in the mouth, and was fed with its mother's milk, which it greedily swallowed from a spoon.

I was obliged to adopt the awkward mode of operating by the *cannula*, as I did not deem it safe to excise so large a tumor in an infant of such a tender age, and where the difficulty of any remedial application must have been insurmountable; because I concluded that the vessels which fed the tumor must have been of such a size as (when assisted by the warmth and moisture of the mouth) to warrant apprehension of danger. Nor do I conceive that torsion could have here been applied with safety, on account of its broad attachment, as it might have brought away a large portion of the mucous membrane lining the fauces, and done irreparable damage. The base of the tumor now presents a small button-like projection, which does not in the least interfere with the function of the epiglottis. The child is now quite well, and has gained flesh considerably.—*Edin. Med. and Surg. Journal.*

2. Ossification of the Umbilical Chord. In a case which lately came under under my observation, I had occasion to remark a preternatural fragility of the *funis*, which, as far as I can recollect, has not been noticed by any obstetric writer. It occurred in a woman of a weak leucophlegmatic temperament. The *funis* was remarkably short and thick. In tying previous to the separation of the infant, I was under the necessity of using great precaution, as the smallest degree of undue pressure caused a rupture in the vessels, giving origin to hæmorrhage from the infant; indeed, I was obliged to shift the ligature more than once; and in pulling at the chord, in order to assist the expulsion of the placenta from the vagina, it gave way several times. On examination, it appeared of a cartilaginous structure. Query, Might not this state of the parts give rise to serious hæmorrhage and death of the child, from any undue pressure during labor?—*Ibid.*

3. Defective Vagina. Marjory Manson, aged 22, came to this city from Shetland on account of amenorrhœa, and various symptoms connected with it. She was treated for many weeks by a skilful physician with all the most approved emmenagogues, but in vain; and being at length dismissed as incurable, she was seen by one of my pupils, who thought of examining the state of the organs more immediately concerned. He found an orifice in the ordinary situation of that of the vagina, which, with difficulty admitted a finger, and when it was withdrawn a gush of urine followed. In short, it was ascertained that this opening led into the bladder, and that there was no vagina. She was admitted into the hospital in order that a search might be made for it; but

though something like the uterus could be felt through the coats of the bladder, no traces of the missing passage could be discovered.—*Ibid.*

4. Dislocation of Spine.—Alexander Robertson, aged 37, fell, 8th August, on a heap of rubbish, and, lighting on his posteriors, suffered a violent impulse of the trunk forwards. When brought to the hospital, and placed in bed, it was observed that the spine formed an acute projection at the junction of its dorsal and lumbar portions; and that at the summit of this projection there was a space nearly two fingers-breadth between the spinous processes. He complained of intolerable pain, which occasioned him to groan and scream almost without ceasing during the night after the accident. He could not expel his urine, and was unable to move his legs. He lay upon one side, and dreaded the slightest movement or pressure, which greatly aggravated his sufferings. On the 10th, his condition, which had been regarded as nearly hopeless, began to improve. He had a natural evacuation of his bowels, and began to move his left leg. On the 11th, he passed his urine without the assistance of the catheter. On the 13th, he moved both legs. On the 16th, he turned himself in bed. On the 26th, he sat up in bed. On the 17th September, he was dismissed, being then able to walk with a stick. He is now only somewhat feeble. The spine has become much straighter, but still retains its convex form and separation between the spinous processes.—*Ibid.*

5. Hæmorrhage from the Ear and Fauces, *Ligature of the Carotid.*—William Mason, a delicate boy, 9 years of age, complained, in the latter end of August 1832, of a soreness in the left *fauces*. This ceased in two days. About a week afterwards, viz. on the 29th August, he was seized with pain and swelling of the right *fauces*, and smart accompanying fever. The fever left him in a day or two, but there remained a painful external swelling situated between the upper part of the larynx and the mastoid muscle. This increased gradually, extending upwards to the jaw, and finally to the tube of the external ear.

On the night of the 8th September, a discharge of pus took place from the *meatus externus* of the ear, and it continued till the following evening. A tea-cupful probably was the quantity altogether discharged. The latter portions were tinged with blood. Soon after the discharge of pus had ceased, the ear having been lightly bound up, the boy raised an alarm in consequence of a flow of blood from the ear. Upon removing the bandage, it continued profuse for a short time. It then ceased. Some ounces appeared to have been lost. A compress and bandage were applied. The swelling dependent on the abscess had disappeared entirely.

13th. A fresh bleeding from the ear. Sponge introduced with compress and bandage over it. Since the 9th, (the date of the first bleeding,) a swelling has been formed between the angle of the jaw, mastoid process, and external tube of the ear; it has no pulsation.

16th. The swelling considerably increased; it now extends downwards, bordering on the *larynx*. On examining the mouth, a swelling is perceived like that produced by an enlarged tonsil pushing forward the anterior curtain of the palate, and insinuating itself between the jaw and lining membrane of the mouth; it is rather pale in color, soft and elastic. The following symptoms are present: considerable difficulty of breathing and swallowing, imperfect articulation, frequent hawking of phlegm from the throat, difficulty of closing the jaws, difficulty of lying down, very uneasy expression of the countenance, with constant watering of the eyes. The pulse of the temporal artery to be distinctly felt.

18th. In the evening he discharged suddenly from the mouth two or three ounces of florid blood. For a day or two before this, the phlegm from his throat had been tinged with blood. The case appearing to be one of extreme hazard, and the object of present apprehension, hemorrhage, likely to be fatal, either by its quantity, or through the vicinity of the *trachea*, by causing suffocation, it was suggested by Dr. Combe to tie the common carotid artery, and this operation was proposed to the parents. They, however, did not accede to it at that time. It was then agreed to request Mr. Syme's opinion on the case. Mr. S. having approved of the measure, it was again recommended (by him) to the parents, who now consented to it. The artery was then tied at the side of the larynx by Mr. Syme.

October 1st. Immediately after the operation, an improvement in all respects took place, and has been gradually increasing till to-day. The operation itself gave rise to no inconvenience which would not have resulted from a simple wound of the parts. The external swelling decreased quickly, and is now gone. There still remains a slight internal swelling in the situation of the tonsil. No pulsation of the temporal artery. Since the first bleeding at the ear, there has always been an oozing from it of a thin, bloody ichor.

On the evening of this day, while he was reading aloud, a profuse bleeding took place from the internal *fauces*, and at the same time from the ear. It soon ceased. About ten ounces were discharged in all. On examining the mouth some clotted blood was seen adhering to the right tonsil. He had been allowed incautiously to go out of doors in the forenoon, and had run about without restraint

2d. A tumor equal in size to the half of a hen's egg has been formed since last evening between the angle of the jaw, mastoid process, and tube of the ear. There is no increase of the swelling in the mouth.

6th. The external swelling decreased in

some degree. There has been no discharge of the ichorous fluid from the ear since the 1st inst.

In the evening a fresh discharge of blood from the internal *fauces* and nostrils, (from one source, however, the right side of the *fauces* as it appeared.) It soon ceased, but not before twenty ounces were lost. Immediately after he had syncope. In two hours he had rallied, and was asleep with a pulse at 120.

8th. In the evening, a bleeding from the *fauces* to the amount of eighteen ounces, followed by faintness and very small pulse.

After the 8th there was no return of bleeding, the swelling decreased, and he gradually recovered. For some time the right tonsil appeared of a dark color.

He is now as well as before the commencement of his illness.—*Ibid.*

6. New Ligament. *A Third proper Ligament of the Scapula, not yet observed in our Dissectors, or by Anatomical Lecturers.* By E. B. Sherriffs, Esq. Brechin.—No ligaments in the human body have been more particularly described, or perhaps better classified by anatomists, than those connected with the *scapula;* neither is any joint more deserving of attention from its surgical relations than that of the shoulder, into the formation of which the *scapula* enters.

The ligaments connected with this bone are described as either proper or common to it. The latter are described as two in number, viz. the anterior, coraco-acromial or deltoid, and the posterior or coracoid. I, however, universally find a third, extending from the root of the *acromion* process to the neck of the *scapula*, and hence it may be consistently denominated the *acromio-cervical* ligament I generally find the *arteria infra spinalis*, along with its accompanying nerve, pass under this ligament.

In exposing this ligament I must recommend great care to be taken, as it is imbedded in a quantity of cellular substance, and being very weak, it may readily be removed.

I have presented the Hunterian Medical Society with a ligamentous preparation of the shoulder, in which the coraco-cervical ligament is plainly developed.—*Ibid*

7. Therapeutics. *On the Employment of Creosote, by* Dr, Berthelot. (*From the Lancette Francaise, Feb.* 1834, *and the Bulletin General de Therapeutique, Feb.* 1834.)—Before laying the substance of M. Berthelot's articles before our readers, we would call their attention to a paper by Dr. Davy on the *Acqua Binelli*, which will be found in the fortieth, and to an account of *Creosote*, which appeared in the forty-first volume of this Journal. A perusal of the paper of Dr. Davy will be sufficient to excite the suspicion, that *creosote*, or something analogous to it, is present in the *Acqua Binelli*. The alleged effects of the preparation called *l'eau creosotée*, appear to be the same as those attributed to the *Acqua Binelli*. With these remarks we give an abstract of M. Berthelot's experiments.

The first two cases were those of patients who had varicose ulcers. Of one of them nothing need be said, as the solution of *creosote* was applied only for two days, and then discontinued for some cause not mentioned. During these two days, however, the suppuration and disagreeable smell are said to have been suppressed. The other patient was in excellent health, and had a good constitution. The ulcer was of ten years standing. On the 16th December, the solution of *creosote* was applied by means of cotton soaked in it. The suppuration and bad odour disappeared after the first application. Some days afterwards, a thin pellicle appeared on the top of the ulcer. In ten days it recovered three-fourths of it, and by the 22d January it was completely healed. We suspect all this might have been done with cold water; and we are in possession of some facts, showing the rapid cure of ulcers of the legs, both from *varices* and other causes, by cold water dressings and rest. The next patient, a child eight years of age, was affected with suppuration of the external auditory canal of the right ear. Two or three drops of the solution of *creosote* were poured into the ear, and the suppuration ceased. The same was repeated several times, and the suppuration did not return. The other cases we shall not enter into, but content ourselves with simply enumerating them. We have, then, one of abundant suppuration following the excision of a tumour from the *anus*, cured in twenty-seven days,—one of a burn on the wrist, of the size of a franc piece, on which a crust was formed in five days,—one of an eruption on the chin, with a serous suppuration,* cured in eight days —a syphilitic ulcer of the *penis*, previously treated with mercury without effect, cured in eight days,—an extensive burn cured, part of it in five, part of it in twelve days, two fingers cut with glass cicatrized in five days,—toothach from carious teeth, cured by one application,—a cut finger, cured in four days,—and an obstinate dartrous ulcer, near the elbow of a child, cured in six days.

On these experiments M. Berthelot makes the following observations:—The first and third patients experienced no pain on the application of the solution of *creosote*. Even pure *creosote* itself had no effect on the first. In his case, chronic inflammation of the cellular tissue had so hardened the skin and the subjacent tissues, that it appeared inert and altogether uninflenced by the action of the nervous system. In the other ten, the application of *creosote* produced pain, more or less acute according to the susceptibility of the individuals.

In five, *creosote* acted as a disinfecting agent, restraining or destroying the bad smell. In seven, by its presence it stopped suppuration. In four, where suppuration had not occurred,

* Une suppuration sereuse.

it cicatrized the wounds, without permitting them to suppurate, as happens when they are left to themselves.

8. Toxicology. *On the Poisonous Effects of the Cyanuret of Potassium administered as an Enema.*—(*From the Journal de Chimie Medicale, January* 1834.) M. Trouvé, Professor in the Secondary School of Medicine of Caen, has communicated the following fact to M. Orfila:—

A patient affected with neuralgia of the trunk took three enemata, each composed of six ounces of water and six grains of the cyanuret of potassium *moistened*, but yet in a mass. The first and the third were administered cold; the second was heated in a water bath, keeping the bottle corked. All the three occasioned strong convulsions, violent contraction of the limbs; the eyes became fixed, the pupils were dilated. At last, the patient found himself better, and was able to rise, which he had been unable to do for a year.

A fourth enema of the same ingredients as the former, except that the cyanuret of potassium was *boiled in it, and so moist* that it adhered to the sides of the injection bag, was administered to the same patient, who felt no pain, and no accident followed.

A fifth enema, given thirty-six hours after the fourth, prepared with the same quantity of well-dried cyanuret, was taken in an injection bag, which had not yet been opened, and which exhaled little odor. The patient died at the end of an hour, after presenting the following symptoms:—general convulsions, violent action of the heart, slow and difficult respiration, coldness of the extremities, dilatation of the pupils, eyes fixed.

This fact establishes a marked difference between the dry and moist cyanuret of potassium: the latter appeared much less active. It is not probable that this was because it had not been decomposed by the action of moisture!

The experiments of M. Pelouze are in favor of this opinion. By heating a concentrated aqueous solution of the cyanuret of potassium he transformed it into ammonia and formiate of potass, which is inert. Whatever it may be, account must be taken of the quantity of water contained in the cyanuret which was boiled, which ought necessarily to diminish the real quantity of cyanuret of potassium contained in it.—*Ibid.*

9. Anterior Membrane of the Eye.—A short notice of this membrane is given by W. C. Wallace, M. D. of New-York, who is favorably known for his close and accurate investigation of the anatomy and physiology of this interesting organ. We quote his description:

"When the eye of an ox or a sheep is immersed in boiling water, the anterior membrane coagulates, and it may be separated from the cornea and that portion of the conjunctiva which it covers. The conjunctiva does not coagulate; it cannot be traced to the cornea, but seems inserted into the sclerotica. When the eye is macerated, and the conjunctiva dissected from the eyeball, the conjunctiva mav be cut through at its attachment, and as the anterior membrane overlaps it, there may be the appearance of continuity of structure; but if the separation be commenced on the cornea, and be carried to the conjunctiva, the corneal covering will be found to overlap it for a short space, and to be a distinct membrane, as it can be completely separated from it. It may be compared to a small watch-glass, a little larger than the cornea, and placed over it and the contiguous conjunctiva. In the ox, the sheep, and apparently the negro, its surrounding border is a dark-brown muco-albuminous ring, and a mucous continuation of it extends to the edges of the eyelids. I am not sure if this continuation be different from the mucus of the conjunctiva, yet it sometimes seems to contain membranous fibres which are more evident towards the internal angle. The most distinct way of showing the anterior membrane of the eyeball, is to macerate an eye for some weeks in vinegar, and then cautiously to immerse it in boiling water, to harden what is albuminous, without corrugating the other coats."—*Am. Jour. Med. Scien.*

MEDICAL INTELLIGENCE.

1. Systematized Anatomy, or Human Organography.—We have much pleasure in announcing the forthcoming of the first No. of a translation of a series of anatomical plates, admirably lithographed by the Messrs. Bisbes, of Franklin Street, from those of the original French work, by Sarlandière. They are fifteen in number, plain or beautifully colored, contain exact representations of all the principal organs of the body, and will be sold at a very reasonable price, considering the expense of publication which is incurred solely by the publishers, and the labor it has cost them, as every plate has been copied by one or other of those gentlemen.

The letter-press is sufficiently minute, and has been translated in this city. We earnestly recommend to students and practitioners in general, to supply themselves with a copy of the cheapest system of anatomical engravings extant, and the first of any extent ever attempted in America.

2. The Society of Surgeon-Dentists of the City and State of New-York.—This is the style and title of a new Society, which, we are happy to state, has recently been organized in this city, and which, from the number and respectability of its members, gives fair promise of much future usefulness.

The objects of this Society are for mutual improvement, by an interchange of ideas, and communication of facts, together with an effort to elevate the character, and increase the usefulness of the dental profession; and we have reason to believe that such a Society, judiciously conducted, will not fail to impress the public mind with a greater feeling of confidence than heretofore, in the value of this highly important and useful branch.

We doubt not one object of the Society will be to discountenance the efforts of knaves and quacks, who, by fraud, and falsehood, and unblushing effrontery, thrust themselves upon the notice of the public, who are easily duped by the professions of impostors, particularly if a high sounding title is prefixed to some supposed discovery, which needs only one trial to prove its worthlessness and injurious tendency. Let the Society then commence at once the adoption of such measures as will prevent the worn-out system of procuring the names of physicians and others to puff them into notice, whilst we trust the members of the medical profession will take the hint, and cease a practice which has become too common.

In furtherance of the objects, as well as the interests of the Society, we take occasion to recommend, whilst it is yet in infancy, that a liberal and enlightened policy be adopted; let it not be charged against the institution, that private interest and personal aggrandizement are paramount objects to the advancement of professional respectability and professional improvement; let its members rather profit by the example of those societies of *our* profession, who have dwindled into contempt and insignificance when charged before the public whom they would defraud, by urging the claims of the weak and the incompetent, over those non-members, who were more entitled by the right of talent, genius, and acquirement, to public confidence and support; in short, we would say, banish quackery in all its protean forms; be liberal in the election of members, and pursue a just and honorable course to those who are not, or who do not become, attached to the Society.

As New-York has taken the lead in the formation of a "Society of Surgeon-Dentists," we hope to see connected with it, as honorary members, those of other cities who have become distinguished for their talent and skill; and we would recommend, at their stated meetings, the reading of practical papers for publication, by which means much valuable information would be communicated, not only to the surgeon-dentist, but to the practitioner of medicine: for this purpose our journal will always be open to them the same as to medical societies mentioned in our first number, at page 40, article 18.

The following is a list of the officers:—*President*, E. Parmly. *Vice-President*, E. Baker. *Corresponding Secretary*, S. Brown. *Recording Secretary*, E. Bryan. *Treasurer*, J. Lovejoy. *Librarian*, J. W. Crane.

We select the following judicious article, from the Boston Medical and Surgical Journal, and recommend it to the careful attention of our readers; the subject will be fully taken up in succeeding numbers of our journal.—*Editors U. S. Journal.*

3. Patent Medicines, Nostrums, &c.—That any of the members of the medical profession should countenance and encourage the use of articles which *interested* individuals offer to the public as sovereign and infallible cures for all diseases, is highly disreputable to science, and to the true dignity of their own calling. Yet that this is the case, to some considerable extent, no one will pretend to deny. The friends of medical improvement are well aware of the injurious tendency of such a course of conduct, and have to lament that many of their brethren, instead of being zealous collaborators with them in bringing our science nearer and nearer to perfection, and thus forwarding the dearest interests of humanity, are almost daily aiding and abetting presumptuous ignorance and vile empiricism. Some, too, even of the very *magnetes* of the profession, have gone so far as not only to make trial of *secret preparations*, but even to give certificates in their favor. It is needless to state what an astonishing effect this has on some of the more credulous, both in and out of the profession. The authority of a single great name has often more influence with them, than all the reason and philosophy which can be made to bear upon the subject. It is almost natural to a great majority of the human race, (whether through ignorance, or a distrust of their own capacities I shall not attempt to decide,) to receive upon trust, and to adopt as the *ultima ratio philosophiæ*, whatever has the sanction of a great name and the recommendation of high authority. Thus they have opinions and dogmæ ready to their hands, which they apply, often blindly and heedlessly, without being able to give a why or a wherefore for the application. This is applicable to nearly all the concerns of life, which require reflection and study, but in a preeminent degree to the science of medicine. The least degree of reflection will convince any educated professional man, that it is the height of absurdity to lose sight of all principles in medicine, and to use or recommend any secret preparation, for no other reason than its supposed beneficial effects in some particular case. He cannot say whether the result is the effect of the means used, or whether it is the *post hoc ergo propter hoc*, the work of nature. Admitting, however, that the remedy unquestionably

has had a good effect in a particular case, whilst the exhibitor is profoundly ignorant of the composition of substances which constitute it, he cannot thence form any just conclusion. The effect may be owing to this or that simple in the combination as the active ingredient; of all which he is entirely uninformed. Neither can the good effects produced by a secret preparation, in a solitary case, atone for the many ill effects it will probably produce, when exhibited indiscriminately on its previous reputation. It may have been a stimulant, given in a debilitated state with success; how dangerous, then, would it be to administer the same in a state of entony, with highly acute inflammatory symptoms. So far from indulging this spirit in the profession, it ought to be their determined and uncompromising rule of conduct, never to use or advise any empirical preparation whatever, not even those patent medicines and nostrums with the preparation of which they are perfectly acquainted. If any such are indicated, they ought to be prepared by the exhibitor himself, or a faithful and duly qualified apothecary, to answer a particular indication in a particular case. It is likewise discreditable to the resources of the profession to adhere rigidly to any particular formula, as a general rule. The man of sound judgment and discriminating tact, can always make his own prescription, in such a way as to fulfil the indication of each case which may come under his charge. That man who is either incapable, or too indolent, to reflect, to scrutinize and examine, minutely and thoroughly, the various subjects of a science which he *professes* to understand and practise, is unworthy of the confidence of the public, and ought to be banished as a drone from the ranks of the profession.

The indiscriminate use of, or undue attachment to, a particular medicine, is not only absurd and ridiculous, but highly criminal in any man who publicly undertakes the office of a physician. Next after the herald of the cross, who stands between the living and the dead, the physician takes upon himself more than any other man, a more sacred and awful responsibility. I am thoroughly convinced, that if medical men generally, were duly sensible of this, their untiring efforts for the improvement of medical science would evince a zeal and success seldom witnessed in any human affair. It is the above course alone, which can define and draw the just distinctions between the medical philosopher and the professional empiric —which can elevate the profession to its true dignity and suppress many of the evils of empiricism, and can restrain popular errors in physic, which with a fungous growth are continually spreading in the community; and when by time and fashion they are removed, a fresh and luxuriant crop immediately occupies their place. The profession itself is the *fons et origo mali* of nearly all the popular errors in physic, which, however, they may have been tolerated in ancient times, in the infancy of our science, ought now to be discarded forever. Neither the prejudices and errors of the vulgar, nor the dogmas of the learned, should ever swerve the candid, the honest and scientific physician, from the dictates of sound reason and the convictions of his own mind, formed upon due and proper reflection. Mystery, credulity and superstition, have certainly much less sway in physic than formerly; and may we not justly anticipate that the day is rapidly approaching (and is to be hurried on by our own exertions,) when our science will be free from the trammels of empiricism, and admit, in some respects at least, of the name of a certain and demonstrable art. It is now time, it is high time, that each and every member of the profession should be up and doing; it is the imperative duty of all, to throw in his mite towards improving the profession. To sit down, to fold our arms in silent apathy, when contemplating the state of our science, whose object is the preservation and attainment of health, and consequent greatest earthly happiness, the dearest interests of humanity, is no longer tolerable; it is criminal, and deserves the denunciation of the public. GAMMA.

4. IMPROVEMENT OF THE COMMON TREPHINE.—Dr. Robert Estep, of Paris, Stark county, Ohio, has sent us, for examination, a trephine, to which he has added a guard, designed to prevent (what has sometimes happened) a wound of the dura mater and brain, by a sudden plunge of one side or the whole of the circular saw, in the latter stage of the operation.

A thread for a screw is cut for three quarters of an inch, on the hollow shaft of the trephine, beginning half an inch from the points of the teeth. Two bands are screwed on this thread. The upper of these is a mere rim, and being put on first, serves as a support for the other, which is a projecting rim of the same kind, attached to the lower margin of a hollow cylinder, half an inch in length, the inside of which is grooved into a female screw. This part is to be screwed on with the rim downwards, and this rim, when it comes to rest on the cranium, resists the further progress of the instrument. By screwing these two cylindrical bands up and down the shaft of the saw, it may be extended or limited to any depth. As they do not, in any way, embarrass the movements of the trephine, and appear to be well calculated to prevent an injury of the soft parts, towards the close of the operation, we commend them to the notice of the profession. Indeed, they seem to us both simple and ingenious; and, should experience demonstrate their utility, we would propose that the instrument be called "ESTEP'S GUARDED TREPHINE."—*West. Jour.*

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NOTICE TO CORRESPONDENTS.

THE question is frequently asked, "why do not the older Physicians contribute more for your Journal?" we can only answer by supposing that it is principally owing to professional engagements, &c. It gives us pleasure to say, however, that many distinguished medical gentlemen have promised communications for our Journal of the description mentioned in our first number, article 19, page 40.

We shall commence in our next, the publication of a series of Hospital Reports, by Dr. JNO. WATSON

Drs. McKNIGHT, PIATT, & SMITH, (of the Lying-in Asylum,) N. Y. are respectfully informed that it will afford us pleasure to receive their promised communications.

We have received a communication accompanied with sundry documents from newspapers, in relation to a private lecturer on Midwifery, and a meeting of Medical Students in this city. The character of the communication is such that it cannot be admitted into this Journal. Perhaps there are none who would resent any attempt to injure a private or public lecturer, sooner than ourselves, but we must confess that we are inclined to think with the writer, that "the affair was commenced by the *misguided* friends of the lecturer, with a view of bringing him before the public and giving him *notoriety*."

We are frequently astonished and humiliated at witnessing the various tricks resorted to in our country by many members of the profession to bring themselves into notice, instead of pursuing a dignified and honorable conrse, and relying on talent and moral worth for public favor. This is a subject that would come under the notice of writers for the premium offered in our first number.

☞ *James Webster, the Publishing Agent of this Journal, being much absent from the city, all Communications concerning the same must be addressed* (post paid) *to him, Post Office, New-York.*

THE

UNITED STATES

MEDICAL AND SURGICAL JOURNAL.

No. V.

DECEMBER, 1834.

ART. I.—*Select Cases and Communications, forming part of the* TRANSACTIONS OF THE MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH. Communicated by the Council.

(Continued from page 137.)

§ V. MORBID CHANGES IN THE CEREBELLUM.

1. *Periodical Headach terminating by Effusion of Serum into the Ventricles of the Brain,—Tumor in the Cerebellum.* By JOSIAH ALLSOP, Esq. Birmingham. Communicated by Dr. ABERCROMBIE.

JAMES SCOTT, æt. 6, began to suffer, in September 1829, from fits of severe sick headach, recurring at first about once a fortnight, then increasing in frequency to one or two a-week. For four months he continued to enjoy good health in the intervals. He was stout, fleshy, growing rapidly, good appetite, bowels regular and dejections natural, until a very short time previous to death.

The evening before the paroxysm he was often observed to sigh, and appeared a little restless and languid. The attack usually came on early in the morning, awaking him with severe bursting headach and nausea, increasing for some minutes to excruciating agony, when he called out for his head to be compressed, and vomited. The pupils were large, not obedient to light, but contracting and dilating irregularly, as much in the light as shade. The pulse slow, weak, and irregular. The pain commenced in the forehead, over the left eye, extending from thence to the occiput. The head was occasionally drawn back during the severe pains. The duration of the paroxysm, consisting of these aggravations of pain and sickness, with remissions of varying duration, was from five to twelve hours, terminating in long and calm sleep, from which he awoke lively and free from complaint; the next day he appeared in full health and spirits.

I may here mention, that in this case leeching during every paroxysm, purging, and low diet, were used early in the disease, without having the least influence on the violence or recurrence of the paroxysms. Afterwards small doses of the sulphate of quinine, with the shower-bath, seemed triflingly to moderate their violence. When the inflammatory symptoms appeared, he had leeches and blistering to the neck several times. But the only means which relieved his sufferings in any appreciable degree, was an active purgative taken on the commencement of the fit, and the cold affusions during the aggravations of pains.

In February 1830, first appeared symptoms of a more permanent disorder of the circulation in the head. He began to complain of slight intolerance of light. The pupils dilated, and contracting imperfectly; slight wandering pains in various parts of the extremities and trunk, with a slight tenderness at the lower cervical vertebra. These pains in a few days subsided; but the dilatation of the pupil increased with indistinct vision, until he could but just distinguish light. He was now more than a month free from the paroxysms of headach; had tingling of skin; slight dragging of the left side; walking with a jerking motion; head drawn to one side.

13th March. To the previous symptoms were added languor and debility, with a return of the flying pains.—14th. Another and last fit of severe headach occurred, leaving the flying pains more severe. His pulse now became increased in frequency, 104. The spine was tender to pressure throughout the whole length. The languor increased to inability to hold himself erect, and at length to imperfect paralysis of both extremities, greatest on the right side. The bowels became obstinately confined, and the urine at length

retained, requiring the use of the catheter. From the 20th to the 22d of March, he had an attack of fever, with intolerance of light and sound,—watchfulness, increase of pain and general tenderness of skin commencing; the frequency of the pulse remained as before. During the heat of skin and increased determination to the head, the eyes, before dilated, now contracted, but again dilated on the cessation of these symptoms, and he remained afterwards incapable of distinguishing light at all. The pulse now rose in frequency to 124; he ceased to complain of pain except when touched or moved.

From the 1st of April he slept much, but was easily roused; made no complaints unless when moved. A puriform secretion came from the eyes; foul parched tongue; difficulty of swallowing; respiration became irregular, ceasing for a time, then beginning again with inspirations of unequal length. He died on the 3d of April, not of suffocation, but apparently of exhaustion, remaining perfectly sensible, and retaining all his intellectual faculties entire to within a few minutes of death.

Examination of the body six hours after death.—Not emaciated. The bones of the head were not separated at the sutures. The *dura mater* was transparent. The veins on the surface of the brain were turgid and minutely injected; no bloody points observed in the white substance of the brain. The gray parts not firmer than usual;* the white extremely dense, especially in the cerebral parts, but of a full white color. The lateral ventricles, and the parts communicating with them, were greatly distended with transparent serous fluid, and did not collapse in the least when it was removed. The *foramen* of Monroe, with smooth round edges, would admit an almond. The plates of the *septum lucidum* were firm, with a ventricle containing fluid between them. The fourth ventricle was distended with fluid. The *thalami* were separated from each other. The *infundibulum*, like a true funnel, contained fluid. The lining membrane of the third ventricle was opaque and thickened, so that it could easily be raised. We were unable to measure the quantity of fluid which escaped from the ventricles; but it certainly could not be less than eight ounces.

On the base of the brain, the optic nerves were soft, yellow, and diminished in size. All the natural depressions filled up with a transparent jelly-like yellowish deposit; between the *pia mater* and opaque arachnoid following the course of the vessels, into the different fissures.

The veins of the *cerebellum* were injected; but no disease found in its substance, except at the posterior and inferior point of each lobe, where a small portion was softened and semitransparent. In this part of the left lobe, which was most affected, was felt a hard substance, which cut like scirrhus, opaque, of a homogeneous appearance, and cream-color in the centre, of a walnut size and shape, its edge semitransparent, but equally hard as the centre, in which no bands or lines could be traced. The leaflets of the lobe, with their medullary centre and *pia mater*, were not pushed aside by its growth, but involved indiscriminately in its texture.

The membranes of the spine were also distended with transparent fluid. The chord itself had a very natural appearance, but it was firm, although less so than the central parts of the brain.

2. *Epilepsy.—Great Venous Turgescence in the superior parts of the Brain and Cerebellum.* By Josiah Allsop, Esq. Birmingham.

W. Ward, æt. 13, labored under epileptic fits two years. The fits recurred at irregular intervals, generally about a week's duration. The convulsion, with loss of consciousness, lasted but for a few minutes, followed by sleep. If he had been attacked in the nighttime, he always felt shivering on washing in the morning. They usually left slight giddiness and headach. Stooping much would bring them on. They first came on in the night, after being fatigued making hay, exposed to the sun without his hat, recurred three succeeding nights, and then left him for four months. The cause of their second recurrence was unknown. His perception is dull. There is a heaviness and stupidity in his appearance; but his appetite is good, and bowels quite regular. He is full-grown, stout, and has the appearance of enjoying excellent health. On their first occurrence, bleeding, seton, and antiphlogistic remedies were used without benefit; indeed, depleting treatment seemed to increase their frequency. Afterwards, the nitrate of silver and ammoniuret of copper were persevered in sometime without the least benefit, after an interval of less frequent fits.

April 11th. He had three or four attacks, one coming on before he had recovered from the sleep of the preceding, then a few days' usual health.

15th. He had gone to bed in his usual health, but had several severe fits during the night. He had another immediately after a shower-bath in the morning of the 16th; and several in the forenoon; in the intervals he seemed more stupid than usual, but complained only of slight headach; costive.—17th. Only one slight fit; stupid.

18th. Frequent recurrence of slight fits all day. In the night he was insensible, three hours lying supine. The muscles of the face and jaws convulsed.

* From the pure whiteness of the color, I am inclined to attribute much of this hardness to compression. The gray parts were not harder than usual; but in the *corpora striata* they could be scraped away from the white.

19th. He had a very severe fit, leaving slight coma and twitching of the face in the place of the usual sleep. The medical attendant was now called for the first time, and eighteen or twenty ounces of blood taken immediately; after which the pulse rose in frequency, with palpitation and a severe convulsive fit, followed by coma and twitching of the face until midnight, when he became restless, shouting out death loudly for sometime. He then relapsed into insensibility, stertorous breathing, twitching of the face, and died on the evening of the 20th.

Examination of the body on the fourth day after death.—The brain was soft, but not more so than usual in individuals of that age. The veins of the superior part of the brain, and of the *cerebellum*, were minutely injected, and extremely turgid with fluid blood. The vessels on the inferior surface were empty. Dark points, larger than I ever found before, studded the white matter of the superior part of the brain; diminishing in the centre, till scarce any or none were found in the white matter of the base. The sections of the *cerebellum* also presented them, but rather thicker on one side than the other. About three teaspoonsful of serum escaped from the whole,—a very minute quantity of which was found beneath the arachnoid. The gray matter was full-colored, much deeper in the *cerebellum* than in the brain, but contained no bloody points. The veins of the spine were also turgid; but its sections quite natural, and free from bloody points. No other diseased appearances could be found in any part of the *cranium*, or of its contents. The stomach was perfectly natural.

3. *Case of Hydrocephalus, connected with disease of the Cerebellum, in an Adult.* By the late Dr. J. C. Gregory.

Ann Murray, aged 40, had received a blow from a saw on the back part of her head, between three and four months before her admission into the infirmary in November 1830. This blow, according to her account, had been so severe as to render her insensible for about an hour, and from that time she had never been free from headach. At the time of her admission under the care of my colleague, Dr. Shortt, the headach was constant, with a sense of weight referred to the occiput, and was much aggravated on motion of the head or body. She had frequent nausea and vomiting, especially on attempting to assume the erect position. She said she had some dimness of sight, but there was no apparent affection of vision, and the pupils contracted readily on exposure to the stimulus of light. There was no palsy,—no affection of the speech or hearing, and her intellectual faculties did not appear to be impaired. Her bowels were very costive; her pulse was about 100, and rather weak; and she had other febrile symptoms, which abated under treatment.

When transferred to my care in the end of November, she was recovering from an attack of erysipelas of the head and face, attended with delirium; and for some time after this she complained much less of headach. Her pulse became nearly natural in frequency, though still small and weak. But frequent nausea and vomiting continued. The headach returned, occurring in severe paroxysms, generally excited by the slightest motion, and at times causing her to scream out. She required the constant use of purgatives, and underwent a variety of treatment without material relief. On one occasion she had a fit of syncope on being raised up and removed from bed, and on another she had a fit of insensibility, which, from description, resembled a slight attack of epilepsy, although there were no convulsive movements of the limbs. She expired suddenly at the hour of visit on the 19th of January, without change of her symptoms, and without convulsions. Her faculties remained entire to the last, and she answered distinctly the questions put to her a few minutes before her death.

Inspection.—On removing the *dura mater*, the surface, as well as the base, of the brain, appeared unusually dry and glistening. No fluid was effused between the arachnoid and *pia mater*. The convolutions were everywhere much flattened and compressed on their surface, so that the *sulci* between them were scarcely perceptible. In making a horizontal section of one hemisphere, not above a quarter of an inch from the surface of the convolutions, a large quantity of limpid fluid gushed out with considerable force, and unfortunately could not be collected. This was found to have proceeded from the lateral ventricles, which were enormously enlarged, and still contained from five to six ounces, by measurement, of limpid serum. A few shreds only remained of the *septum lucidum* and *fornix*, but there was no disorganization or softening of the other parts of the brain. The third and fourth ventricles were also very much enlarged, and filled with serum. On comparing the quantity of fluid collected with the capacity of the four ventricles, it appeared that the whole quantity accumulated in them could not have amounted to less than from ten to twelve ounces. A great part of the left lobe of the cerebellum was in a state of complete gelatinous ramollissement; and a firm dense membrane was found stretching (beneath the arachnoid) from the *cerebellum*, especially side, to the posterior part of the *medulla oblongata*, so as apparently to close up that communication, existing in the natural state between the ventricles, the surface of the brain, and the spinal chord, which has been particularly described and commented upon by Magendie. There was no yielding of the sutures of the cranium, which was of

ordinary thickness and density. The abdominal organs were healthy.

This case forms a striking contrast with those in apoplexy, palsy in its various forms, coma, and convulsions, have been caused by an effusion of serum into the ventricles, or on the surface of the brain, taking place apparently very rapidly, but to a small amount in comparison with the quantity which was found in the present instance, and which must have been accumulated very gradually. It appears very probable that the unusual dryness of the whole surface of the brain, and the great accumulation of fluid in the ventricles, was connected with the closing of the communication above-mentioned, by the adventitious membrane.

4. *Tumor of the Cerebellum, with remarkable course of the symptoms.* By Dr Abercrombie.

A gentleman, aged 34, in the year 1825, first began to be affected with occasional attacks of headach, which were usually accompanied by vertigo and dimness of sight. In 1827, the pain became more severe, and was distinctly referred to the occiput and upper part of the neck. He had generally a remission of it through the day, and aggravation in the evening. In the spring of 1828, the symptoms increased in severity, but he received considerable relief from blistering. In the summer he went to the country, where his general health was much improved, and the headach greatly mitigated. He continued in this improved state till May 1829, when the attacks of headach were again aggravated, accompanied by giddiness, and on one occasion he fell from his chair. In October of the same year, he began to be affected with a most distressing sense of throbbing, referred to the back of the head; and he was also annoyed with frequent vomiting, which continued without intermission for three weeks. The paroxysms of headach were now aggravated to an intense degree of severity; they occurred chiefly in the evening, from six o'clock till midnight, but also at other times of the day. During the more severe attacks his face was flushed,—the blood-vessels in the temples, were remarkably distended,—and he lay unable to speak, in a state bordering upon total unconsciousness, and with his hands and arms spasmodically contracted. He still had occasional vomiting, and intense acidity of the stomach,—and several times he mentioned double vision. His pulse was generally natural; bowels very obstinate.

His state was now considered as nearly hopeless; and no relief was obtained from any kind of treatment. But after five or six weeks of the most intense suffering, the symptoms gradually remitted, and during several weeks in December and January, he continued almost free from headach,—he was able to walk out, and his general health was greatly improved. In February 1830, the symptoms again increased, but the pain was now chiefly complained of above the eyes. The remissions also were more complete, and, upon the whole, his sufferings were less severe than during the former attack. In March, his complaints again subsided; and he was able to take a good deal of exercise in the open air, and even to attend to his business. He had still occasional attacks of headach, but they were not severe, and his condition was considered as much more favourable than it had been for a long time. In the middle of April, the paroxysms of headach became more severe, but by no means in the degree in which they had occurred on former occasions. He was not confined, and no degree of apprehension was excited until the 24th, when, in one of the paroxysms, he suddenly expired.

Inspection.—The ventricles of the brain contained from three to four ounces of limpid fluid, but the cerebral substance was entirely healthy. Imbedded in the left lobe of the *cerebellum*, there was a tumour, the shape and size of a very small walnut. Externally it was firm, and presented the usual appearance of the scrofulous tubercle. Internally it was softened, with the usual appearance of unhealthy scrofulous suppuration. The substance of the *cerebellum* around it was entirely healthy. All the other viscera were sound.

It is unnecessary to point out the remarkable features presented by this case,—the extraordinary remissions in the symptoms,—the periodical character of the paroxysms even at the time of their most intense severity,—the long interval of comparative health which preceded the final attack,—and the very sudden nature of the fatal termination,—we may add, the healthy state of the whole cerebral substance, after such protracted suffering.

The patient was a medical man, and his protracted distress excited much interest. He was frequently seen by Dr. Thomson and myself; and received the most assiduous attention from Dr. Moncrieff and Dr. Young.

§. VI.—Morbid Changes in Individual Nerves.

5. *Cases of Paralysis of Individual Nerves of the Face.* By Dr. Christison.

1. *Palsy of the Third Nerve or Motor oculi —recovery under free venesection, and mercurial salivation.*—A stout blacksmith, of middle age and much given to drinking, was admitted into the Fever-hospital, supposed to labor under continued fever. During the confusion incidental upon opening the hospital and receiving a great number of patients before the appointment of a physician, the exact nature of his case was for some days overlooked. But a day or two after my appointment, my attention was called by Dr. W. Reid, then superintendent of the hospital, to a considerable squint of the left eye; upon which the following account was given by the patient.

Three weeks before his admission into that hospital, and immediately after a debauch, he first remarked that he saw double; and at the same time he was affected with ringing in the ears, headach and giddiness, which last symptom was particularly troublesome when he kept his left eye open. After a fortnight he had rigors, general soreness, and increase of headach; and for ten days after admission into the fever-hospital, he had the symptoms of a mild attack of general fever, with continuance of double vision. Subsequently, the two images gradually approached one another, till at length they coincided, and he saw single; and at the same time the general fever ceased. When first carefully examined a few days after that, it was observed, that the left eyeball was turned very much outwards; that he had no power whatever to turn it upwards, inwards, or downwards; that when desired to look up, he merely rotated the eyeball on its horizontal axis inwards; and that the upper eyelid always hung over the ball, so as to be in contact with the lower, except when he was told to raise it, upon which he uncovered half only of the pupil. The pupils were equal in size and contractile, and when he closed either eye, he saw quite well with the other. The vision with both eyes was not double. He had frequent diffuse headach, but no disorder in any other function.

For some days after this examination, the state of the affected eye varied, as he occasionally recovered imperfectly the movements of the eyeball for twenty-four hours at a time. But at length they were lost entirely. The treatment for ten days after the paralytic affection was remarked, consisted in the occasional application of leeches to the temple, and a blister issue behind the ears, together with frequent laxatives. No amendment, however, was procured from these measures.

Four or five days later, when he had been three weeks in the hospital, his headach began gradually to increase, and the pulse to rise; in a day or two more, he complained of great general soreness of the head, and of shooting pains, numbness and diminution of muscular power in both limbs. Blood was therefore drawn from the arm, to the amount of two pounds. It was very buffy, and gave immediate relief from the headach. Calomel was also prescribed, in the dose of five grains, four times a day, with a little opium, for the purpose of quickly affecting the mouth. When this had been continued four days, the affection of the limbs ceased and the fever abated considerably; but a slight deviation was remarked in the tongue to the left, and in the mouth towards the right side, while at the same time, the affected eye was turned more outwards than ever. On the sixth day of the mercurial treatment, his gums became tender; and the calomel was therefore discontinued. A moderate salivation immediately followed. On the fourth day after the discontinuance of the calomel, there was an obvious improvement in the state of the eye, and in twenty-four hours more the improvement was considerable. The movements of elevation, depression, and abduction of the eyeball, could be performed to half the natural extent, and he could raise the eyelid so as to uncover two-thirds of the cornea. At the same time, the deviation of the tongue and mouth, the headach, and all the other complaints ceased.

From this time he improved rapidly and steadily, so that in a week after the lost movements recommenced they could be performed perfectly. The salivation lasted twelve days, and was always gentle. In twelve days more he was dismissed quite well, having been in the hospital seven weeks.

It is worthy of remark, that after the movements of the affected eye returned so completely, that this eye, when the other was covered, could follow a moving object briskly in any direction; some days more elapsed before the affected eye accompanied the other in its movements, when both were uncovered. For example, if the patient was directed to look at any object straight before him, he squinted the left eye outwards, and looked at it with the right only; but if he was told to look at it while the right was covered, he turned the left on it; and when the right was then uncovered, he directed both eyes on the object, and for a few seconds followed it with both, when it was moved before him.

I shall not attempt to explain the singular fact mentioned at the commencement of the case as to the man first seeing double, and then remarking a gradual approximation of the two figures till they coalesced, and he saw single, —while the squinting of the eye nevertheless continued. This is so different a phenomenon from what we should expect in the circumstances, that I shall not insist on the accuracy of the statement, because it was drawn up from the man's own account of what occurred some days before I saw him. Yet it is fair to add, that he always gave a very clear narrative of the progress of his illness, and never deviated in any particular from his first statements. In such a case, we should expect—not that the images would gradually approach and coalesce, —but simply that the individual would gradually acquire the habit of abstracting his attention from one of the images, and so recover single vision.

2. *Palsy of the Portio Dura of the Seventh Nerve on both sides.*—A young man of middle stature was admitted into the Fever-hospital on account of a smart attack of continued fever of the imflammatory type, but without any particular local inflammation. On the fourteenth day of the disease he got quickly better by critical sweating, the pulse falling from 120 to 72 in the course of a single night. Nothing occurred to interrupt convalescence till the end of the fourth week, when he complained of a sore mouth for which a vinegar wash was ordered. In five days more, however, the man continued still to complain of his mouth, a

careful examination was made, when the dead stillness of his countenance at once attracted attention. The lips were completely palsied and could not be closely shut; the nostrils could not be curled, the upper eyelids could not be closed, and he could neither laugh nor whistle. At the same time the sensation of the affected parts was everywhere perfectly entire. He had not the slightest fever, no headach or local pain of any kind, except soreness of the mouth; and his only complaint, indeed, was of the dryness and soreness of his lips.

Low diet was ordered, blisters were applied behind the ears, and leeches immediately before them, and laxatives were frequently administered; but without the slightest advantage. About this time the last patient, with palsy of the *motor oculi*, recovered apparently under the operation of mercury. The same treatment was therefore applied in the present instance, and a smart salivation was brought on, which terminated in a copious impetiginous eruption over the whole face. The patient, however, did not derive the slightest benefit. All the parts supplied by the muscular portion of the seventh nerve on each side of the face continued in a state of perfect paralysis. After remaining three months in the hospital he was dismissed in the same condition; and I have never since been able to receive any information of the progress of his disease.

3. *Paralysis of the Portio Dura of the Seventh Nerve of the Right Side.*—When in the country last autumn, I was requested to visit a young man who was supposed to labor under palsy. His paralytic affection was of five or six days' standing; and it was preceded for some days by severe aching pain in the whole right side of the face. When I saw him the pain had ceased; but the whole right side of his face was completely paralyzed. In a state of repose it did not present any peculiar appearance, except considerable depression of the right eyebrow. But on careful examination, I found that he was unable to whistle, to curl up the right side of the nose, to elevate the right eyebrow, or to close the right eyelid, and when he laughed the mouth was drawn much to the left side. The right eye watered a good deal, and when told to close it, he closed the lids imperfectly, and turned the pupil upwards beneath the upper eyelid.

He complained of acute pain, on pressure upon the cheek in the region of the exit of the infra-orbitary nerve, and likewise in the jaw at the exit of the inferior maxillary nerve upon the chin, also of *tinnitus aurium* when at work. He had never had headach, or any pain or swelling before or around the ear; neither was there ever any weakness of the limbs or arms, any material difficulty in speaking, or divergence of the tongue from the straight position when thrust out. The sensation of the cheek, too, was quite entire. The pulse was natural.

I recommended him to have a blister applied frequently before and under the right ear, and after following this plan of treatment to resort to a mild course of mercury, if he was not relieved. Six blisters were in consequence successively applied between the close of September and beginning of December, and during the latter part of that period mercury was given so as just to affect the mouth.

Some amendment was remarked after the application of the last blister, which extended from behind the ear to the chin, and acted very severely. Till then he experienced no improvement, and since then he has made but little progress. I am unable to state the precise amount of amelioration that has taken place; but I have been informed by the clergyman of his parish, that he can now close the right eyelids completely, but does so very slowly,—that the other palsied actions of the muscles of the face appear to remain nearly as when I saw him,—and that he has still acute pain on pressure on the cheek under the eye, or on the lower jaw near the chin,—but that he continues entirely free of general palsy or any head symptom.

August 18th, 1834. The patient eventually got quite well.

4. *Palsy of the Optic Nerve?* The next case to be mentioned, I have entitled palsy of the optic nerve; although I believe the propriety of the name is doubtful.

A middle-aged man of meagre habit, and very deeply scarred with small-pox, was admitted in the summer of 1829 into the surgical department of the Infirmary, on account of chancres and bubo, The chancres soon healed; but the sore left in the groin, after the suppuration and opening of the bubo was untractable. While in this state, he was attacked with dysentery, which at that time (autumn 1829) prevailed in the hospital, and was so fatal, that about a fourth of those who were taken ill perished Being transferred to the medical department on account of the dysenteric attack, he became my patient. At this time he had dysentery in its worst form, and although the acute stage was soon subdued, the symptoms nevertheless showed that extensive ulceration had taken place in the intestines; and he died six weeks after I saw him.

At first no attention was paid to the circumstance of his being blind of an eye, as the marks of severe confluent small-pox seemed to account for it sufficiently. But on his mentioning to me incidentally, that the sight was lost only two years before, careful inquiry was made; and it was then learned, that, on the occasion alluded to, he had been a patient in St. Bartholomew's Hospital, London, with severe headach, giddiness, feverishness, and incomplete palsy of one of his sides; and that he gradually got the better of these symptoms, but was at the same time attacked with inflammation of the left eye, which burst, and became totally blind.

It was natural in these circumstances to expect that some injury would be found in the course of the fifth nerve. This nerve, however, was found quite healthy, so far as the

sight and touch could determine. But the optic nerve of the affected side, between its exit through the orbit and its decussation with the opposite nerve, was not more than half the breadth of the other, and was gray in color and flaccid in texture. Between the point of decussation and the thalamus of the opposite side it was of the natural whiteness, but softer and less than its fellow; and the *thalamus* itself was somewhat flattened. The brain was otherwise healthy, except that a very great watery effusion had taken place under the arachnoid coat over the whole external surface, which appeared to account for the severe headach and frequent incoherence remarked towards the end of his illness. There was no appearance of an old cyst or other disorder in the substance of the brain. The colon was covered to an enormous extent with ulcers in various stages of progress. The left eye was completely disorganized.

I am quite aware, that, in calling this case, palsy of the optic nerve, I may err in taking for the cause of the destruction of the eye what was really its effect. Neither do I pretend to say that there is much probability in the view here given. But it appears to me right to make known the particulars, because it is not impossible that diseases of other parts of the nervous system, besides the fifth nerve may lead to destruction of the eye, and this is presumptively a case of the kind, the presumption being founded on the bursting of the eye, having been immediately preceded by some organic disease of the brain, and being not associated as usual with disease of the fifth nerve.

6. *Three Cases of Palsy of the Muscles supplied by the Portio Dura on one side of the Face, connected with different organic changes within the Head.* By the late Dr. J. C. Gregory.

Since the publication of Mr. Charles Bell's discoveries in the nervous system, the affection commonly known under the name of Blight, or palsy of the muscles, supplied by the *portio dura* on one side of the face, has attracted particular attention, on account of the beautiful illustration which it affords of the separate endowments of the facial nerves.

This local paralysis sometimes arises from temporary causes,—such as partial exposure to cold, swelling of the parotid gland, or of the lymphatic glands near the mastoid process, or the angle of the jaw, &c.; acting upon the *portio dura* in some part of its course after leaving the cranium. In these cases the affection is well known to be attended with no danger, and is generally transient. But it becomes much more serious, when, without apparent external cause, the palsy of the muscles is complete and permanent, especially if accompanied by purulent discharge from the ear, deafness on that side, or other symptoms indicating diseases within the head. Cases of this description are by no means rare; but comparatively few, in this country at least, have been recorded, in which the symptoms were satisfactorily explained by examination after death.

Four well-marked cases of this permanent palsy of the muscles of one side of the face have fallen under my notice within less than two years; and on examination, after death from other causes, the local affection was found to have arisen in all of them from different organic changes. One of these, which had been attended with purulent discharge from the ear, and deafness, and was found to have been caused by extensive suppuration and caries of the *pars petrosa*, and consequent destruction of both portions of the seventh nerve in their passage through the temporal bone, has been already published by Dr. Abercrombie in the second edition of his work on the Diseases of the Brain and Spinal Chord. (P. 443.)

I now propose to give a very short account of the three cases I have since met with, in the hope that other members of the society may be induced to favor us with the result of their experience in regard to this singular affection.

Case I.—Thomas Mill, æt. 40, had been subject from childhood to a purulent discharge from the right ear. This ceased about five years before his admission into the infirmary under my care, in April 1830. The cessation of the discharge was, however, soon followed by total deafness of that ear, and complete palsy of all the muscles upon which the *portio dura* of the right side is distributed. His mouth was so much distorted towards the left side, and his articulation in consequence so indistinct, that, in order to make himself intelligible when speaking, he was obliged to place his finger at the angle of the mouth on the right side, and to draw it back to its natural position. He was unable to close the right eyelids, and even during sleep the eye remained partially open. It never appeared, however, to be at all inflamed. The right *ala nasi* remained without motion, while the left was dilated during the movements of respiration, and he was unable to raise the eyebrow of that side. The sensibility of the affected parts, as well as the actions of the temporal, masseter, and pterygoid muscles, remained unimpaired. He stated that he had never suffered any pain in connection with this affection. He was a patient in the hospital for nearly three months, during which it underwent no change, and he never complained of headach, or had any symptoms indicating disease of the brain. He died, gradually exhausted by protracted jaundice, arising, as appeared on dissection, from disease of the pancreas, and on account of which he had entered the hospital. His faculties remained entire till within a few hours of his death.

On examination, a remarkable tumor, of cartilaginous consistence and pearly lustre, of the size of a walnut, was found projecting

from, and firmly imbedded in, the *pars petrosa* of the right temporal bone. It encroached upon the *meatus internus*, and strongly compressed both portions of the seventh nerve just at their entrance into the bone. The *portio dura* did not appear altered at its origin, but was somewhat diminished in size as it passes out at the stylo-mastoid *foramen*. The tumor had caused a depression on the surface of the corresponding portion of the convolutions of the brain, but without giving rise to any disorganization. There were no marks of increased action, or vascularity around the tumor; and the *dura mater* covering it appeared quite sound.

From the absence of all symptoms of disease in the brain, and from the exact similarity of the symptoms, which did exist, to those of the case already mentioned, there was no difficulty in coming to the conclusion, that the temporal bone was the seat of the disease in this case also; and, accordingly, I did not hesitate, from the time that this man came under my care, to point it out as a case of palsy of the muscles, supplied by the *portio dura*, arising from disease of the petrous portion of the temporal bone.

Case II.—Elizabeth Allan, æt. 35, had been seized with vomiting and diarrhœa about a fortnight before her admission into the clinical ward in May 1830, under Dr. Duncan, to whose kindness I am indebted for the history of this woman's case, while she remained under his care.

At the time of her admission, her mouth was distorted towards the left side, and she had considerable difficulty of articulation. She could not close the right eyelids; and she had pain and lacrymation of the eye, but without apparent inflammation. She also complained of deafness of the right ear. There was a painful indolent swelling of considerable size, and deep-seated, between the mastoid process and the angle of the jaw on the right side, which was reported to have existed for some time.

She had a variety of other symptoms, of which the most prominent were headach, generally referred to the right side, and frequent and troublesome vomiting, generally ascribed to articles of diet, or to the remedies employed. While in the hospital, she had for some time a copious purulent discharge from the right ear, during which the sense of hearing in it was partially restored.

Her articulation became more distinct, and the swelling at the angle of the jaw diminished much in size, and became less painful under the internal and external use of iodine; and when dismissed from the hospital in July, the swelling was reported as nearly gone, and her hearing much improved. Her headach and stomach complaints were also much relieved. But she was still unable to close the right eyelids, and all the movements of the features on that side were imperfect. The sensibility of the affected parts was unimpaired, and the action of the temporal and masseter muscles remained natural.

This woman was readmitted in the month of October of the same year, under the care of my colleague, Dr. Shortt, with severe general headach, *tinnitus aurium*, impatience of light, contracted pupil, and slight strabismus. These symptoms had been preceded by nausea and vertigo. The vomiting had recurred, but she did not vomit all ingesta. The external tumor had again increased in size; the paralytic affection of the right side of the face continued as before; and the deafness of that ear had returned. Her articulation was indistinct, and she appeared rather to avoid motion of the head. During her residence in the hospital on this occasion, she had an attack of erysipelas, spreading from the head, to which a blister had been applied, over a great part of the body, and attended with an evident improvement of the other symptoms under which she labored. But this did not continue long, and she died in November, in a state of great debility and emaciation, but without preceding coma or convulsions.

On examination after death, the external swelling, which was firm and partly scirrhous in its texture, was found to form part of a large irregular tumor, or perhaps rather a chain of tumors, intimately connected together, and apparently of a similar character, which had caused caries and absorption of the cuneiform process, and right condyle of the occipital bone, and also of a considerable portion of the *pars petrosa* of the temporal bone of the right side, where part of the tumor was firmly and deeply imbedded. It occupied a considerable space in the right *fossa cerebelli*, so that the right lobe of the *cerebellum*, the *tuber annulare*, and the *medulla oblongata*, were compressed, and pushed towards the left side. Both the *corpora restiformia* appeared flattened. The origins of the seventh and eighth nerves, on the right side, were softened, and compressed by a portion of the tumor, over which the fibres of the glosso-pharyngeal and lingual nerves were stretched. The sixth nerve of the same side was also exposed to pressure in its course. A small firm tumor of the size of an olive, along with a portion of the larger tumor to which it was loosely attached, had penetrated to a considerable depth in the substance of the right lobe of the cerebellum, but had caused little or no disorganization.

In this, which is in several respects a remarkable case, we find, as in the former cases, that there had been deafness, and purulent discharge from the ear of the affected side, and, like them, the petrous portion of the temporal bone was found to be the seat of disease, although of a different kind. These symptoms were the more important in this case, that the presence of the external tumor, at the angle of the jaw, might have led to the conclusion, that the pressures exerted by this tumor upon the *portio dura*, after it leaves the

cranium, was the sole cause of the paralytic affection of the face. The destruction of considerable portions of the occipital and temporal bones in this case, and the pressure exerted by this large tumor upon the cerebellum, the tuber and the medulla, and particularly the disorganization of the eighth nerve, at its origin on the right side, afford a striking proof of the extent to which organic disease, provided it be slowly formed, may exist without giving rise to very urgent and speedily fatal symptoms, even in parts, the integrity of which is so essential to life. It is also worthy of remark, that the headach and vomiting, which for a long time were the only symptoms referable to disease affecting the contents of the cranium, were very much relieved on two different occasions; *first*, when she was in the Clinical Ward, under the use of iodine; and, *secondly*, shortly before her death, when the tumor had probably attained its full size, by the appearance of the erysipelas.

Case III.—Marianne Chalmers, æt. 34, had been a patient in the Infirmary early in the spring of 1830, on account of hemiplegia of the left side, from which she had almost entirely recovered, and had left the hospital in March. About three weeks before her admission into the Clinical Ward under Dr. Alison, in November, she was seized with severe pain of the right side of the head, which continued about twenty-four hours, and was succeeded by complete paralysis of the muscles of the right side of the face. The mouth was drawn towards the left side. The right *ala nasi* remained immovable during the action of respiration; there was palsy of the *orbicularis* of the right eye, the vision of which was indistinct, with lachrymation; she had complete amaurosis of the left eye, with occasional drooping of the upper eyelids; she never had any discharge from the right ear, in which the sense of hearing was not observed to be impaired: she had numbness, with some loss of power, in the left arm, apparently connected with the former *hemiplegia*. The sensibility of the affected side of the face remained unimpaired, and the action of the muscles of the jaw was natural. At the time of her admission she had no headach, but she was subject to occasional palpitations; the impulse of the heart's action was stronger than natural, and the stroke of the apex was felt below the sixth rib; there was great œdema of the lower extremities, with extensive erythema, and sloughing ulcers of the legs.

The dropsical symptoms diminished for a time under treatment, and she was transferred to the surgeons, on account of the extension of the ulcer on the legs. But the œdema again increased, along with diarrhœa, diminution of discharge from the ulcer, and ultimately stupor, and she died in December, without change on the paralytic affection of the face.

On examination, a considerable quantity of serum was found in all the cavities of the brain. In the right *corpus striatum*, there was an irregular cavity several lines in diameter, without hardened edges, and containing a reddish flocculent matter. In the lower and posterior part of the *tuber annulare*, there was another small cavity of irregular form, which only contained a little cellular substance. This cavity extended towards the right side, in the direction of the origin of the seventh nerve, and at this point it approached very near the surface. The *portio dura* appeared somewhat diminished in size at its origin, but there was no disease of the temporal bone. A number of small opaque spots were observed in the coats of the arteries of the brain. The heart was larger than natural, and there was hypertrophy of the left ventricle, with diminution of its cavity. There was slight thickening and corrugation of the aortic valves.

This case forms a good contrast with the preceding ones. There had been no discharge from the ear or deafness in this case; but the former hemiplegia, and the amaurosis of the left eye, with the drooping of the upper eyelid, furnished good evidence of disease in the brain, to which the disease of the heart and arteries had probably given the predispositiou. It was therefore reasonable to conclude, from the symptoms during life, that the palsy of the muscles of the face was here the result of disease in the brain, and not in the temporal bone. There can be as little doubt that this affection was connected with the cavity extending to the origin of the seventh nerve, as that the hemiplegia had been connected with that in the *corpus striatum*.

§. VII.—Morbid Changes in the Spinal Chord.

8. *Case of Spontaneous Luxation of the Vertebra Dentata.* By William Thomson, M. D. Fellow of the Royal Colleges of Physicians and Surgeons, Edinburgh.

By the kind permission of Drs. Burt and Hay, I had an opportunity of being present, in the course of last summer, at the inspection of the body of a patient of theirs, who died very suddenly and unexpectedly, and in whom death appeared to have been produced by a spontaneous dislocation of the *vertebra dentata*, not accountable for by any symptoms of disease observed during life; nor by any traces of morbid alteration of structure in the bones, articulating cartilages, or connecting ligaments, that could be detected on examination after death. Agreeably to their wish, I have now the honor of submitting a brief statement of the particulars of this case to the Society, —a task which I have undertaken the more readily, that, from conversation with professional friends, as well as from an examination of those works in which similar cases might be expected to be met with, I am led to believe it to be one of extremely rare occurrence.

Mr. P. B. the subject of this case, was about 60 years of age, and enjoyed, in general, a

good condition of health. For some years before his death he was subject to attacks of sore throat, which were occasionally of a severe character, terminating in the formation of large abscesses. Immediately before his death he had experienced a somewhat severe attack of cold; but from this he had so far recovered, that, with the consent of his medical attendants, he was to have driven in a carriage a few miles out of town on the day on which he died.

On the morning of that day, when Dr. Burt called about nine o'clock to make his ordinary visit, he was informed, that as, contrary to custom, Mr. B. had not yet rung his bell, it was supposed that he was indulging in a longer sleep than usual. On approaching the bed, after opening the window-shutters, Dr. Burt was very soon convinced that his patient was a lifeless corpse. He was lying upon his back, very far up in bed, with his head thrown very much backwards, and hanging over, so as to be almost behind the pillow. His countenance was very pale, and, from the temperature of the body, Dr. Burt was disposed to believe he could not have been dead for more than two hours. Nothing, however, could be discovered, justifying an opinion at what particular time, or in what particular manner, death had occurred.

The attempt to ascertain by dissection the cause of death in this case was commenced by the examination of the thoracic *viscera*, but no appearances could be detected in the heart or large vessels connected with it, or in the lungs, capable of furnishing the slightest explanation of this sudden and unexpected occurrence. It was remarked, however, that the whole of the blood in the body was in a fluid state, affording, as we conceived, a presumption that death had been instantaneous. The contents of the abdomen, including its large vessels, being also found in a healthy condition, it was resolved to open the *cranium*.

The whole of the *encephalon* was minutely examined without any appearance of disease being discovered in it, and we were about to relinquish all hopes of detecting the cause of death in an organic lesion, when a round knob was observed projecting into the *foramen magnum*, at the posterior margin of the basilar process of the occipital bone. At first, this knob was supposed to be a tumor growing out of the basilar process, with which it appeared to be in continuity, but on accurate examination, by rotating the head whilst this knob was grasped by the fingers, it was found to be the *processus dentatus* of the second cervical *vertebra*. As examined through the *foramen magnum*, no mark of disease could be discovered, either in the process itself, in its ligamentous coverings, or in the adjacent *vertebræ*; and no laceration of the coverings, or of the substance of the spinal chord, had been produced by it.

We have to regret that the length to which our examination had already been carried, and the impossibility of bringing the parts into view without mangling the body to a degree which we were not warranted in doing, prevented us from ascertaining the exact state of the *vertebræ* and their ligaments; but, by dissecting from the *nucha* round the *vertebræ*, we were unable to detect any swelling or other traces of inflammatory action either in the bones, or in their connecting cartilages and ligaments.

Neither Mr. B's medical attendants nor his relations had ever heard him make the slightest allusion to any pain or uneasiness in the region of the neck, and the only circumstance which occurred to them as bearing in the most distant degree, on the supposition of disease existing in this region, was a habit he had of occasionally twitching his head to a side, as if to relieve himself from some tightness of his shirt collar or neckcloth.

In my father's Surgical Notes I find it mentioned, that "Mr. Cruikshank, when treating of the spine, shows a dislocation of the *dentata*, which occurred in a woman from a sudden motion, and which was followed by sudden death;" and I find the following fuller, though still incomplete account of the same case, in an abstract of a selection from an unpublished volume of Anatomical Reports, by the late respected anatomist Mr. Wilson of London, published in the London Medical Gazette, Vol. iii. 1828-29.*

"*Luxation of the Dentata.*"—Mr. Wilson assisted Mr. Cruikshank in examining the body of a woman, aged 30, who had lain-in about a month before. She had been heard suckling her child at one o'clock in the morning; at four she was found dead. The viscera of the abdomen, thorax, and head, were carefully examined, without finding any thing to account for her death; when, as they were returning the brain into the skull, Mr. Wilson noticed a considerable projection on the fore part of the *foramen magnum*. On examination, this was found to be the denticular process of the dentata luxated backwards, and which had produced a degree of pressure on the spinal marrow sufficient to destroy life."

This is the only case I have been able to find recorded that corresponds in its nature to that which I have now submitted to the Society, that is, a case of luxation of one of the superior cervical *vertebræ*, independently of external violence, or of the previous existence of well-marked symptoms of disease. Indeed, I am the more induced to believe that this is an extremely rare occurrence, from finding that no allusion is made to it in a very learned inaugural dissertation written expressly on the subject Spontaneous Luxation of the *Atlas* and *Epistropheus* by Dr. Schupke, a pupil of the

* Since the above communication was laid before the Society, I have, by the kindness of Dr. J. A. Wilson, had an opportunity of reading Mr. Cruikshank's case as detailed in the MS. volume above referred to, and have been enabled, by the restoration of a few words, to render the following statement of it somewhat more precise.

celebrated Professor Rust. All the instances of the spontaneous luxation of these *vertebræ* referred to by Schupke, depended on the effects of inflammatory action, evident symptoms of which had manifested themselves during life.

ART. II.—*Case of General Paralysis in a Child, cured by the internal use of Iodine.* By Dr. J. B. KISSAM, New-York.

February 18th, 1834. I was called to see the daughter of J. D. æt. three years, of a scrofulous habit. She had labored for three weeks under a loss of power of the muscles of the right leg, and at this time, the arm of that side was similarly affected; the abdomen was much distended, the bowels rather disposed to be torpid, and the appetite not impaired.

A bandage was ordered to be applied to the abdomen, and to be tightened daily; and mild cathartics to be administered as often as might become necessary, together with the frequent use of stimulating frictions to the paralyzed parts.

March 1st. Finding that no improvement had resulted from the means adopted, a dose of sub-muriate of mercury was given, and the frictions continued. In a few days after the administration of the calomel, the child began speedily to regain the use of its limbs, and was soon able to run about as well as usual.

April 6th. I was again called to see her, and found that a more *general* paralysis had occurred about a week previous to this date; the child having enjoyed perfect relief for three weeks. She was incapable of using the hand or foot of either side, and there was also a partial inability to support the head, which fell forwards and laterally.

The bandage and frictions were now reapplied; and with a view of correcting the state of the digestive organs, blue pill was given every night, and followed the next morning by infusion of senna; at the same time, I used as tonics, the solution of sulphate of quinine, and the bitter infusion of quassia, colombo, &c.

13th. This treatment having produced no benefit, a blister was applied to the nape of the neck, the rest of the spine and the extremities being freely rubbed with an alcoholic mixture of Cayenne pepper. But no change was perceptible until she was put under the use of the tincture of iodine; the alterative treatment being previously laid aside.

30th. It was now evident that the paralysis was gradually going off. To the iodine was conjoined a cathartic powder of aloes and rhubarb every other day. This plan was persevered in, (though gradually diminishing the dose of the iodine and the frequency of the purgative,) until the 10th of June, by which time the cure was perfected, and the child ordered to have the benefit of sea-bathing during the summer; since when, there has been no return of the paralysis, and she is now in the enjoyment of perfect health.

The iodine was resorted to in this case, under a faint idea that there might be some compressing cause, either solid or fluid, within the cranium, removable by its absorbent agency. But from the short duration of the disease, after this treatment was commenced, it is most probable that it acted only as a stimulant upon the digestive apparatus; as it will be seen, that an intermission of the paralysis was produced by the action of a cathartic. And although, upon its return, the alimentary canal had become insensible to the beneficial stimulus of that class of remedial agents, it may have yielded to the long-continued impression of the *iodine*.

ART. III.—*Case of extensive Disease, involving the Glands of the Mesenterium.* By C. A. PORTER, A.M., M.D. New-York.

We have been induced to publish this case, from having read, in the November No. of the American Journal of Medical Sciences, under the head of foreign intelligence, a case of mesenteric disease, in which "great heat of the whole body was the chief symptom." The author inquires "whether this symptom is not more frequently attendant upon mesenteric disease than has been hitherto noticed." Our case is one of many interesting ones that came under our care, during nearly a two year's residence as surgeon and physician, in the Philadelphia alms-house hospital.

G. W., a colored boy, æt. 8, was admitted into the wards of that institution in October 1833. He exhibited a high development of scrofulous-diathesis. The eyes were very brilliant; the hair jet black; and nearly all the lymphatic glands enlarged. The liver was greatly enlarged. There was slight affection of the lungs, which appeared to be little more than irritation, or limited bronchitis. There was always very great heat of the surface; to diminish which, cooling applications were directed, and cool drinks administered. During the progress of the case, the heat of surface amounted almost to "calor mordax." This patient was put upon the sesqu-iodid. hydrarg. gr. 1-10th,—to be taken morning and night. He certainly improved under the treatment, and there was considerable diminution of the liver. About the 22d of November, his respiration became much embarrassed; he had pain in the throat, and difficult deglutition. He expired on the 28th.

Autopsy 30 hours after death.—*Abdomen.* There was a large quantity of serous effusion in peritoneal cavity. Liver extending very far into left hypochondrium; upwards, very high, in superior portion of epigastric region;

much hardened in structure; fatty; the right lobe adhered firmly to the ribs; bands also fastened it to the diaphragm. Where it adhered to the ribs, caseous matter was thrown out under the peritoneal covering. Spleen was much enlarged, and contained tubercles; kidneys likewise contained them. Stomach was pressed upon by liver, and somewhat reduced in size.—*Inner surface.* Color of dirty light rose; mucous coat about two lines; tears for near a quarter of an inch. Ulcers in ileum and superior colon. Glands of the mesenterium, size of a walnut; contain yellow caseous matter; pancreas very hard. —*Thorax.* Pericardium contained an ounce of serum. Lungs in first stage of pneumonia, and contain miliary tubercles. We have purposely avoided much of the treatment, &c. in order to be brief as possible.

Every reader can draw the inference for himself, how far the heat of surface depended upon the diseased state of the glands of the mesenterium. The suggestion of the author alluded to is worthy of further observation.

Art. IV.—To Nathaniel Potter, M. D. *Professor of the Theory and Practice of Physic in the University of Maryland.*

Dear Sir,—Encouraged by the favorable reception which you were pleased to bestow upon my late work on Epidemic Cholera, as it prevailed in the city of New-York in the summer of 1832; I embrace the earliest opportunity to comply with your request, in giving you a brief notice of the Cholera of 1834, confining my remarks to the disease, as it appeared under my own observation in this city. You are already informed that the epidemic commenced at a later period in the season, than in 1832; and that both its prevalence and fatality were much less than on its former visitation.

I would begin by informing you that the *local origin* of the disease, during the present year, has in every case, been so obvious and unequivocal, that the few contagionists in the city have maintained a breathless silence, and the believers in that absurd dogma yclept "*contingent contagion,*" have been driven from their theory of *contingent nonsense*, and are ashamed any longer to advocate, or even to name it. A few facts will suffice to show, that with respect to the local origin, atmospheric nature, and incommunicable character of the disease, there remains not "a peg to hang a doubt on."

You may have observed, in the map accompanying my former publication, that I there designated the particular localities of our city, at which, as it so many nuclei, the disease became *endemic*, and from each of which it radiated, until the cause had nearly pervaded every part of the city with an epidemic influence, while its concentrated force continued to be exhibited only at the points named, as the foci, whence the cause emanated, and where it was engendered. But during this year, the points of the city where it raged were fewer in number, and the limits more circumscribed. Indeed, the disease cannot be said to have been strictly epidemic at any time this season, but at several small sections of the city, remote from each other, there were so many endemics. Nor do I believe that any case occurred, which was not clearly sporadic, in any individual who had not been within one of these "*infected districts.*" And had they been emptied of their inhabitants, and fenced up by the Board of Health as was earnestly recommended to them, so soon as the existence of the cause was clearly developed, there had been *very few cases* and still *fewer deaths.*

The infected localities were generally in the immediate neighborhood of *common sewers*, as at the foot of Broad-street, in Centre-street, and other such places. In the former spot, where the disease raged with the greatest virulence, and the most signal fatality; in addition to the common sewer, which was exceedingly filthy, the inhabitants of illy-ventilated and crowded apartments, were the first and most numerous victims, and this remark is of very general application. And in one house, within which there were eight or nine victims to the destroyer, the local cause was discovered to be a sink, which had been filled with the offals of the kitchen, both animal and vegetable, and which had accumulated until it contained a frightful mass of *living* putrefaction, which well nigh proved fatal to those who were afterward employed in removing the nuisance. In another neighborhood, otherwise healthy, where a number of fatal cases occurred, the cause was found to be a privy, which had overflowed in the cellar of the adjoining house, and was daily emptying its contents in a quantity sufficient to poison the whole vicinity. In short, there was no part of the city, where a number of cases successively appeared, which was not either in the vicinity of *common sewers, old grave-yards*, or some other visible and offensive nuisance. Within such localities, all the inhabitants suffered from the endemic influence; very many, old and young, had the premonitory diarrhœa, and very slight irregularities in diet were found sufficient to develope an attack of Cholera in its worst form in others. While within a few hundred yards from the spot, all the inhabitants for a quarter of a mile distance, in our thickest population, remained perfectly healthy, and scarcely a case of premonitory symptoms would occur. Then again a small infected district, often in a single street, might be found, and one or more cases existed in almost every house, and the surrounding neighborhood entirely healthy. Such were the facts, as they are known to all our citizens; and hence the absence of that panic, which in 1832, destroyed the business of our merchants, and nearly depopulated our city. Had not a conviction of the local origin and noncontagiousness of Cholera become prevalent among the unpro-

fessional, by reason of the facts constantly transpiring, and confirmed by the disease being for the most part confined to very narrow limits, which were known, and could be avoided, especially at night, the public alarm had been no less than in the former year of the epidemic.

But at no time could it be said that the disease prevailed throughout the city, nor was the epidemic influence general, except in the small and narrow districts, which were known to be infected, and which in some instances did not cover a circumference of two hundred yards square, beyond which, whole wards might be found in which scarcely a solitary case occurred.

The disease, however, in its distinctive characteristics, very closely resembled the cases which existed in the former year of its prevalence. The most striking peculiarity of the present epidemic, in which it differed from the former, was in the subjects of the attack. In the summer of 1832, females and children very rarely suffered from it, while in 1834 the victims were nearly all females or children. Indeed, it was observed that among the adults who were visited with Cholera this year, nearly nine-tenths were females. In addition to which singular fact, it may be remarked that more individuals died in 1834 from among the higher and more respectable walks in life, short and limited as was this epidemic, than could be numbered among the victims of Cholera in 1832, when the disease prevailed so much more extensively, and so many thousands of the lower classes and the intemperate were swept away before it. A large majority of the cases this year, were among the temperate, and respectable class of our citizens, a fact which cannot have escaped the observation of the most cursory observer.

I cannot furnish you a more satisfactory account of the symptoms, than by an abstract from my common-place book; and this will at the same time give the treatment which I pursued; and in this city where the facts are known and read of all men, I am not afraid to say with singular and signal success.

Case 1.—A. B. a female 45 years of age, of temperate habits and good constitution, after a diarrhœa of two or three days continuance, which was wholly neglected, was attacked at midnight, August 15th, with incorrigible vomiting, purging, and spasms, which symptoms continued to increase until daylight, when I saw her for the first time, nearly five hours after the attack. The excretions were wholly of the congee or rice water character, and incredibly large, unless to those who have seen this disease in its worst form. The spasms in the extremities had continued, until the spine in its whole length seemed to be involved in the spasmodic action. In addition to the body being drawn as in that form of tetanus, called opisthotonos, the diaphragm and intercostal muscles as well as the lungs and heart seemed to be spasmodically affected. She was entirely pulseless at the wrist; the surface of the body cold and covered with profuse sweat, the tongue colder than the skin, respiration labored, violent hiccough between the intervals of vomiting, and thirst absolutely intolerable. No secretion from the kidneys had been excreted by the bladder, which was empty nevertheless, and her countenance was so changed as well as her voice, that she could scarcely be recognized by her friends or children.

In this condition I found her; the only remedies which had been used were laudanum, camphor, salt and vinegar, brandy and sugar, &c.; all of which had been instantly ejected from the stomach with great violence.

I immediately opened a vein in each arm, and, as the blood was so thick and flowed so slowly, that I saw I should have difficulty in obtaining a quantity sufficient for my purpose, I placed the hands in hot water, applied strong cataplasms to the abdomen, thorax, spine, and lower extremities; surrounded the body with bottles of hot water, and caused her to eat ice in large quantities, swallowing the pieces whole as soon as it was reduced sufficiently by mastication. By these means, I succeeded in obtaining nearly three pounds of blood after a perseverance of half an hour, although there was no pulse perceptible in the wrist until half this quantity had been taken, when a slight pulsation could be felt, and which continued to increase with the abstraction of blood. The spasms immediately returned, the respiration was relieved, and the vomiting as well as thirst were entirely relieved by the *ice*, which was earnestly and incessantly desired, until several pounds had been swallowed. I then gave her sixty grains of English calomel, placing it upon the tongue and directing her to mix it with the saliva and swallow it, washing it down with ice water. The purging which had continued during the bleeding now ceased, and I directed a scruple of calomel every hour, which was continued until she had taken in all 160 grains, when I gave her two ounces of castor oil which she retained, and in two or three hours produced bilious stools: these were increased by laxative enemas, until the reaction of the system was fully developed and all the symptoms of collapse had disappeared. The biliary and urinary secretion were restored, and the patient recovered with very little ptyalism, and has since enjoyed excellent health.

Case 2.—C. D. a gentleman of vigorous constitution and general good health, æt. 50, was seized with a diarrhœa on the afternoon of August 21st, which continued about five hours, during which, he had thirteen stools, when about eleven at night he was attacked with vomiting, cramp in the stomach, and spasms in the limbs of great violence. At this time I was called, when his pulse was scarcely perceptible, and gave him thirty grains of calomel, in one hour thirty more, and the next hour sixty grains at a dose; having made the usual applications to the skin of stimulating

cataplasms and heat, and allayed the vomiting by the internal use of ice. The last dose stopped the purging, but the spasms continuing, at two o'clock A. M. I bled him to the extent of sixteen ounces, which though it diminished, did not remove the difficulty of respiration, nor bring the circulation to the surface. The skin continuing cold and clammy, the pulse flagging, and the evidences of congestion being to my mind apparent by the whole train of symptoms; the patient complaining of the prostration and sinking characteristic of indirect debility. I waited but an hour when I again opened the vein and obtained twenty-four ounces more of blood which now flowed more freely. During this operation the pulse rose, the spasms retired, the breathing became free, and a full dose of castor oil terminated the treatment of this appalling case.

Case 3.—A young lady æt. 18, after a diarrhœa of two or three days which she neglected, was attacked with Cholera on the evening of August 22nd, and when I saw her at midnight, had already fallen into collapse, and presented all the characteristic symptoms of the worst cases. Indeed, in some respects, this case was marked by aggravated features. The vomiting continued notwithstanding the ice was freely taken, and the spasms were attended with acute pain, which caused her to shriek at times, when she said they affected the heart. The sensation of cold was complained of by the patient as almost intolerable, and the purging, though nothing but rice water and almost perpetual, was accompanied by tenesmus as severe as in the worst cases of dysentery.

Having adopted the usual expedients for restoring the animal heat by external means, I gave thirty grains of calomel for the first dose, and directed twenty grains every half hour, until I returned, being obliged to leave her for another case equally urgent. I returned in about an hour, and found that the pain in the abdomen was extreme, especially during the spasms, and the purging had all ceased since the first dose of calomel; I therefore directed an enema of an ounce of spts. terebinth in half a pint of fluid, which produced free purging and relieved the acute pain, but still there was no biliary secretion visible in the discharges, and nothing had passed from the bladder, and the spasms continued frequent and violent: under these circumstances I bled her at two o'clock A. M. and after twelve ounces had been taken, the patient said she felt warmer, and as the pulse distinctly rose I stopped the vein, but was obliged to open it again in half an hour afterwards by the recurrence of the spasms, and then bled her to the extent of thirty ounces with manifest advantage: this bleeding was followed by an enema of tinc. assafœt., when I left her for the night. About six o'clock the next morning I was sent for by reason of a recurrence of the vomiting, but found on my arrival that a large quantity of unmixed bile had been ejected from the stomach which was the first evidence of any hepatic secretion that had been discernible, and this I regarded of course as salutary. I now discontinued the calomel, and relied upon purgatives of the ordinary kind. In the afternoon of the day, however, symptoms of consecutive fever presented themselves, which required two large bleedings and a repetition of cathartics. This patient recovered entirely in a few days, and although she had taken during the first thirty-six hours over two and a half drachms of English calomel, suffered no inconvenience from salivation, the gums being scarcely touched by the mercurial.

I have thus narrated with some minuteness, the symptoms and treatment of three of the cases which occurred under my observation, that you may form your own judgment of the remedies for Cholera which I have proved efficacious, as well as the philosophy by which I have attempted to sustain their propriety in my late work on the subject. During the year 1832, I attended 432 cases, all of which were treated upon these general principles, varying according to the circumstances which more or less modify every case, and of this number I lost but *nine*, every one of whom, in my own opinion, died for want of blood-letting, the time for this operation having passed before I saw them. A single exception only exists; a case of death after convalescence by reason of imprudence. All these were wholly under my direction as attending physician, in addition to which, I was called in consultation during the same year to sixty-three cases, at the period of from one hour to four hours before death, all of which were fatal, and only seven of these had been bled at all, and most of them were treated by camphor, brandy, or that worst of poisons in this disease, viz. *opium*, in some of its forms. Besides these I visited twenty-seven cases in consultation, who recovered, and all of these had been bled before I saw them except five, and these were subjected to that operation by my direction.

For the present year, 1834, my own calendar of cases of well characterized Cholera only numbered 101, of which number I lost but *three*; and from the description I have given you of the symptoms and treatment in the cases detailed, you will perceive that my views of the nature of Cholera and the importance of blood-letting remain unchanged. I attribute the death of the only three victims to Cholera which occurred in my practice the present year, entirely to my failure in obtaining blood, by reason of the late period in which I saw the patients. One of them died after recovering from the collapse, by reason of great imprudence, but she had been very imperfectly depleted. Of the ninety-eight recoveries all were bled except three, and though there were special reasons for dispensing with the lancet in these instances, yet the recovery was slow, and in one of them the constitution has suffered much from the attack. My consultation cases this year numbered thirty-six, of whom seven only recovered and four of these had

been largely bled, while not one of the fatal cases had been subjected to this operation, until it was too late for success.

Such having been the result of my own observation during the two visitations of this epidemic, you will not be surprised at the confidence I express in the curable nature of cholera, nor at the earnestness with which I have urged these views upon the profession and the public. Nor can I withhold the expression of the regret and mortification which I feel, when I find physicians of high reputation advising a reliance solely upon external frictions, or internal stimulation, reprobating venesection as a dangerous and even mischievous remedy, and denouncing calomel, as well as all other *internal* treatment. Still more do I feel pained, at the ridiculous proposition, so gravely urged upon public confidence, to depend, in the treatment of this violent, imminently dangerous, and rapidly fatal disease, on the inefficient and absolutely worthless doses of camphor, prepared by Dr. Hahneman's formulary of homœopathic nonsense. If these several professional opinions, to which I have alluded, were proclaimed by *practical men*, and sustained by any measure of success at all comparable with that of the "bleeding and calomel" practice, as exhibited in both hemispheres, they would be entitled to more respect. But coming, as they too often have, either from mere tyros in practice, who seldom if ever saw the disease, and yet presume to teach its management, or from those whose only practice has been in hospitals, whose daily reports of mortality should for ever seal their lips and palsy their pens upon the subject, such doctrines are eminently dangerous, and in their effects upon the younger members of the profession, mischievous to an incalculable extent. I confess I regard much that has been published in this country upon the subject of cholera and its remedies, as an infinitely greater public calamity than the epidemic itself would be, even if it were perennial.

As I learn that Baltimore is again visited by the disease, should this brief communication in any measure confirm the views you have so long taught on kindred subjects, in the important chair you fill in my distinguished Alma Mater, or serve in any way the cause of truth and humanity, you will not regard my letter as unworthy of your reception.

Accept, my dear sir, the assurances of the high regard of your old friend and pupil,

David M. Reese, M. D.

New-York, Oct. 30th 1834.

Art. V.—*Case of Prolapsus Uteri, with Retroversio Vesicæ.* By Edward H. Dixon, M.D., New-York.

During the summer of 1831, I was requested to visit Mrs. A., a widow lady, the mother of four children, much debilitated by a complaint to which her previous physicians had given the term gravel, and addressed treatment appropriate to that malady. Only partial relief being afforded by the remedies employed—during the absence of her family physician—I was sent for. On my entrance, I was surprised to find every appearance of actual labor. The compression of the lips, and alternate accession of pains, with the contraction of the hands during their continuance, all seemed to indicate expulsive efforts on the part of the patient, who was evidently in great agony. Her situation in society, however, and moral character, precluding the possibility of suspicion, I immediately concluded that some extensive uterine derangement existed, and received a ready assent to the proposed examination. A large globular and tense body was partially protruded from the external parts during the occurrence of every pain. No doubt remained of its being the bladder; on questioning her respecting the urine, none had passed for three days, unless guttatim. The vagina being entirely filled by the bladder, the uterus could not be felt; though there is little doubt, from the preexisting symptoms, that prolapsus uteri had been one of the consequences of this excessive loss of contractility in the vagina, though now observed by the presence and superior size of the retroverted bladder. A slight amount of pressure caused the bladder to resume its appropriate situation, the vagina admitting the entire hand with facility. No urine following, I concluded that the inflation of the submucous tissue of the urethra prevented it; the catheter being passed, about three pints of turbid urine passed off. The patient was instantly relieved; suitable treatment followed; and in a few days, after using a sponge with the liquor alumni comp., the inapplicability of any of the ordinary pessaries suggested the following contrivance, which has answered so well that I am induced to mention it. Indeed, I should prefer it in all similar cases, and even in common prolapsus uteri, could it be procured. The one used I was obliged to make myself. Two gum elastic cylinders of different diameters, but the same length, were placed one within the other, the edges were approximated and joined with the solvent, the ethereal oil of turpentine. The inner cylinder was an inch in diameter, and about a quarter of an inch intervened between the two; this makes the pessary complete an inch and a half in diameter, and two and a half in length; the size I should suppose most frequently required. The individual was directed to take a pill of rhubarb every night, and to use moderate exercise, with nutritious diet. Tincture of cantharides in the usual doses was given, till an existing leucorrhœa ceased; country air whenever practicable. The lady called some time since, and has not enjoyed so good health for ten years.

The common gum-elastic pessary, or that

of Levret, is not well adapted to a case like the one that fell under my care, as the part to be retained *in situ* was much broader than its edge; which, had it been used, would have been the only effective part of the instrument. Besides this objection, another of some moment may be urged against the circular one, even when applied for prolapsus uteri alone. The passage of a hard stool will at any time displace it, and turn its anterior edge upwards, allowing the neck of the uterus to fall between it and the rectum, causing much irritation and distress, with the disagreeable necessity of manual adjustment by the physician. No patient will make so methodical a use of rhubarb or any other aperient, or will diet so philosophically, as to insure a daily movement of the bowels, without which there will always be more or less derangement when the patient obeys the call of nature. The original reason for the device of the ring pessary, in its relation to *all* the uses of this part, is familiar to all of us; but as there are many cases of uterine displacement so serious in extent as to compel the injunction to live "absque marito," it may be worth the consideration of the profession, whether the device abovementioned might not afford a more appropriate mean of relief, especially for a retro or anteversion, accompanied with prolapsus, to which case the old one is entirely unadapted.

Art. VI.—*Case of Catalepsy.* By Dr. J. R. McComb, New-York.

On the 27th of July 1831, I was called in haste to visit a little girl, about seven years old, residing in the family of Mr. Vreeland, in Chamber Street. They informed me that she had been playing and romping about the room when she suddenly fell; previous to this she was perfectly well and healthy. On my entrance into the room, she was lying on her back, with her eyes fixed towards some apparent object. I spoke to her, but received no answer. The family also informed me they had endeavoured to arrest her attention, but could not; her breathing appeared perfectly natural. I raised her hand and arm from the floor, for the purpose of examining her pulse, (which was about 90, and rather hard), after which I attempted to let it down, or lower it gently, when, to my astonishment, I found that it remained in the position to which I had raised it. I now ascertained the nature of the disease, and tried the experiment with the other arm; then inclined the head on her breast, raised her legs, making her whole person nearly a circle, and allowed her to remain in that situation for nearly ten minutes, until the family begged of me to desist; I drew down one eye-lid, while the other remained open; in fact, place her limbs in any position, there it would remain until altered. After I had gone through with these experiments, I bled her to 10℥, ordered warm bath and stimulating injections, and returned in about one hour with my friend, Dr. R. K. Hoffman. We found but very little change in her symptoms. Dr. H. tried the same experiments, and we then retired to another room. Whilst there, and while the family were administering an injection, she suddenly recovered. The bowels had been in a very costive state, and I administered calomel, grs. x. and pulv. rhei, grs. x. It is now three years since the above case, and I am happy to say, that there has not been any return of the complaint.

Art. VII.—*On the Therapeutic uses of some of the more recent articles of the Materia Medica.* Translated by W. C. Roberts, M. D. of New-York. No. 2.

We had intended to have considered the iodurets and hydriodates in this paper, but we find that as yet little can be said about their therapeutic uses. Most of the iodurets, or iodides, are soluble in water, and pass into the state of hydriodates upon contact with it; they cannot therefore be distinguished from the latter, for medicinal purposes, when exhibited in that vehicle. The iodurets of *antimony*, of *arsenic*, of *lime*, of *iron*, of *mercury*, of *potassium*, and of *sulphur*; and the hydriodates of *ammonia*, *baryta*, and *soda*, merit most attention; and of such as have been used in medicine, we shall take a brief survey.

The *hydriodate of ammonia* has been used in England, under the form of ointment, for the removal of *glandular tumors*. The *ioduret of lime* has been employed in the treatment of *cutaneous affections*, also in the form of ointment; and it has been thought by Brèra, to offer peculiar advantages in the treatment of *scrofula*. It seems worthy of further notice. The *ioduret of iron* has been commended, in the form of pill, as a remedy for *leucorrhœa* and *amenorrhœa*; and its aqueous solution, (*the hydriodate*) is given in ten drop doses, progressively increased, morning and evening, as a tonic in *scrofula*. This substance, has, we observe, recently attracted the notice of Dr. A. Todd Thompson, who has just published an 8vo. on its preparation, and medicinal employment.

The *hydriodate of potassa*, (or an aqueous solution of the ioduret of potassium) is familiar to the profession. Abroad it is used of the strength of thirty-six grains to the oz. of water, and is given by drops, like the tincture of iodine. Among us, it is used chiefly as an ointment, mixed with lard, and is rubbed in upon *glandular enlargements*, in conjunction with the use of iodine internally. The hydriodate of potassa, like the other alkaline hydriodates, is susceptible of combination with a greater quantity of iodine. The preparation

ultimately approved of by M. Coindet, contains 36 grs. of the ioduret of potassium, and ten grains of iodine to the ounce of distilled water. Its greater activity requires that it be administered with greater reserve. In the ioduretted mineral water of Mons. Lugol, we have ℈i. of iodine and ℈ij. of the hydriodate of potassa to the ounce of aq. distill. Mons. Gendrin employs an ointment which contains 32 parts of axungia, 4 of the hyd. potassæ, and 1 of iodine; and that which is used by M. Lugol, to rub upon glandular tumors, contains a double quantity of iodine and of the salt. The *hydriodate of soda*, though its virtues would appear to be the same, is but little used. The *ioduret of sulphur* is the preparation so much used in *cutaneous diseases*, by Mons. Biett, at the Hop. St. Louis. He combines it with twenty times its weight of lard, or simple ointment.

The iodurets of *mercury* are two; they are insoluble in water. They are given in the form of tincture, (in doses of five to twenty drops, in distilled water;) of pill and of ointment. In *venereal affections*, particularly when connected with a scrofulous diathesis, these iodurets have been advantageously tried. Coindet first pointed out their value, in his third paper; and M. Biett employs the prot. ioduret, in *syphilitic affections of the skin.* An ointment of an oz. of lard, six grs. of the prot. ioduret of mercury, and eight of the acet. morphiæ, has been commended as useful in *congestion of the uterus* and *scirrhus of the mamma.* Pinel considers them to be absorbed with peculiar rapidity, and very efficacious in *dartrous affections.* With these observations, we quit the subject of iodine and its preparations.

Chlorine.—This gas, which has been only of late admitted to the rank of a simple body, exists abundantly in nature. It is soluble in water, with which it forms the aqua chlorata, or *hydrochlorine.* The taste of the liquid is astringent and disagreeable, and in smell, in color, and in most of its properties, it resembles the gas itself. It must be very pure to avoid the risk of accidents, and be sedulously kept from all contact with the light. When sufficiently diluted, it has been employed therapeutically in various ways.

In *syncope*, in cases wherein ammonia is nefficient, the liquid chlorine has been found by Nysten to be valuable; and the experiments of Siméon upon dogs which had been poisoned by hydro-cyanic acid, and were recovered by the inspiration of chlorine, are very remarkable. During the epidemics of *typhus*, which everywhere marked the progress of the allied armies in 1813 and 1814, liquid chlorine was often internally administered. In Germany, Doctors Braun, Schueler and Wolff, and Prof. Dzondi, give their testimony to its efficacy in this disease. Kapp, in *putrid dysentery;* Rossi, as a stimulant in *asthenia;* Luiscius, of Holland, in *malignant catarrhal fever;* Brathwaite, in *scarlatina* and *angina maligna*, of which he considers it the specific remedy, all commend its internal exhibition. Dr. Braun, of Coethen, tells us that an experience of ten years in *scarlet fever* has taught him that it prevents its contagion, and conquers its putrid tendency. He gives the pure water of chlorine (aqua oxymuriatica, vel chlorata) every two or three hours, in spoonfuls; giving to children, in all two ounces, and to adults, four or five. It has been particularly experimented with as a remedy for *rabies.* Brugnatelli, in 1816, relates, in his journal of physics and chemistry, many facts in favor of the preservative action of this article, employed as a lotion to the wounds, and in the form of pill, made with crumbs of bread, internally given; ℈ij. to children, to adults, ʒij. four or five times a-day. It is true, that in opposition to this favorable evidence, there exist many counter statements; but, by Arragoni and other Italian physicians, its efficacy is still boasted, and the case of the student in pharmacy, by M. Chevallier; the new experiments of Previsali, at Paris; and the very numerous cases related by Schoenberg and Semmola, of Naples, (Bull. des Scien. Méd. de Ferussac, 1828) who gave ʒij. to ℥i. of dilut. aq. chlor. three times a-day, with unfailing success, tend to awaken a hope in our bosoms that a remedy, or at least a preventive, for this hitherto intractable malady may yet be found. In *dartrous affections*, in *scabies* and in *pernio*, we are told by Kapp, Deimann, Cluzer, and Chevallier, that the hydro-chlorine has been used with success; and we find, in the Pharmacopée Universelle, the formula for an antipsoric ointment composed of ʒi. chlorine to ℥i. of axunge. The external use of chlorine, in *scirrhus*, goes back as far as 1787. We have the testimony of Fourcroy and Hallé, that it lessens the fœtor, renders the discharges less serous, and gives a better aspect to the sore. Brathwaite, Rollo and Brachet, have since been not less successful. Baths impregnated with chlorine have been administered in England, by Wallace, in *icterus*, *biliary calculus* and *ascites*, resulting from hepatic disease. The bath effects a general pruritus and much sweating; its temperature is 32° Reaum., and the patient is immersed in it for twenty minutes.

The employment of inhalations of the pure gas, or of aqueous solutions of chlorine, in *pneumonic diseases*, however much its irritating qualities might *a priori* be supposed to be hurtful, has been attended with very gratifying results. Hallé, and more lately, Gannal, Bourgeois, Cottereau and others, have experimented on this subject, from having observed the immunity of bleachers from consumptive maladies. Numerous cases of phthisis, and, in some instances, very remarkable ones, treated in this way, were collected in 1828, by M. Gannal, and read by him to the Acad. of Sciences. All his patients derived relief from the inhalation, and experienced a peculiar feeling of comfort. Respiration became

less oppressed, the sputa less abundant; and there occurred no heat in the thorax, no fever, no hæmoptysis, as might have been feared. The cough, in some instances where the dose was not well graduated, was augmented for a while; but it soon was allayed. Some of his patients, as M. Gannal thinks, *even recovered* (!) By Bourgeois, Bernard, Fermon and Richard, it is much lauded, and more particularly by M. Cottereau, in his cases entitled "Phthises pulmonares;" and in a clinical lecture, by the celebrated Dr. Elliotson of London, reported in the Lond. Med. Gazette for 1831, the inhalations of chlorine are highly commended. It is painful, however, amid so much favorable testimony, to be obliged to record the unfavorable opinion of Dr. Stokes, of Dublin, who, in a clinical lecture, reported in the Lond. Med. and Surg. Journal, 1834, informs us, that although in some cases the inhalations of chlorine "appeared to do some good, in far more they did positive mischief." Upon the whole, the value of chlorine, in well marked phthisis, is far from being established, and all that can be said is, that it may be tried in cases, in which it appears that the impotence of the ordinary resources of medicine is demonstrated.

Mess. Gannal and Cottereau have each invented apparatuses for its inhalation; but perhaps a slow and steady disengagement of the gas in the apartment of the patient, is as good a way as any for its exhibition.

A few words on the mode of administering *liquid chlorine*. It must be chosen pure and fresh; containing a volume and a half of gas; and it should be given in sweetened water, or in some acidulated or mucilaginous vehicle, or in the form of pill made with crumb of bread. We must be careful to guard against associating it with any organic materials which are easily alterable, with cyanogen, ammonia, &c.; and not to place the preparations which we make of it, and which should be taken at once, in metallic vessels. Our third paper will contain a notice of the therapeutic action of the chlorides, or chlorurets of the oxides, viz. potassa, soda, &c., the employment of which is attracting much notice abroad, and deserves to be more generally known.

REVIEWS.

Art. I.—*An Investigation into the remarkable Medicinal Effects, resulting from the External Application of Veratria.* By Alex. Turnbull, M. D. &c. 8vo. London, 1834. (p. 96.)

The work under notice is divided into six chapters, with an appropriate introduction containing a detailed account of the properties, and mode of applying veratria. As our object will be to embody the practical matter of the work, we shall commence by such selections from the introduction as may be considered important, and shall then proceed to an examination of the different chapters, wherein we have a full account of its good effects in various diseases, in the hands of Doctor T.

In reference to its medicinal quality, its mode of application, and its peculiar effects in disease, we quote from the author:—

"The *veratria* of commerce is nearly white in color, and in the form of a fine powder; it is without smell, but when accidentally brought in contact with the mucous membrane of the nose, it induces violent and even dangerons sneezing; when applied to the *conjunctiva*, it produces great irritation, accompanied by an abundant flow of tears, which does not subside for some hours. Its taste is extremely acrid, but destitute of bitterness, and it acts very strongly upon the mucous membrane of the stomach and intestines; if introduced into the stomach, it proves highly emetic and purgative, for even in old subjects a quarter of a grain acts powerfully upon the bowels; and in some experiments the effects have been so violent as to show that death would have followed the administration of a few grains. Occasionally, it appears that during the preparation of *veratria*, some of the particles floating in the air are inhaled, and when such is the case, its effects are generally purgative. M. Andral, Jun. found that when it was applied immediately to the tissues, violent and speedy inflammation was the consequence; that when thrown in small quantity into the veins, it acted upon the large intestine; and that when introduced in a large proportion either into the veins or intestine itself, tetanus followed. From these circumstances, *veratria* was very properly considered to be a medicine possessed of extreme activity, and it seems to have been some little time before it was thought safe to introduce it into practice; and although it has been employed by some individuals, yet such does not appear to have been the case to any great extent.

"*Veratria* has been prescribed both internally and externally. For internal use, it is given in the form of pill, or in solution, in dropsy, gout, rheumatism, &c.; and externally it is applied either in the form of solution, or what is better, in that of an ointment made

with hogs-lard; but as this last mode of using it is the one which more particularly comes under review at present, we shall confine our attention to it exclusively. The ointment may be made from ten to twenty, or more, grains of the alkaloid to an ounce of lard, and of this a piece of the size of a large nut may be rubbed from five to fifteen minutes, night and morning, as nearly as possible over the seat of the disease, until relief from the urgent symptoms be experienced, care being taken to observe that the skin over which the ointment is to be rubbed be free from injury, otherwise considerable irritation of the part will ensue; and for reasons already given, the person who applies it must be careful not to insert even the smallest quantity under the eyelids.

"The first circumstance which must strike every person who prescribes the external use of this medicine, is the very remarkable difference which is found to exist betwixt its effects upon the body when so applied, and those which result from its internal exhibition. We have seen that when applied to any of the mucous membranes even in the smallest quantity, it produces the most violent irritation; and that when introduced into the stomach, it operates as an emetic and cathartic; but when rubbed upon the surface of the body to the extent of six or eight grains a day, for several weeks, or even months together, no such consequences follow; for although the constitution has evidently, during the greater part of the time, been under the influence of the *veratria*, so far from acting in that manner, it has been observed to calm irritation, remove pain, and produce considerable elevation of spirits. The general appearance and health begin to improve, the appetite remains unimpaired, or even becomes better, the patient experiences not the slightest degree of nausea; and the bowels, instead of being acted upon in the manner in which the internal exhibition of the medicine would lead us to anticipate, are either altogether unaffected, or such a degree of constipation is induced as to render the use of purgatives necessary to keep them in their usual state.

"When the *veratria* is applied externally in dropsical diseases, the emetic and cathartic effects which result from its internal employment in these affections are exchanged for a diuretic operation so singular and beneficial, as to bring about the removal of the effused fluid in a time much shorter than it can be accomplished by any other known medicine; and it has done so in many cases, when other means had been previously tried without avail; but in diseases unattended by aqueous effusion, no effect whatever upon the kidneys has been observed.

"The skin over which the ointment has been rubbed, even after the friction has been continued for some length of time, shows no marks of irritation; and although in certain instances a slight blush soon pervades the surface, it nevertheless vanishes in an hour or two, and the skin returns to its natural color. When the quantity of *veratria* rubbed in exceeds a few grains, the patients generally experience a considerable degree of warmth, and tingling in the part, and until this takes place the peculiar effects of the medicine do not usually manifest themselves; the circumstance, therefore, is one worthy of attention, and may serve as a criterion whereby to estimate the extent to which the friction may be carried without producing inconvenience, and also to judge of the purity of the *veratria* employed; for when, as is sometimes found to be the case, the medicine is mixed with impurities, these sensations are not produced, and its action is by no means so certain or powerful as when it is free from adulteration. This last observation appears necessary to prevent the practitioner from laying a charge of failure against it in cases where the impure *veratria* may have been made use of in compounding the prescription.

"After the ointment has been applied a sufficient length of time to put the constitution completely under its influence, the feeling of heat and tingling extends itself from the place where the friction may have been made, over the whole surface of the body, and in some instances involuntary twitchings of the muscles of the mouth and eyelids are induced; but these symptoms disappear so soon as the rubbing has been discontinued for a day or two, and no disagreeable consequences follow to the patient. The sensibility of the parts over which the application has been made is increased to such a degree as to render them peculiarly susceptible of the presence of certain stimuli, particularly electricity or galvanism. These agents have in some instances been applied with the *veratria* ointment, but have given rise to sensations so acute as to render their further employment almost insupportable, and that without the slightest perceptible alteration of the surface. It does not appear altogether necessary that the friction should be made exactly over the seat of the disease; for two cases have lately come under observation in which the individuals who rubbed on the ointment imbibed as much by the hand as proved sufficient to cure them of painful affections in distant parts of the body under which they had been laboring for a considerable length of time."

We have already stated that the work is divided into six chapters, and we shall now proceed to examine each separately.

1. *Veratria in Affections of the Heart.*—"These diseases are generally characterized by difficulty of respiration, accompanied by cough, expectoration, inability of remaining long in a recumbent posture, startings from sleep, swelling and coldness of the extremities, palpitation, a rapid small, irregular pulse, accompanied by anxiety, and a sensation of pain, or rather of constriction in the region of the heart, occasional faintness, and sense of suffocation. It has been successful even in worse cases; for one of *angina pectoris* appears to

have received most marked and permanent advantage from a few rubbings with the ointment."

"During the action of the *veratria* the pulse increases in strength, and becomes more regular in character, the extremities return to their natural warmth, and the swelling, when any does exist, rapidly disappears; the lips also regain their usual color, and the general health and appearance of the patient are materially changed for the better; almost at the same time the distress and anxiety which had previously existed wear away, and the sleep becomes regular, refreshing, and undisturbed; the cough and expectoration diminish daily, the faintness and sense of suffocation vanish, and the patient is in an almost incredible space of time restored to health. Although this be the usual process of the action of the *veratria* in these diseases, it nevertheless sometimes produces effects of a different kind, at least during the time of its employment. It has happened that from one application the symptoms, and particularly the palpitation, have been increased to such a degree as to render it impossible to induce the patient to submit to a second; but, what is not a little singular, the irritation has subsided in a day or two, and along with it every trace of the disease itself has disappeared. During the whole period the constitution is under the influence of the medicine, the functions are but little altered, with the exception of the secretion of urine, which is, upon the whole, more actively carried on than at former times; and this latter circumstance in all probability depends upon the existence of watery effusion somewhere in the body; a condition which appears necessary before the *veratria* can produce a diuretic effect."

Nine cases are related in which this remedy, according to Dr. T., seemed to exercise a beneficial tendency; we select the following.

"A lady, 55 years of age, short and thick set, and of a florid complexion, who seven years before was seized with what her attendants considered to be an inflammatory affection of the lungs, for which she was actively treated. The violent symptoms were subdued, but she remained in such a state, that, during winter, she was obliged to confine herself to an apartment kept at an equable temperature." "Throughout the whole seven years she had constant cough, attended with scanty mucous expectoration, a difficulty of breathing, so great as to prevent her sleeping at night, or even remaining in the recumbent posture for any length of time without bringing on distressing fits of coughing: respiration very much hurried, and the lips of a purplish hue; pulse so small, rapid, and irregular, as to render it difficult to ascertain the number of its beats. Over the region of the heart, and over a great part of the anterior surface of the thorax, there was a very perceptible undulatory motion, altogether different from ordinary pulsation; and the ear, applied to the chest over the same region, distinguished the heart's action to be extended, indistinct, and undefined in its character. Along the whole length of the left arm, from the shoulder to the points of the fingers, she complained of pain, and a feeling of numbness, which rendered the extremity almost useless.

"She was put under the influence of small and repeated doses of the tartrate of antimony; and along with this treatment, frictions with croton oil were applied over the chest and down the left arm, until a pretty free eruption was brought out."

Relief was thus afforded, but she was so reduced that it became necessary to adopt another mode of treatment, and accordingly "a piece, as large as a nut, of an ointment composed of fifteen grains of *veratria*, and an ounce of hog's-lard, was directed to be rubbed twice a-day, over the chest and along the affected arm, five minutes each time, and the result very far exceeded the expectations formed. The first application relieved all the chest symptoms considerably. The cough and breathlessness, to a certain extent, subsided, and the pulse and action of the heart were greatly improved. The most decidedly beneficial effects, however, were produced upon the extremity: the pain and numbness had not altogether disappeared; but these symptoms were so much alleviated, as to induce the patient to state, that, comparatively speaking, she had recovered the entire use of her arm. From this time the ointment was directed to be used every evening for about ten days, and then occasionally as it might be found necessary.

"In about a fortnight from the first application of the *veratria*, the patient was able to leave her room, and walk up and down stairs with facility; and the general improvement of her health was such, that she ventured into the open air; but, in consequence of incautious exposure, the symptoms returned two or three times, though by no means with the same severity as before; and when such an occurrence took place, one or two rubbings with the ointment afforded complete relief. She is now in comparative health; her general appearance is good; the pain and numbness of the arm have entirely disappeared; the circulation is much more regular than it has been for a great length of time; the cough and difficulty of respiration are almost gone, and she can now remain in the recumbent position, and enjoy a good night's rest; and the last time I saw her, she walked about four miles without any inconvenience."

2. *Veratria in Neuralgic Affections.*—Under this head we have thirteen cases related. In seven cases of *tic douloureux*, where the patients had been affected for several years, without any relief from the ordinary modes of treatment, they were all relieved in a very short time from the application of *veratria*; and in all, a return of the paroxysm was readily relieved by its renewed application.

On this subject, Dr. T. remarks, "the principal considerations to be attended to in the employment of *veratria* in *tic-douloureux* are connected with the part of the face, and the extent of surface in which the pain is situated, and the length of time the patient has labored under the disease. With regard to the first of these, it has been found that in cases where the affection is not confined to one particular point, but has extended itself along the ramifications of the nerve in which it has its seat, the symptoms may be removed much more speedily, and by means of an ointment containing a smaller quantity of *veratria* than when the contrary is the case; and this probably arises from the circumstance of their intensity in such instances being much less, and from the surface under which the disease is actually situated being greater than where one spot only is affected, thereby affording an opportunity of making the application over a number of affected points at the same time. In cases, too, of long duration, there is more difficulty experienced in performing a complete cure than in those of a more recent date; but this does not appear to arise from the ointment having less power in removing the existing paroxysm in these instances than in others, for it almost always affords immediate relief, but from the habit of a recurrence at stated intervals, which its previous long continuance seems to have impressed upon the disease; even this, however, may be broken through by a little perseverance; and a recovery be affected, if not as quickly, at least as certainly as in less obstinate cases."

Veratria in Rheumatism.—Nine cases are related where the ointment was used both in the acute and chronic stages, "in the former instances it was rubbed directly upon the inflamed surface, and instead of producing any additional irritation, the inflammation and swelling rapidly subsided, and the pain was quickly subdued."

"It may be a question how far it would be useful to apply *veratria* ointment at the very outset of the inflammatory stage, for in the cases already alluded to it was not applied until the usual antiphlogistic remedies had been resorted to, and from certain facts which have been observed in its operation, it appears that the disease must have existed for a short time before the *veratria* can take any effect upon it; but further experience on this point will soon decide the question."

4. *Veratria in Paralysis*:—Dr. T. has used this remedy in a number of cases with great advantage; "in two or three, the patients had almost entirely lost the power of motion in one side of the body, but recovered it again by making use of frictions with the ointment over the affected extremities, and more particularly along the course of the nerves. The greater number has, however, consisted of slight paralytic affections, situated in certain muscles, existing either by themselves, or in conjunction with other affections, and especially with *tic-douloureux*.

"From the more extensive nature of the disease in the former cases, these have required the treatment to be continued for some little time; but in the latter, one or two applications have been successful in restoring the muscles to their healthy condition."

5. *Veratria in Dropsy.*—Five cases are related by Dr. T. in which this article was employed, and he is induced to recommend it strongly as a remedial agent. We quote from him."

"When rubbed upon the skin in dropsical cases, it acts powerfully upon the kidneys, and at the same time appears to have an astringent effect upon the bowels. The quantity of urine evacuated by the patient, in some instances, almost exceeds belief, and might be considered as accidental, were it not that it has been observed as an invariable occurrence. This circumstance is followed by an almost immediate subsidence of the swelling, which goes on gradually to diminish until none of it is left: the patient then gains strength daily, and soon acquires his former degree of health.

"In ovarian dropsy, the change in the size of the tumor is much less rapid than in the other forms, and in most cases it is not attended by any great increase in the quantity of urine. The ointment best fitted for use in this particular disease, is made from fifteen to twenty grains of *veratria* to an ounce of lard; and it should be rubbed over the swelling about twenty minutes, night and morning. Under this treatment the circumference of the abdomen diminishes generally from an inch, to an inch and a half in the course of each successive week, occasionally remaining stationary: and the disease at length either wholly disappears, or becomes less in size, and this event is often accelerated by passing galvanic or electric shocks through the tumor at the same time that the ointment is employed."

6. *Veratria in Gout, Amaurosis, and Nodes.*—This chapter briefly treats on the subject, and cases are given wherein it has proved useful; we think the subject worthy of further investigation, and would call the attention of our medical men to a full examination of the merits of *veratria* in the treatment of disease. From the favorable report of Dr. T. we anticipate much benefit from its employment, and trust it may prove of as much value as stated by our author.

ANALYSIS OF MEDICAL JOURNALS.

Art. I.—*The Medical Magazine.* Edited by J. B. Flint, E. Bartlett, and A. A. Gould. October and November, 1834. Boston: Allen & Ticknor.

It will be perceived by our present number, that the city of Boston presents two valuable and interesting medical journals, the one under review, and the Boston Medical and Surgical Journal; the former appears every two weeks, and the latter is published weekly; whilst our own great city, with its immense population, and the proportionate number of medical men, has for some time past had no journal here to represent its medical talent, to present to the profession the valuable contributions which might have been made to the cause of science, and to develope the immense resources of this fertile field. We trust, however, that an independent journal, devoted exclusively to the interests of medical science, and not subjected to private or party interests, will meet with the support which it may merit, and enable us to supply a deficiency in no way creditable to the profession of our city and state.

In reference to the Boston Medical Magazine, we may state that we object to the want of system in its arrangement, whilst we accord to it the more important requisites of talent and ability in its conductors, observable in all the editorial articles. The promiscuous heaping of selected and original papers, together with reviews of works, under one head, render it rather an awkward task for us to present a complete analysis. Sir Charles Bell's lecture on hernia commences the first number under review, and then follows—

1. Forceps for Extracting Teeth.—J. F. Flagg, M.D., dentist, of Boston, gives a description, with a plate, of an improved set of forceps for extracting teeth, which he employs in all cases of extraction, to the entire exclusion of the key instrument. We would call the attention of the members of the Surgeon-Dentist' Society of this city to the paper of Dr. Flagg, and would be glad of the result of their experience on a subject which engages much of the attention of physicians in the country, and in which they take considerable interest, from not having the advantages enjoyed by those in large cities, who recommend their patients to the professed dentist.

2. Severe Endemic.—This is a highly interesting paper, we presume from the pen of one of the editors, and we make no apology for selecting it entire. "A severe endemic disease appeared among the prisoners in the House of Correction situated at South Boston, during the night of Monday the 22d instant, which, in its mode of attack, symptoms, and termination, closely resembled that in the Mass. State Prison in 1832, a full account of which was published by the surgeon of that institution in the first volume of the Magazine.

"It may be useful to premise, that the mode of confinement and discipline of our penitentiaries, are now the same as in the State Prison, and that the diet of the prisons is very similar, both in quantity and quality.

"It is not known that the food or drink furnished to the subjects of the House of Correction, on Monday, the day before this attack, was in any respect unusual, or different from that which they had received for many days, and even weeks previous; and it is quite certain, that those individuals who were seized, had not fared differently from their fellow-prisoners, in respect to diet, labor, exposure, clothing or lodging. There was no circumstance to authorise the suspicion that any deleterious substance had been mingled with the food, nor did the symptoms, in any case, suggest such a cause to the medical attendants.

"Some of them began to complain soon after they were locked up for the night, and a few reported themselves slightly affected with the same symptoms the day previous; but in most cases the patient, having been well before, awoke from a short sleep seriously ill. The attack commenced with an intense pain across the abdomen, generally referred to the region below the umbilicus, but in many cases, to the epigastrium. Then followed nausea and vomiting, or painful and profuse purging, but most frequently both; sometimes the stomach, and sometimes the bowels taking the lead in the train of disorderly action. There were many cases where no gastric disturbance was complained of; but very few, if any, in which this symptom was unattended with unnatural evacuations from the bowels. When the vomiting was severe, the abdominal muscles were severely cramped, and in several instances this was the case with the muscles of the extremities also, and constituted the most distressing and unmanageable element of the disease. In some cases a very remarkable shivering, like that of an ague, preceded the symptoms just noted. The evacuations

were, at first, ingesta, and afterwards liquid, —those from the bowels generally indicating the presence of fœcal matter or bile, and those from the stomach giving a bitter taste. In two instances only were any evacuations observed, which resembled nearly the 'rice water' discharges, and those were both alvine.

"The evacuations were not so copious here, as in the disease of the state prison; but they were very frequent, and in some cases nearly filled a two-gallon tub. The temperature of the surface was always reduced, sometimes very considerably, but without any remarkable perspiration. The tongue was moist with a thin white coat, which became brown and more dense as the disease was prolonged. The pulse of those who were examined immediately after the attack, ranged from 90 to 120, and was uniformly contracted and unsteady, and, although in several cases, at different periods of the disease, when the vomiting and cramps were aggravated, it was very much depressed, it never became imperceptible, nor in a state indicating collapse. Indeed the degree of prostration constituting this alarming condition, although nearly approached, was never fairly reached by one of our patients.

"Between the hours of six in the evening, and three of the next morning, from forty to fifty individuals, situated in different parts of the prison and receiving rooms, were seized with the disease above described, and taken to the hospitals. Several others, more slightly affected, were served with medicine in their rooms, as soon as they complained, were soon relieved, and proceeded to their labor, which was ordered to be gentle and under cover, the next morning.

"The treatment pursued was rational, the indications being taken from the actual symptoms in each case.

"In the first place, a pill containing one grain of opium, four of camphor, and two of calomel, was administered in every case where there was gastric disturbance. When this symptom was not present, five grains of calomel were given, followed by a large portion of castor oil, and compound tincture of senna. In these cases copious fœcal evacuations were generally procured in a few hours, with complete relief. In the other class of cases, the pill generally tranquillized the stomach, so that it would retain the oil and senna, the operation of which was aided, if necessary, by medicated enemata. Sometimes it was very difficult to procure alvine evacuations of any kind, even under the most active and various purgative appliances. The vomiting persisted in some instances, notwithstanding the administration of various opiates and cordials, aided by sinapisms to the epigastrium, enemata, and effervescing draughts, and while this continued, it was attended with the distressing cramps in the abdomen and extremities.

"At the present time, (Friday P. M.) four of the patients who were among the first attacked, continue to suffer in this way, by paroxysms, although much relieved, and promising ultimate recovery. The irregular contractions have, at length, however, become extended to a large part of the muscular system, so that some of the paroxysms beginning with cramps of the toes and fingers, exhibit, when at their height, complete opisthotonos. It can only be added, at present, that more than half have been discharged from the hospitals, with no complaint but weakness, and that all the rest appear to be convalescent. A few cases came into the hospitals on Tuesday and Wednesday, in which the commencement of the illness was referred to Monday night."

3. Case of Spasmodic Cholera.—George Haywood, M.D. of Boston relates a case of this disease, which was the only one that occurred in his vicinity; it was remarkable also from the fact of the "extreme regularity and temperance of the patient in all his habits, his previous state of health, having been entirely free from the usual premonitory symptoms of the disease, and the salubrious situation in which he lives."

The treatment of the case may be judged of from the concluding remarks of Dr. Haywood, in which we are prepared fully to concur: "I must, at the same time, acknowledge that, from the accounts I have received of the success of the practice in the western country, I should place more confidence in large doses of calomel than in any other article of the materia medica, in the management of spasmodic cholera."

4. Operation for Polypus Uteri.—Dr. J. H. Flint, of Northampton, in noticing a case of polypus uteri recently reported by Dr. Yale, mentions that for several years he had practised the following operation in many cases with success:—"If I find, on examination per vaginam, polypus protruding into the vagina, I grasp so much of it as I conveniently can and *pinch* it off. Or if, as is more commonly the case, I discover a small pyriform tumor, not larger perhaps, and shaped like a full-grown strawberry, embraced by the cervix uteri, I take a pair of forceps (I have used what are called 'bullet forceps,') and, directed by the finger, I seize the tumor firmly, and, by rolling the forceps, either break off the polypus at its pedicle, or twist off the portion included in the blades.

"It is only necessary to destroy the integrity of polypus, and it certainly dies."

The remainder of the numbers are occupied by "collectanea" and excerpts from foreign journals, together with reviews of works which are distinguished for candor and liberality, divested to a great degree of the petty feelings of personal or public animosities or friendships, which have too often been apparent in the medical journals published in this country.

American Journal of the Medical Sciences.
No. XXVII.

1. Copaiba in Irritable Bladder, &c. *La Roche on Copaiba in Catarrh and Irritability of the Bladder, and in Leucorrhœa.*—There is no medicine in the materia medica that has acquired more notoriety than the balsam of copaiba. The swallowing of this nauseous drug is the least of the penalties incurred by the breakers of the seventh commandment, from the hoary-headed sinner to the youth who has just arrived at puberty. If the mistress of a boarding house finds a mixture in a bedroom, she applies it to her nose in a knowing way, and if it contains the balsam, the occupier of the room is set down as a rake, no matter how sanctimonious may be his appearance. But to Dr. La Roche.

He gives the result of his experience in several cases of catarrh of the bladder, in which the remedy was successful. His opinion on the method of administering it deserves attention.

"Some difference of opinion prevails among practitioners in respect to the quantity in which the balsam of copaiba should be administered to insure it success in the disease which forms the subject of these remarks. Messrs. Delpech, Ribes, and others, prescribe it in very large, while other physicians prefer using it in small and repeated doses. So far as I am able to pronounce from the facts I have had occasion to observe, I am disposed to think that the copaiba answers as beneficial a purpose in the catarrh of the bladder, when administered in the latter, as in the former dose; and when thus given, either in cold water, in milk, or mucilage, or in a slightly aromatic infusion, according to the condition of the diseased parts or of the system at large, there is much less risk of distressing and irritating the gastro-intestinal organs. Another advantage accruing from that method is, that the physician is thereby enabled to persevere in the use of the copaiba during a much longer period than when he administers it in drachm and table-spoonful doses; as in the latter case it is more apt to pass off by the bowels—it is less effectually absorbed—the system becomes less certainly, as it were, impregnated with it, and less time is afforded for obtaining the desired effect on the diseased membrane."

In the course of our practice we have often witnessed the advantage of prescribing it in small quantities. We have often succeeded in effecting cures by ordering the patient to take only twenty drops for a dose, twice a day, although he had previously taken it in large tea-spoonfuls, five or six times a day, without the least benefit. In the latter case, it passed off by the bowels, in the former case it found its way to the urinary organs. We were under the impression that if the remedy did not effect a change in a few days that it would be of no service. Dr. La Roche seems of a different opinion.

With the balsam, Dr. La Roache has succeeded in curing cases of irritable bladder when other remedies were of no avail. Two cases of pruritus vulvæ, out of four were cured by the same medicine by Dr. Ruan. In one of these it acted like a charm.

Three cases of leucorrhœa are related. In the first, *the matter was thick and of a dark color.* In the second, the health of the patient seemed to be restored after the domestic troubles which caused its derangement had ceased; and the third "was so greatly restored as to entertain the prospect of a speedy and complete relief." We wish that Dr. La Roche would extend his observations on the remedy in leucorrhœa. The cases related do not sufficiently establish the practice.

2. Yellow Fever at New Orleans, by Doctor Harris.—Preceding the cases are valuable observations by Doctor Jackson, on the importance of a knowledge of the principles of physiological medicine.

"In the following cases, reported by Dr. Harris, this course was followed. Neglecting the specific character of the disease, of which we have no positive information, and for which still less do we possess any positive remedy, the whole treatment consisted in the employment of means the most directly calculated to diminish the local inflammation in the organs where they are the most actively developed. The plan is rational, and the success was gratifying. By keeping down the too great intensity of the gastro-intestinal inflammation, the secondary symptoms and the hæmorrhagic disposition were controlled, and the cases remained within the ordinary curative powers of the economy.

"This method is simple. It consists in combating in its acute state, the gastro-intestinal inflammation, and the secondary train of symptoms it excites in the nervous organs, by the most powerful, yet simple and direct of the sedative and antiphlogistic means we possess. These are general bleeding, to limit the too great activity of the general circulation. Capillary depletion to attack immediately the local or capillary affection. Cold, the only true sedative and positive febrifuge, to concur in the same object, and to allay the excitement of fever. Revulsion, accomplished by warmth to the extremities and cold to the head, equalizing the excitement, and preventing cerebral congestions, and epispastics or sinapisms, when the violence of reaction has been subdued. Finally, the employment of the milder purgatives calculated to call forth the intestinal secretions, when the inflammatory condition has been properly combated, terminating its last remains, or carrying off a congestion that may have been formed. Mercurials administered at this period, and in some cases carried to the point of light ptyalism, often are the most effectual for this last object."

A case as a sample. "Mr. M'C. æt. 28,

sanguine-lymphatic temperament, first summer in New Orleans, was seized, August 20th, 1833, about six P. M. with chill, pain in stomach and head and lower part of spine, general uneasiness in his bones. I was called at seven P. M. and found pulse 140 and full, skin hot, pain in epigastrium, vomits mucus mixed with grumous blood, great stupor, bowels constipated, tongue beginning to be furred and red at edges. Ol. ricin. ℥iss.; injection of ol. ricin. ℥ij., molasses, ℥ss., and mucilage, ℥viij. mixed well. The injection to be repeated every hour until the intestines are fully evacuated. Fifty leeches to epigastrium; cold affusion to head; iced barley water for drink, and diet. Ten P. M. the leeches have drawn well; sickness of stomach calmed; headach diminished; pulse reduced to 120, and not so full; skin slightly disposed to moisture; bowels freely acted on. Ordered a warm bath, with cold affusion to head while in bathing tub.

21st, six A. M. Still complains of his head; stomach tranquil; tongue furred in middle and red at centre; pulse 110; bowels freely acted on during the night; desire for his iced drinks, as cold water and barley water, which were given often, but in small quantity at a time. Ordered eight leeches behind each ear, warm bath with cold affusion repeated, and injection as before. Twelve M. Head felt much relieved after the leeches were applied; urinates freely, deep red; pulse 100; skin perspirable; tongue in same condition; head feels but slightly heavy. Continue treatment. Eight P. M. Head still feels heavy; bowels have been opened several times in the day; condition otherwise unchanged. Ordered eight leeches to inside of thighs; cold mucilage injection; at ten P. M. the bath, and affusion to head.

22d, six A. M. Slept several hours last night; feels no pain or uneasiness; redness of tongue at edges much lessened; desire for cold drinks decreased; pulse 90; skin perspirable; a little nausea; urine becoming almost natural. Soda pulv. with tart. acid in effervescence occasionally. Eight P. M. Saw him several times during the day; the soda powders relieved the nausea of which he complained; pulse 85, and good; tongue improved in appearance. Mass. exhydrarg. grs. v.; arrow-root in addition to his barley water; injection of mucilage.

23d, six A. M. Slept well; bowels free; convalescing; pulse 80. Continue regime.

24th, six A. M. Continues to improve; stools present a dark aspect. Continue arrow-root and barley water.

25th. Condition unchanged; allowed chicken water.

26th. Doing well. Allowed chicken soup.

27th. Discharged.

3. Gastritis.—Two cases of gastritis, supposed to be produced in one patient by a cathartic and one grain of emetic tartar, and in the other by a cathartic and two emetics of the sulphate of zinc are related. These were cured by cupping and applying sinapisms to the epigastrium, rubefacients to the extremities, and gum water. The author, Dr. Charlton, is Broussaian to the back bone, and like a conscientious Christian, mindful of his oath at graduation; considers, that "as long as cases of an acute character are subjected to the 'incendiary practice,' it is the duty of every practitioner to furnish such facts as may have occurred to him." We agree with the Doctor about the furnishing of facts as they occur. We do not however, think that gastritis was brought on by one grain of emetic tartar.

4. Congestive Fever, by Dr. Dudley.—The author is opposed to the administration of large doses of calomel. He believes that by the evacuant course convalescence is more speedy, and that mercurial gangrene and chronic mercurial disease are not induced. During the remissions, he has found ten grains of calomel, combined with rhubarb or aloes very efficient.

"In from three to six hours, should there be no decided effect on the bowels, give an active dose of castor oil, and should this fail, cathartic enemata should be freely administered, till the desired effect be produced. During the hot stage, the free use of saline diaphoretics has the happiest effects in counteracting the unequal distribution of the excitement, tending to an evident mitigation of all the violent symptoms; as soon as diaphoresis manifests itself, with this view, whenever the hot stage is decidedly developed, unaccompanied by irritability of stomach and vomiting, the following prescription will prove highly beneficial. R. Antimon. tart. gr. j.; pulv. nitri. ʒss.; aq. font. ℥vi. M. ft. mist. A table-spoonful to be given every hour till free perspiration supervene. Should the inflammatory action run high, and the above prescription fail to produce the desired effect, the lancet should be called into its aid.

The writer has witnessed cases where the degree of exhaustion was so great that the patient had become pulseless, and all the ordinary precursors of approaching dissolution were rapidly developing themselves. When the exhibition of strong purgative enemata has been resorted to, bringing away copious acrid, vitiated secretions, there has been a return of pulse, and an increased strength and fulness after each discharge, and this in cases too, where a timid and cautious practitioner would dread exhaustation from purgation."

5. Fistula in Ano. *A new Instrument for operating in Fistula in Ano*, by Dr. Mutter.—It is related to the credit of Cullen that he never invented a term in Physic, and of John Hunter that he never invented an instrument in Surgery. In our opinion, neither of these deserves the least credit for what he has *not* done. No one can withhold praise from the

inventors of the lithontriptor, the coreoncion, the iriankistron, and the raphiankistron! they are master-pieces in name as well as in utility. As our art is still far from perfection, we gratefully receive every improvement of which it is susceptible.

After an interesting history of the operation, the instrument is described. It somewhat resembles the *bistouri caché* of Frere Come. Instead of terminating in a closed beak, the guard is opened at its extremity to allow the knife to be pushed forward like a stilet; the handle being so arranged that it operates as a lever, causing the knife to start from the sheath at pleasure. "It may be used in all cases of fistulas, in whatever part of the body they occur, and in phymosis; in fissure of the anu, in abscess of the fauces, in hernia, &c.

6. Case of Hepatic Abscess, by Dr. Horner.—Robert Miles æt. 54, a short, stoutly built man, whose habit of body had been impaired by attacks of sickness, had a renewal of hepatitis. A considerable tumefaction of the right side was apparent, attended with extreme pain. The descent of the liver below the right margin of the thorax, amounted at that time to three or four inches, and it formed a very conspicuous indurated swelling. Twenty days afterwards, fluctuation was perceived, which became each day more distinct, with pain and hectic fever. An incision was made through the parietes of the abdomen, and the liver brought into view. As there was no adhesion to the side, it was feared that the matter might pass into the cavity of the abdomed and produce inflammation. When the liver was stitched to the side, a trocar and canula were plunged into the abscess, and five gills of purulent matter were immediately discharged. The matter continued to flow during the night, so that three or four more gills were discharged. A bandage was put round the abdomen. On the fifth day after the operation, the patient died without any sign peritonitis.

"In twenty-two hours after death an examination was made. A recent adhesion between the liver and side had occurred immediately around the puncture of the trochar, and which along with the stitches had prevented any pus from getting into the cavity of the peritoneum. The latter membrane was entirely sound, and had no appearance of being irritated by the operation. The cavity of the abscess was collapsed very much, and contained shreds of coagulating lymph mixed with pus, amounting in all to about one gill; its parietes were lined by a membrane. The right lobe of the liver being the seat of it, the anterior half was gone, but it appeared to be rather by pressure and absorption than by dissolution, as no remains of the liver were seen in the discharges. There was no preternatural adhesion of the liver to the parietes of the abdomen, excepting what was made by the operation. The left half of the stomach was destitute of mucous coat, it having been dissolved completely, so as to exhibit the cellular coat naked. Six inches of the beginning of the colon were studded with ulcers having red, injected, and elevated edges. The small intestines were sound.

"Though life was not saved by this operation evidently owing to the exhaustion of the patient at the time of its performance, I yet consider it as illustrating the fact, that hepatic abscess may be managed by opening it, even when adhesion to the side has not occurred, provided the liver be secured in the way described, or by an equivalent process; and after a deliberate review of the case, I only regret that I did not resort to this treatment when the abscess first fluctuated."

7. Singular Case. *Case in which sand and urine were voided by the Mouth, Rectum, Nose, &c.*, by Dr. Ticknor of New-York.—We agree with Dr. Ticknor in the opinion that the patient may have practised imposition, notwithstanding that she sustained a character for genuine piety, and that she was in tolerably comfortable circumstances. Instances of imposition without apparent cause are very numerous. The case of the woman in Dublin who inserted pins into her arm, and submitted to amputation without divulging the cause of her disease, shows how far a mere desire of imposition will carry some people.

8. Purpura Hæmorrhagica.—Dr. Jackson, an able and zealous cultivator of medical science, relates a case that terminated in the usual fatal manner. The post mortem appearances are detailed with much minuteness, yet no light is thrown on the specific pathology of the disease.

9. Cerebral Affections of Children.—This is a continuation of the paper of Dr. Gerhard, which we noticed in the last number.

10. Œsophagus Forceps.—Dr. Weever, of Detroit, has invented an instrument for extracting substances from the œsophagus. The forceps are partly enclosed in a canula, and their blades may be approximated by drawing a stilet to which they are attached. The plan is similar to that of Weiss's instrument for extracting calculi by the urethra. For the forceps, Dr. Weever recommends a very ingenious substitute. A stomach tube, or in its absence a piece of wire two feet long, made into a circle of one-eighth of an inch in diameter at one end, at a right angle with the shaft of the wire. "The springs or forceps proper can be admirably constructed from the main spring of a watch, by moderately heating it in the blaze of a lamp at the points where it is intended to make the acute angle and form the internal branches."

11. Suppression of Urine.—Dr. Somervail had a patient who had been relieved of suppression of urine by a mixture of 3 grs. of

camphor and 5 grs. mur. ammon., made into an emulsion with gum arabic, which had been prescribed for a fever. Two years afterwards she was again affected with suppression and requested the same mixture; the day after it was taken, the suppression was removed, and it did not return. Four similar cases are related in which the medicine afforded relief.

12. Neuralgia.—Two cases of intermittent neuralgia of miasmatic origin, which were cured by sulphate of quinine, are described by Dr. Gillespie, of Louisa, Va. The author prefaces the cases with appropriate remarks on the impropriety of extracting sound teeth, and of using toothach drops, many of which contain acids which destroy the instruments of mastication.

Art. III.—*The North American Archives of Medical and Surgical Science.* No. II.

1. Reports of Surgical Cases, by Dr. N. R. Smith.—The first is a case of morbid condition of the spermatic cord, simulating hernia. As death seemed inevitable, an incision was made upon the cord with a view to reveal the true character of the disease, when it became apparent that "the tumor resulted from an enlargement of the cord, caused by the infiltration of serum into the tissues which enveloped its vessels." The case proved fatal, and post-mortem examination "discovered the ordinary evidences of high enteric and peritoneal inflammation."

Excision of the Astragalus. A case of this kind, which was successful, presents nothing novel.

Under the same head of Reports of Surgical Cases, we have several pages devoted to "clinical remarks on the use of the bandage," where we learn that "it was formerly no small part of a pupil's education to learn the forms, names, and application of the numerous modifications of the bandage in use. Every part of the body had its appropriate bandage, and each bandage had its appropriate name. It is true, that all this served some of the purposes of the surgeon well enough, when

'Words of learned length and thundering sound
Amaz'd the gazing rustics ranged around.'"

Dr. Smith has given us a new instrument for "extirpation of the tonsils." It will be recollected, that a few years since Dr. Physick announced a new instrument for this purpose, similar to one long since delineated by Old Heister; immediately a tonsil mania prevailed among our surgeons, and we had new inventions by J. K. Mitchell, Harris, Gibson, Matthews, Rose, D. L. Rodgers, Coxe, and others, among the doctors; and the instrument makers, not to be outdone, presented us with Rorer's, Tiemann's, Schively's, and Rose's; each one pronounced the best by their respective inventors! whilst the practical surgeons of the day looked on and smiled at these contentions, their daily experience convincing them of the superiority of the tenaculum and bistoury over all these ridiculous contrivances. Dr. Smith should have announced his instrument sooner, for it is too late to attract attention to it now.

2. Contributions to the Pathology of the Nervous System, by the Editor. Under this head, we have a detail of nine cases, with remarks. Dr. Geddings is one of the disciples of the French school of medicine; he is a close and accurate observer, but we must object to his style, which may well be called "Frenchified English." Most of the cases present but few features of interest, and they occupy twenty-one pages. We select the following case.

"*General Dropsy; cure—subsequent death from Nervous Apoplexy.*—John Gilbert, (coloured man,) seaman, aged 50, was admitted into the Baltimore infirmary, August 20, 1834. According to his own account, he had been attacked with his disease two months ago, at Rio Janeiro, where he remained in the hospital for some time without relief. He is unable to assign any cause for his dropsical condition, but he is reputed to be a hard drinker. His abdomen is enormously enlarged; his legs and arms much swollen, and remarkably firm and unyielding to the touch; pulse small; tongue nearly natural; breathing short, and very much oppressed.

"℞ Supertart. potassæ ℈ij. pulv. jalap ℈j.

"21st. The medicine has operated copiously, and he expresses himself very much relieved.

"℞ Supertart. potassæ ℥ iss.
Sulph. potass. ℥ ss.
Pulv. scillæ ʒ ij.
Tart. antim. gr. ij.*

"A tea-spoonful to be taken three times a day; to drink a decoction of the polygonum punctatum, E. ad libitum.

"℞ Massa pil. hydrarg. gr. iv. night and morning.

This course was continued until the 31st of August, the powders being intermitted every third day. During this period, the cathartic and diuretic effects of the remedies were very strongly displayed, and rapidly reduced the swelling of the body. As his mouth was now a little sore, the blue pill was omitted, and not a vestige of the dropsical condition remaining, it was not deemed necessary to continue the other remedies. With the view, therefore, of imparting strength, and overcoming any chronic visceral affection which might exist, he was directed tinct. muriat. ferri gtt. x. three times a day, and to use the following ointment upon the abdo-

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* Eberle's Practice of Medicine, vol. 2, p. 449.

men, in the form of frictions: ℞ Iodini ʒss. hydroid. potass. ʒi. unguent. merc. fort ℥i. m. ft. unguent.

"From this time forward he continued perfectly free from his dropsy, and although his convalescence was slow, nothing indicated a recurrence of the disease, or excited any apprehension that he would not gradually regain his health. After continuing to improve for about three weeks longer, he was suddenly attacked, without any manifest cause, with a violent determination to the head, amounting almost to complete apoplexy—laborious respiration, which afterwards became stertorous, great embarrassment of the heart and general circulation, and impaired sensibility. These symptoms continuing to increase, his insensibility became complete, and his respiration and circulation more disturbed, and he finally died of all the symptoms of the apoplectic state.

"His body was carefully examined, as well with the object of ascertaining, if possible, what had been the cause of the dropsy, as determining that which occasioned his sudden and unexpected death.

"When the cranium was opened, no extravasation of blood was found within, and the only evidence of disease which existed, either in the brain or its membranes, was slight injection of the minute vessels, and some serous effusion within the arachnoid membrane.

"The thorax was next examined with great care, as a suspicion had been entertained of some organic lesion of the heart. The only pathological states of that organ, however, that could be discovered, were, some hypertrophy of the left ventricle; a slight thickening of the semilunar valves of the aorta, and the development of a small nodule of ossification upon one of the limbs of the mitral valve—all too inconsiderable to have occasioned much embarrassment of function. The lungs were healthy, as were likewise their serous coverings.

"On opening the abdomen, the liver and spleen, contrary to expectation, were found almost entirely healthy. The peritoneum exhibited no evidences of disease, and no water remained either within this cavity or the thorax. The mucous membrane presented some evidences of chronic villous inflammation, and that of the small intestines, particularly the ileum, furnished some appearances of chronic inflammation rendered acute, and was occupied by a few ulcers of limited extent.—(*Reported by Mr. S. G. Baker.*)

"These were all the marks of disease that could be discovered by a careful autopsic examination. It must be confessed, that no one of them, or even the whole taken collectively, can be scarcely considered sufficient to account either for the dropsy, or the sudden death of the individual. To what occasion then should the apoplectic symptoms be referred? Any opinion offered upon this point must of course be conjectural, in the absence of positive evidence. Yet, if we bear in mind what takes place in many nervous diseases—in epilepsy, for example, hysteria, tetanus, &c in which the symptoms denote a strong affection of the nervous centres, yet in which, dissection often furnishes no indications of disease in those organs, we may infer, with much plausibility, that there was, during the life of the patient, a violent determination of blood to the brain, occasioned, no doubt, by a state of active erethism of that organ, but that as soon as this latter condition was rendered extinct by death, there being no longer any cause to invite the fluids to that point, the vessels emptied themselves, in virtue of their elasticity, so as to leave but few traces of disease behind. The condition may, indeed, be regarded as constituting a true state of *nervous apoplexy*, and the case only differing from an ordinary one of that disease, in the absence of the extravasation of blood, which constitutes one of its most striking concomitants."

Several cases of tetanus are also given, and the concluding observations of the editor are judicious and interesting.

3. Contributions to Ovarian Pathology.—We have three cases of ovarian disease related; the first by Dr. Hintze, of an ovarian cyst which contained, by measurement, upwards of twenty-three gallons of fluid. Dr. G. remarks, that this enormous cyst is now in his possession; it is nearly spherical in shape, and its walls, which possess considerable thickness, are of a compact, fibrous structure.

The second is a case, by the Editor, of a large ovarian tumor terminating in suppuration.

The third and last case, by J. W. Greetham, M.D. of Baltimore, is one of ovarian tumor, in which was found a fragment of bone surmounted by five molar teeth. The Editor has appended to this case "references and remarks," wherein we have a learned account of similar cases reported by others, and with many of which our readers are familiar.

4. Nux Vomica in Dysentery, by the Editor. Dr. Geddings states, that he has repeatedly met with cases of dysentery, during the autumnal months, which were exceedingly unmanageable, in consequence of the advanced stage of the disease, and the irregular habits of the individuals admitted into the Baltimore infirmary. Foiled of success, and discouraged by the general result of the remedies employed, he was induced to make trial of the nux vomica.

"We commenced at first by administering the nux vomica in powder, in doses of seven grains, three times a day, as recommended by Vaux, of Ipswich, England. In one individual to whom the article was administered in this form, the good effects were prompt. The griping, tenesmus, and frequent calls to stool

were speedily checked; the discharges became natural, and the patient, who had suffered much, and had failed to obtain relief from the treatment previously prescribed, expressed himself delighted with the remedy. It was also beneficial in other cases, as were the alcoholic extract of Pelletier, administered in doses of two grains, three times a day, and the strychnia, given in form of an acetate, in doses of one-twelfth to one-sixth of a grain, formed by dissolving the strychnia in acetic acid. Our comparative trials of the different preparations of the article, have as yet been too limited to enable us to decide which deserves the preference; but we are inclined to prefer the powder, and next to that the extract. It will perhaps be beneficial to combine with whatever form is employed, a small quantity of opium, or some of its preparations.

"The good effects of nux vomica, in several of the affections of the mucous membrane of the digestive organs, have long been known, but it is highly probable, that the remedy has not been as generally employed as it deserves. Hagstrom, a Swedish physician, was, we believe, the first who recommended it in dysentery, and his testimony in its favor was of the most flattering character. The celebrated Hufeland states, that he derived great benefit from it in the treatment of epidemic dysentery; and Thomann remarks, that he has seen it effectual in allaying the tormina, and abating the inclination to go to stool. Richter observes, in reference to the efficacy of this remedy in dysentery, that the extract, like opium, tends directly to allay the irritation of the alimentary canal, and subjoins that combined with the article just mentioned, it proves beneficial where opium alone fails to do so. The following is the form in which he administers it:—

℞	Extract, Nucis Vomic.	℈ss.
	Mucillag. Gum. Mimos.	℥i.
	Aqua Font.	℥vi.
	Syrup. Althæ,	℥i.

"M. S. Two table-spoonsful every two hours.

"By Most, a recent writer, this article is especially recommended in what he denominates *pituitous dysentery*, and he remarks, that when the disease is protracted, the article may be administered in the following form for several days in succession, with great advantage.

℞	Nuc. Vomic.	ʒi.
	Infunde in aqua ferv.	qs.
	Digere per ½ hor. ut reman.	℥vi.
	Col. adde Tinct. Opii Simp.	℥ss.

"M. S. A table-spoonful every two hours.

"We find the following very flattering account of the efficacy of nux vomica in dysentery, in Armstrong's lectures, recently published. 'A friend of mine, Mr. George Vaux, of Ipswich, has tried a remedy for sixteen years, in about two hundred cases, (*i. e. in dysentery*,) and the result has been so successful, and so remarkably uniform, that I feel it my duty to mention the treatment here. This gentleman gives in dysentery, or inflammation of the mucous membrane about the colon, seven grains of nux vomica thrice daily. It neither purges nor constipates, but removes the inflammation, and healthy evacuations follow. Mr. Vaux, who resides in London, bears similar testimony to the value of the remedy, and I strongly recommend it to your notice. I shall certainly try it in the next case I meet with. It seems to operate as a sort of specific.'

"By Frisch, a German physician of celebrity, the remedy is highly recommended. He remarks, that in those forms of diarrhœa, dependent upon a subacute inflammation of the mucous membrane of the intestines, which are attended with frequent discharges of tenacious mucus, and much griping and tenesmus, no remedy is so effectual as nux vomica. Its efficacy in diarrhœa, has also been testified by others. In a case of chronic diarraœa, in an individual of a nervous temperameut, Professor Recamier administered the alcoholic extract of nux vomica, in doses of one-eighth of a grain, with complete success, after various remedies had been resorted to ineffectually.

"From these remarks it will be seen, that the remedy is at least deserving further trials. To expect it to perform the part of a specific would be an absurdity, nor would it be reasonable to expect much from it in the acute stage of dysentery. But after suitable depletion, and especially, when the disease is verging upon a chronic form, we doubt not it will be found useful."

ANALECTA.

PATHOLOGY.

On *Angina Coriacea, and its Treatment.* By M. E. Gendron.) *Archives Générales, November* 1833.)—This affection, described under the titles of *Palato-pharyngitis, Angineécouenneuse, Angine pseudo-membraneuse Angine pultacèe, Angine caseiforme,* and plastic *angina*, is of the same nature as

croup, consisting, like it, of a species of inflammation, attended with the production of false membranes.

The one, however, must not be confounded with the other, as, though the species be the same, the seats of the disorders are different. Dr Gendron. in a memoir published in the *Archives Générales*, after noticing the views of Home, Royer-Collard, and Bricheteau, Lewis, and others, and other writers on croup, acknowledges, that at one time he was of opinion, that there were numerous essential differences between the two diseases, but that new observations have caused him to alter his opinion.

Sometime before the publication of Bretonneau's treatise on malignant *angina*, to which he gave the name of *diphtheritis*, M. Gendron made known to the Medical Society of Tours, the advantage which attended the topical application of the nitrate of silver in *Angina coriacea*; a practice which he was led to adopt by a consideration of M. Bretonneau's success in cauterising with hydrochloric acid the membranes affected with croup On the affection for which he conceives this treatment to be so effacacious, he has still further reflected; and the results of his reflections and observations we now lay before our readers.

The epidemic *angina* which reigned in the canton of Chateau-Regnault presented this peculiarity, that in this town the sore throat existed without complication or coincidence of scarlatina; whilst in the towns six or twelve miles distant, the two diseases existed simultaneously in many individuals during the first three months of its appearance. From the different symptoms observed during its prevalence, M. Gendron divides this epidemic into two distinct periods.

In the first, the disease appeared in the country complicated with scarlatina, and raged particularly among children.

In the second it attacked, indiscriminately children and adults, but more particularly the latter, and the *exanthema* became more rare.

At the first period among children, the *pharynx* was found injected, the tonsils swollen, and the *uvula* inflamed; some whitish points, like little aphthæ, lined the inferior part of the *pharynx*, the tonsils, and the *uvula*; at a later period, that sort of aphthæ increased, and invaded, under the form of white pellicles, all the *pharynx*. The mouth was filled with a viscid matter, the breath became fetid, deglutition was impracticable, and frequently liquids returned by the nose; the Schneiderian member secreted mucous matter; respiration was difficult and whistling, and the voice was nasal; anxiety, a desire of frequently changing place, and of going into the open air, as it were, for the purpose of breathing more freely, appeared, cough ensued, and the little patient soon perished. Called sometimes at the beginning, M. Gendron saved several children, by arresting the rapid progress of the symptoms; but frequently art was unavailing though treatment was adopted in the first moments of the disease.

At the second period of the epidemic, which it is M. Gendron's object especially to discuss, the *angina* attacked adults in preference. In some he observed slight shivering, fever more or less strong, and vomiting. But in all, the local symptoms were at first, difficulty of swallowing and pain in the *pharynx*, which, however, shows nothing remarkable. In less than twelve hours the symptoms are aggravated; then redness, more or less vivid, in the *pharynx*, tonsils, and *velum-palati* appears, and small white membranes are developed. which successively invade the tonsils, *uvula*, and *pharynx*, The false membranes frequently commence on the tonsils, and then extend one after the other, becoming black in some places, and exhibiting an appearance which is called gangrenous. It is undoubtedly this form of the disease which has given it the name of gangrenous *angina*; though what the author of the treatise on *diphtheritis* calls by this name is a variety of *angina-coriacea*, commencing in the back part of the mouth, and extending to the air-passages, with a train of severe symptoms.

At a more advanced period of the disease, some patients preserve the power of swallowing with sufficient ease, while others can, with difficulty, take a little liquid. Most of the patients have sunk, some with symptoms of slow *asphyxia*, others with symptoms of cerebral congestion.

It is very difficult to determine the special nature of this disease, which accounts for the difference of opinion on the subject. M. Gendron conceives, that at first there are only the ordinary characters of inflammation, then redness and swelling of the tonsils, which are the principal seat, or, at least, almost constantly tho origin of the disease.

The apparently trifling nature of the symptoms prevents the attendants from always recognizing the dangerous nature of the affection; and thus assistance is often not requested till the false membranes have invaded the *larynx*. The progress of the disease is then insidious. It is seen developed in catarrhal constitutions, assuming the characters of a cold, and all on a sudden presenting the suffocative symptoms of croup; and commonly more than one have fallen victims to it before it attracts attention. The practitioner cannot too much distrust those slight catarrhs; whether they commence with *coryza*, or slight pain in the throat, and a little difficulty in swallowing, which last symptom, indeed, is sometimes wanting. There are also periods of remission.

Sometimes the most frightful symptoms present themselves at night, and disappear in the day; but in spite of this remission, the false membrane continues to extend,

at least unless its developement be impeded. M. Gendron has seen in patients whose tonsils he has scarified or cauterised, the first symptoms so suspended as to give ground to hope for a speedy cure; and yet afterwards they presented the symptoms of the third periods,—that is, of laryngeal croup.

M. Gendron asks whether scarlatina, which complicates the disease, has the power of modifying and preserving to it distinct characters, of a nature more decidedly inflamatory.

M. Gendron believes in the propagation of the *Angina coriacea* by contagion.

M. Gendron's experience has led him to adopt the following treatment. If called at the commencement he often applies leeches to the neck, even when little false membranes are formed on the tonsils, provided they be not of long standing. But if the false membranes have existed for some days acknowledging the inutility of leeches at the second period, he applies the nitrate of silver to the diseased parts. He knows of no means of treatment more efficacious than this. Cauterizing by acids is inconvenient, and is not so efficacious as that by nitrate of silver; and he is confirmed in the use of the latter by his having frequently used it in syphilitic affections of the throat at the Hospital St. Louis.

At the same time that M. Gendron used this method of treating *Angina coriacea.* Drs. Mackenzie, Brown and Balden proved its efficacy in *pharyngitis* and *laryngo-tracheitis coriacea* terminating in croup. M. Gendron has also more than once convinced himself of the truth of a phenomenon said to be caused by nitrate of silver, to which the attention of physicians was called by the observation of Dr. Trousseau, and the experiments of Dr. Bennati, viz. the sudden improvement of the voice after the application of the nitrate of silver. Aluminous lotions and the blowing in of the powder of alum are also somewhat useful. In calomel he has little confidence.

At the the third period of the disease there is only one chance, and that is the operation of tracheotomy. In the hands of M. Bretonneau it has succeded four times in twelve; but it is well always to warn the relations of the degree of confidence usually placed in it, that no reflections may be thrown on the operator afterwards.—*Edin. Med. and Surg. Journal.*

Homœopathic Experiments. By M. Andral.—(*From the Bulletin Generale Therapeutique, May* 1834.)—M. Andral at the Hopital de la Pitie, has been putting to the test of experiment the homœpathic doctrine since November. These experiments are not yet concluded, but we shall give the results as far as they go, which are quite conclusive against the views of Hahnemann. M. Andral treated the patients submitted to homœopathic strictly in accordance with Hahnemann's principles. The symptoms were combated by medicines, the special properties of which were pointed out by the German physician, and which, to insure the greatest exactness, were made up at the establishment of Guibourt, to which the homœopathic physicians send their patients. The regimen was carefully watched, and was altogether in accordance with that recommended by Hahnemann. It was composed of broth without salt or vegetables, of paps or of milk potages, and when the patients could eat, they were allowed bread and wine, meat which had served to make broth, and roast, rarely fish. Vegetables were never given to them, nor was any of their food seasoned. For drink they had sugar and water. During the treatment all external medication was interdicted. It is impossible with all these precautions, not to have sufficient *data* to judge of the doctrine, especially when the facts are so numerous, and the physicians so acute. The facts were collected with the most minute attention by M. Vernois, one of the *internes.*

In fifty-four applications of the homœopathic treatment eight patients alone derived any benefit, which continued without the use of any other plan of treatment, and forty-six were as bad some days after the administration of the globules as before. It ought, however, to be mentioned, that the state of seven of them was slightly ameliorated on the morning after they took the medicines. But what were these cases? The first was a case of intercurrent pain, which had existed for some days; the second was a case of *angina;* the third one of rheumatic pains; the fourth, intercurrent cephalalgia in a phthiscal patient; the fifth was a case of stunning in a man subject to cerebral congestion; the sixth a case of diarrhœa following constipation; the seventh one of rheumatism at the 18th day; and eighth, a case of a slight pain which came on during chronic *gastro-enteritis.*

The medicines employed by M. Andral, were *aconitum, ernica, belladonna,* bryony, camphor, camomila, *colchicum ipecacuanha hyoscyamus, opium,* soluble mercury, *nux-vomica,* metallic lead, *Pulsatilla nigricans,* and tin.

From the month of January M. Andral treated thirty-five patients on homœopathic principles. Of these, eighteen were men, and seventeen women. Five were submitted to the *aconitum,* four to the *arnica,* five to *belladonna,* five to bryony, one to camomile, three to colchicum, three to hyoscyamus, one to opium, two to soluble mercury, three to *nux-vomica* one to lead, and two to the *Pulsatilla nigricans.* We throw the results, &c. into a table.

Case	Medicinal Substance.	Disease.	Predominant Symptoms.	Effects.
1	Aconitum, 24th dilut.	Gastritis.	Intense fever.	2 pulsats. less in the 24 h. & variola in morning.
2	do.	Intense quotid. fever	Impulse of the heart.	None.
3	do.	Acute amygdalitis.	Intense fever.	Lowering of the pulse, & dimin. of the disease.
4	do.	Tubercles.	Frequency of pulse.	Diminution of the pulse.
5	do.	Acute arthritis.	Do.	Severe headach.
6	Arnica, 6th dilut.	Pulmon. tubercles.	Violent stunnings, (*violens etour dissemt.*)	None.
7	do.	Cerebral congestion.	Strong stunnings.	The patient declared himself immed. relieved.
8	do.	Dropsy of pericard.	Stunning & vertigo.	None.
9	do.	Dysmenorrhœa and chronic gastritis.	Most inten. headach.	No immediate effect, amelioration, 3d day.
10	Belladonna, 24th dilut.	Hemiplegia.	Disturb. of vision.	None.
11	do.	Bronchitis.	Obstinate cough.	Do.
12	do.	Do.	Do.	Do.
13	do.	Affect. of optic nerve.	Considerable disturbance of vision.	Do.
14	do.	Affection of heart.	Stunning.	Do.
15	Bryony, 30th dilut.	Intermittent fever.	Wandering pains.	Do.
16	do.	Hypertro. of heart.	Severe pain in the *epigastrium.*	Do.
17	do.	Acute arthritie.	Pain in the shoulder	Do.
18	do.	Pleurodynia, bron.	Cont. fits of coughing	Do.
19	do.	Chron. gastro-enter.	Severe pain in left knee and shoulder.	Do.
20	Colchicum, 15th dilut.	Acute arthritis.	Severe pain, with redness and swel. of the two wrists.	Diminution of the pains.
21	do.	Lumbago.	Viol. pains in loins.	None. Patient was bled.
22	do.	Pulmon. tubercles.	Not on the left side	Diminution of pain.
23	Hyoscyam. 12th dilut.	Do. do.	Violent cough.	None.
24	do.	Bronchitis pleuritis.	Do.	Do.
25	do.	Bronchitis	Do.	Do.
26	Soluble mer. 6th dilut.	Mercurial tremb.	Of the superior and inferior members.	Do.
27	do.	Syphilis & ulcerats.	Of glans.	Do. Ulceration increased, destroyed frœnum, and was stopped only by mercur. oint.
28	Nux vomica, 24th dilut.	Dysmenorrhœa and chronic gastritis.	Severe difficulty of breathing.	Do.
29	do.	Do.	Dyspepsia.	Do.
30	do.	Amenorrhœa.	Desire of vomiting.	Do.
31	Pulsat. nigr. 24th dilut.	Chron. gastro-enter.	Diarrhœa.	More sensible.
32	do.	Chronic gastritis.	Colics & Diarrhœa.	None.
33	Camomile 12th dilut.	Diarrhœa.	Without Colic.	Do.
34	Opium, 6th dilut.	Affect. of the uterus, and of the heart.	Obstinate constipat.	Do.
35	Metal. lead,	Obstinate constipat.	For eight days.	Do. The constipat. yielded to purgatives.

From the above facts, it would appear that the homœopathic plan of treating diseases is totally inert, and can be useful only as a *placebo* to hypochondriacs and nervous women, by relieving them from swallowing the manifold drugs with which they think it their duty to burden their stomachs.—*Ibid.*

MEDICAL INTELLIGENCE.

1. *To the Members of the Legislature of the State of New York.*

A printed circular having been received by us, in reference to the proposed plan of a State Asylum, for insane paupers; and it being a matter in which we very naturally feel much interested, so far as regards the interests of our profession and the public good; we shall take the liberty of addressing you upon the subject.

Doubting as we do, the expediency, as well as the propriety of the proposed institution, and believing that this circular is calculated to operate on your feelings rather than your judgment, we feel ourseives bound as public journalists, to bring the subject fully before the public and the profession.

For this purpose we publish the circular entire, together with such comments as may have a bearing upon the question; and which we flatter ourselves may aid your honourable body in your deliberations upon this highly important subject.

CIRCULAR.

The Governor of this State, in his last message to the Legislature, recommended the erection, at the expense of the State, of an Asylum for Insane Paupers. A select committee, of which A. J. Parker, Esq. was chairman, made an able report, in which after a full examination of the facts, they came unanimously to the conclusion,to recommend the erect on of the Asylum. The report was made rather late in the session, and was not acted on; but five thousand copies were printed for the purpose of "scattering them through the State, that the members might come to Albany, next winter acquainted with the wishes of their constituents." The language of this report, and of other documents is freely used in the succeeding paragraphs.

From a report to the Secretary of State, it appears that six hundred and two lunatics were supported, in the year 1833, in the several poorhouses in this State. "They are generally confined in cells, or separate rooms provided for that purpose. Their security and the protection of those around them, against any attacks from such as labour under the fury of maniacal madness, seem to be the *governing objects* in the accommodations provided."

The comfort and cure of these friendless outcasts, is not the aim of the provision made for them; and the facts which are developed by actual scrutiny, in *other States*, lead to the apprehension that, withdrawn from the public eye, these poor maniacs are forgotten; and that, unknown and unpitied they are subjected to extreme suffering.

In New-Hampshire, a committee, appoined by the Legislature to investigate this subject, report, "that one deranged female had been confined in a prison, without a fire, till her feet were so frozen as to require amputation. Another, in consequence of long comfinement in a contracted upper apartment, grew double, and now walks on her hands and feet. An individual, a few years since in easy and pleasant circumstances, having become deranged, is now confined and fed in a kennel, like a wild beast. These are extreme cases, the committee admit; but the returns, taken together, present a mass of extreme and unmitigated suffering."

In Massachusetts, in one prison, a lunatic was found, "in a cheerless cell, without clothing, without a bed, and even without a bench whereon to rest his weary limbs. A heap of filthy straw, in one cornor of the room marked the place where he was accustomed to throw down his naked and long-neglected person for rest. In this situation, friendless, companionless, comfortless, he had worn away *nine* weary years. In another, in which were ten lunatics, two were found about seventy years of age, a male and female, in one apartment in an upper story. The female was lying on a heap of straw, under a broken window; the snow in a severe storm, was beating through the window, and lay upon the straw around her withered body, which was partially covered by a few tattered garments. The man was lying in the corner of the room, in a similar situation, except he was less exposed to the storm. The former had been in this apartment *six*, the latter *twenty-one* years."

"One poor lunatic was found in an apartment which he had occupied eight years, leaving it but twice during this period. For eighteen months, the door of his room had not been opened: his food was handed to him through a small orifice: no fire had warmed his dreary apartment; and cold and suffering had so disfigured his appearance, that you could hardly deem him human."

These long-continued and deep sufferings in the midst of the humane and enlightened citizens of New-Hampshire and Massachusetts, indicate that a similar scrutiny would disclose unthought of distress in many counties in this State. The Insane pauper is often regarded with fear and horror, sometimes with contempt and ridicule: rarely as a fellow-man, visited with the heaviest calamity which can befal a human being, and who has every claim to compassion and sympathy and relief. Forgotton by friends and the public, a source of constant trouble and annoyance to the keepers and the inmates of the poorhouses; subject oneglect or ill treatment; without suitable accommodations, or medical aid adapted to his condition; "estranged from every comfort by which man is sustain-

ed in the hour of affliction; and without the consolations of friendship, or the relief afforded by religion; the confined maniac is "an object of unmixed compassion, and demands that relief which the public owe to the destitute members of the community."

Can the recovery of lunatics, placed in circumstances like these, be expected? On the contrary, in such a state of friendlessness and sorrow, "mental disease gradually fastens more firmly on its victim, until it becomes *incurable.* What was at first but the wandering of the intellect, is succeeded by the fury of the maniac and the sullen despondency of *incurable* mental alienation."

It is most deeply to be deplored, that, in the State of New-York, such, for a single year, should be the situation of six hundred "sufferers from a disease the most terrible, without the means which can alone contribute to their cure. Obvious as is the cruelty of such treatment it is still more obvious from the fact than an early attention to mental disease affords the most certain means of cure." It is says the report, "now satisfactorily established, that deseases of the mind yield even more readily to medical treatment, than those of the body; and that, in cases of insanity, *nine-tenths* may be restored to the full enjoyment of mental faculties by the early application of judicious medical treatment. In the retreat in York, England, forty-seven patients admitted within three months after the first attack, (from which three are to be deducted, who died of complaints under which they labored,) forty were restored to their friends, recovered. In the Connecticut retreat, at Hartford, of the chronic cases, *one half*, and of the recent cases,, no less than *nine tenths*, have been entirely restored."

"Massachusetts is the only state which has made full provision for the poor and friendless maniac." The hospital at Worcester is one of the noblest trophies of public benevolence. The poor-houses and prisons no longer contain these outcasts from society; filth, negligence and misery, are exchanged for neatness, attention and comfort. The unconfined breezes of summer and the well warmed apartments in winter, secure them health and comfort. "The physician of the hospital treats the insane with respect and tendernes; and the order and harmony of the institution, show with what prudence and skill he controls their wayward minds." The effect of kind treatment and skilful discipline upon the *incurable*, is striking. "Many who were the most furious madmen, howling night and day, tearing into shreds the garments which were brought near them, and literally wallowing in filth, are now clean in person, and submissive to a system of mild and decided authority."

The alleviation of their sufferings is indiscrible; and, in many cases, the poor maniac is keenly sensible of his former wretchedness and present comfort. "One man, who had passed many weary years in a cold and dismal cell, without a bed, without a garment without a coat to warm his shivering limbs unwashed, unshaven, is now an occupant of one of the comfortable chambers of this hospital. Neat in his appearance, and comfortably clad, he could scarcely be recognized as the furious maniac he has exhibited himself in times past. Being one day asked, "if he did not find his present situation more comfortable than the one he had left," he replied with the most emphatic utterance and gesture, 'Oh that was hell—this is heaven!"

Not only will a hospital thus contribute to the cure of so very large a proportion of the insane, and relieve the unutterable sufferings of the incurable; but, in the opinion of the committee, it is desirable to the State in point of economy. The expense of supporting six hundred and two insane poor, they estimate, would be less than is now incurred at the poor-houses; and that by the cures, which would average thirty-five per cent. there would be an annual saving of more than fourteen thousand dollars to the State.

Nor ought the relief which the removal would afford to the sick, the aged, and to all classes whom penury has driven to the poor-houses, to be forgotten.

This object requires nothing but the attention of the wise and benevolent, to be accomplished. It is now presented to you, to engage your influence and co-operation to procure the passage of a bill, similar to that which was last year unanimously submitted by the committee, to the legislature. No class of sufferers present such claims upon your compassion, as the insane poor. "Subjected, say, the committee, to the double ills of poverty and mental derangement, and utterly incapable of providing for the removal of either, their helpless condition and deep misery appeal irresistibly to our sense of justice as well as to our sympathies, and demand that relief which the public owe to the destitute members of our community."

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The amount of all that is stated in the above circular, when condensed, is this, that the insane paupers are at present wretchedly provided for. and attended to in the state of New York; and that it is consequently necessary to erect a State Lunatic Asylum.

To support the gratuitous assumption, they travel over the states of New Hampshire and Massachusetts, and speak of the deplorable condition of their insane paupers, when they should have produced the proof within the boundaries of our own state.

If a committee should be appointed by your honorable body to inquire into the actual condition of the insane poor of this state, we will venture to say that it would compare with, and even excel any state of the Union. Each county has, or will soon have its county Alms House. Belonging to these establish-

ments there is more or less land for agricultural pursuits; and there is also attached to them some respectable physician. As the treatment of the few chronic cases in these institutions is mostly moral, instead of being medical, those who are harmless are required when it is deemed proper, to assist in whatever labour is to be performed; and those who are violent, are confined in suitable apartments, and well fed and clothed.

The largest number of insane paupers collected at any place in the state, is at the Bellevue Hospital, attached to the Alms House, in the city of New York. Every one who visits the institution observes the neatness in which it is kept, and the ability with which they are managed by the Physician and Superintendant. But a still better provision is in contemplation for them; the Common Council having determined to erect a separate building for their accommodation, upon Blackwells Island. So much for the provision made for the insane poor in our state.

In addition to these county Alms Houses, we have two good institutions for the treatment of Lunatics, not even alluded to in the circular, one at Bloomingdale, with a donation of ten thousand dollars from the state; the other at Hudson. The latter we understand, is conducted upon true republican principles, viz. private enterprise, without any exclusive privileges. Although these two institutions are chiefly intended for pay patients, a large number of the insane poor have been treated in them; and numerous interesting cures have been effected. As these Asylums but barely meet their expences, we should suppose that the state would extend to them a fostering hand, rather than "restrain the free arm of private enterprise with the shackles of a withering monopoly."

We will now pass to the consideration of the argument in favor of a State Lunatic Asylum. In support of this opinion, the hospital at Worcester, in Massachusetts, is spoken of in high terms of commendation. But it should be recollected that the population of Massachusetts is only about one fourth that of New York. While therefore an institution with only two or three hundred might be well conducted, it does not follow that an institution with eight hundred or one thousand, would be as well managed. In our opinion this is the most serious objection to a State Lunatic Asylum. If one lunatic is capable of creating so much noise, terror and confusion; it is not very easy to estimate how much would be made in a Bedlam, where one thousand were collected together. It should be borne in mind also, that our population is increasing rapidly; and the tendency of so great a number of insane assembled together, would undoubtedly be to aggravate each others maladies. We trust we shall never see such an accumulated mass of human misery in our state; it is enough to see them by hundreds, without being still more shocked by thousands. A body of lunatics cannot be brought into that state of discipline that a body of rational beings can be subjected to; neither are they as responsible for bad behaviour.

The greater the number, therefore, that are assembled together, the more difficult is it to manage them; and the tendency of all such large Asylums would be undue severity in treatment.

It is alledged also in the above circular, that a hospital is desirable to the state, in point of economy; and it is supposed that there would be a saving to the state of about fourteen thousand dollars. This we are satisfied is also incorrect. For when we estimate the expense of erecting so large a building, the interest upon that sum, and the annual expences of the establishment; more than fourteen thousand dollars would be added to the expenditures, instead of being saved to the state.

If then the erection of a State Asylum is such a wild, utopian scheme, it may be asked what is the true policy of the state.

In our apprehension it is simply this. Let *each county* attend to its insane paupers.

Let the commissioners of the poor see that the chronic or incurable cases are comfortably provided for, at the County Alms Houses and let them send the recent or curable cases to the Bloomingdale and Hudson Asylum to be cured. As there would be on an average about twelve in each county, they could be well attended to, and kindly managed. Nine tenths of the recent cases would be cured; and consequently the expences of each county would be gradually diminished. Such a course would be more in accordance with the spirit of our republican institutions, it would not encroach upon the rights of private citizens; and it would also conduce more to the comfort and restoration of the insane pauper.

We conclude our remarks, by appending the following from the Evening Post, without comment.—*Eds. U.S. Medical and Surgical Journal.*

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"We have received a copy of a circular letter on the subject of a recommendation made by Governor Marcy to the legislature, at its last session, that an Asylum for Insane Paupers should be erected, at the expense of the State. A select committee was charged with the subject, which reported favourably on the project; but the legislature adjourned without acting upon it. We trust they will adjourn again without acting affirmatively on any such scheme.

The taking care of the insane is no part of the business of the state government. The erecting of such an Asylum as is proposed, and the appointment of the various officers to superintend it, would be placing a good deal more power—where there is already too much into the hands of the state executive, to be used honestly or corruptly, for good or evil, as these qualities should happen to predomi-

nate in his character, or as the temptations to use his official patronage for his own agrandizement or profit might be strong or weak. We are continually suffering, under one pretence or other, these pilferings of power from the people.

The circular to which we have alluded appeals strongly to the sympathies of its readers. It presents a deplorable and harrowing picture of the miseries endured by insane paupers in the poor-houses of Massachusetts and New-Hampshire, and intimates that their condition is no better in many counties of this state. If this is so, the evil ought to be investigated and remedied; but not in the method proposed, by the erection of a splendid state Asylum. The people ought not to suffer their judgement to be led away by their sympathies. They cannot be too jealous of the exercise of unnecessary powers by the state government. The nearer they keep all power to their own hands, and the more entirely under their own eyes, the more secure are they in their freedom and equal rights.

We would have destitute lunatics taken care of, but not under the charge or at the expense of the state government. It ought to be one of the leading objects of the democracy of this country for many years to come to diminish the power of the general and several state governments, not to increase it. On the subject of legislation for paupers they ought to be particularly vigilant. In nine cases oul of ten, and we believe we might say ninety-nine out of a hundred, poor-laws make more poverty than they alleviate. If the reader has ever employed himself in tracing the history of the poor-laws in England, he will not require any proof of this assertion; if he has not, he could scarcely turn his thoughts to a subject more rife with matters of serious interest.

Lunatic paupers ought certainly to be taken care of. Both charity and self-protection require this. But we would remove this guardianship as far from government as possible. Each county should certainly provide for its own; each township would be better, and if it were practicable to narrow it down to the kindred of the insane persons, it would be better still. As a general rule, all public charities, except for the single purpose of promoting education, are founded on erroneous principles, and do infinitely more harm than good. See that the people are educated, and then leave every man to take care of himself and of those who have a natural claim on his protection. We have many large charities in this community, founded on the most amiable and benevolent motives, that annually add very largely to the sum of human misery, by ill-judged exertions to relieve it.

The picture of the wretched condition of lunatic paupers, as presented in the circular before us, is certainly very touching, but legislators must not be blinded by tears to the true and permanent interests of man. They must let their feelings of commisseration take counsel of the better judgment. They must look at the subject in all its bearings and aspects, before they saddle the people in their collective capacity with another tax, and place the revenue so instituted at the disposal of an executive officer, who may expend it with a view to advance his private ends.

We have said that the account given of the sufferings of these pauper lunatics is touching; yet it would be as easy to draw as touching a picture, and as true, too, of the sufferings of sane paupers. Indeed, with many, what a horrible aggravation to their sufferings their very sanity must be,

"Which but supplies a feeling to decay!"

The lunatics are by no means the most unhappy class of paupers, as a class. Insanity comes to many as a friend in their deepest affliction, to mitigate the tortures of a wounded spirit—to

Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain,
And, with a sweet oblivious antidote
Cleanse the stuffed bosom of the perilous stuff
Which weighs upon the heart.

Those who are sick and desolate; who have fallen from a high estate—fallen by their own folly, perhaps, and therefore experience the gnawings of remorse, or fallen in consequence of the ingratitude or treachery of others, may easily be supposed to experience keener anguish than the demented inmates of the same abode; since the worst pain man suffers has its seat in the mind, not in the body; and from that species of affliction the crazy are exempt. If this scheme of a grand state lunatic asylum should be carried into effect, we see no reason why next we should not have a grand state poor-house, for the reception of all paupers who had not lost their wits. Other large state charities would probably follow, and one abuse of government would step upon the heels of another. The system is all wrong from beginning to end. *We are governed too much.* Let the people take care of themselves and of their own sick and insane, each community for itself. Let them, above all things, be extremely cautious in surrendering power into the hands of the government, of any kind, or for any purpose whatever, for governments never surrender power to the people. What they get is theirs "to have and to hold," aye and to exercise too, to the fullest extent, nor is it often got back from them, till their grasp is opened with the sword.

Our remarks are cursory and loose, perhaps as this article has been written in the midst of more than usual interruptions. Let the reader not thence infer, however, that we have taken ground on this subject hastily; for such is not the fact. The plan recommended by Governor Marcy last winter, has frequently occupied our thoughts, and in every light in which we have viewed it has ap-

peared to us to deserve the opposition of the democratic members of the legislature. We are for giving as few powers to government as possible, and as small an amount of patronage to dispense. Let the aristocracy advocate a strong government; we are for a *strong people.*"

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2. Claim of British Surgery,

to the first successful ligature of the Common Iliac Artery.

We have recently seen in the October number of the Medico-Chirurgical Review, a letter from Dr. Mott of our city, to the Editor, in which he claims the correction of an erroneous statement respecting the *first successful* ligature upon the common iliac artery. Zealous for the rights of our country, we conceive that we are bound to express our opinion upon the occurrences which are connected with the letter in question, "whereby hangs a tale." We beg our readers to bear with us, while we lay before them a succint statement of facts, to which many are doubtless, perfect strangers.

On the 15th of March 1827, Dr. Mott ties, for the *first time*, the *common iliac artery* of the right side, *for an aneurism;* the patient gets well, and on the 20th of May following, comes to see the Doctor in New-York, from a distance of twenty-five miles. (The man is still living, Dec. 1834.) The case was published in the Am. J. of the Med. Sciences for May 1828.

Subsequently it is copied into the Medico Chirurgical Review, and preceded by these words, "this operation, which throws into shade every other of the kind yet placed on record, has recently been performed *with success* by one of our transatlantic brethren."

In the year 1830, Mr. Guthrie, an army surgeon of distinction, now a surgeon to St. George's Hospital, and to the Westminster Eye Infirmary, publishes a book on the diseases of rhe arteries, and copies the case of ligature of the common iliac in his 365th page, *verbatim* from the American Journal of Medical Sciences, in which it first appeared, and adds very unaccountably, in the face of what he there must have read to the contrary,—" Dr. Mott's case was fatal."

We next find, by a reference to the xvi Vol. part 1st of the Med. Chir. Transactions, that on the 8th of July, 1828, Dr. Crampton, of Dublin, tied the common iliac artery *for aneurism;* but, having most unwisely put an animal ligature upon the vessel, it became macerated, and fatal hæmorrage ensued. Dr. Crampton, in the relation of his case, unhesitatingly admits the priority of Dr. Mott's operation; but, in the comment upon it, in the Med. Chir. Review, (p. 57.) of January 1831, occurs this dubious sentence—it is written, be it remembered, four years after a *successful* case in America, had been recorded in the same journal; "but no man, we repeat, can venture to affirm, that *it might not*, on particular occasions, be *successful*, as well as justifiable."

It falls, thirdly, to the lot of Mr. Guthrie to tie this vessel himself "on the right side, *for a large gluteal aneurism.*" So says the Med. Chir. Rev. for January, 1334, and to this notice are appended these words: "thus has this most formidable operation been *successfully* performed, *for the first time;* and while it adds a wreath of laurel to the brows of the distinguished surgeon, it exhibits a splendid triumph of British Surgery." Here we have exhibited the singular spectacle, of a distinguished surgeon persevering in his previous mis-statements, and looking upon himself as justly deserving of merit which belongs to another; and of a learned reviewer, so far forgetting the past records of his own pages, as to give publicity to the error, of which twice repeated claim, Dr. Mott at length takes notice. Accordingly in a letter, to which few, if any will except, he asks of Dr. Johnson, a recantation of the erroneous statements in his journal of January, 1834, and reminds him of the facts which his own journal for April, 1828, contains upon the subject of the previous operation. The letter reaches its destination, and Dr. Johnson hastens to give it publicity.

But in the mean time, Fate had been busy with her shears; the patient of Mr. Guthrie, who "on the 21st of January left town for Scotland in good health and spirits, and with a diminished tumour and absence of pain," dies; and ruthless autopsy discloses the fact, that the disease for which the artery was tied, *is not an* Aneurism, but a malignant growth; and premature congratulation is changed to regret. Had the woman lived, therefore, for any number of years, the cases of Drs. Mott and Crampton would have been still the only cases tn which the artery had been tied *for aneurism:* and Dr. Mott's the only successful one for *that disease*, and the *first successful of any!*

Who shall explain then, the following words of the distinguished reviewer when he says, "that the letter has arrived singularly enough, at a time when the (fatal) result of Mr. Guthrie's operation gives the palm of merit to Mr. Mott"? Will Dr. Johnson allow us to ask him, in what way that circumstance could have been interfered with by an opposite event? Dr. Johnson proceeds: "But success is after all a false touchstone of merit, and the characters both of Mr. Mott and Mr. Guthrie will be measured by a fairer and a higher standard."

The sentiments of the Editor of the Med. Chir. Rev. have undergone, upon this point a very great change. He thought not so, when in 1828, he posted the *successful* re-

sult of Dr. Mott's operation in italics; nor when in 1834, he asserted the *successful* result of Mr. Guthrie's, to be the first on record, and a splendid triumph of British Surgery; nor lastly, when in January 1834, he said that "fatal cases are useful only, in teaching us to prevent others from becoming so!" The fact is that success is the great object; the great hope; the encouragement for the future; the breeze that is wafting surgery onwards; and one successful operation confers more lustre on its author, than a thousand fatal ones can do.

The inadvertence of Dr. Johnson, we can only regard as most singular, and we leave the profession, here, as well as elsewhere, to explain and account for his closing remarks as they best can. We care not for the individuals concerned; we contend for the principle of scientific reciprocity, and national impartiality; though we had rather the slight had fallen on a less deserving head. For Mr. Guthrie, we see no hole of escape from the *dilemma* in which he is placed. Negligence will scarce explain it, and yet, how can we conceive a man of so much distinction, bred in a school of honor and high principle, capable of less worthy ends? Professional mistakes, made by great men, all must regret; they weaken confidence, however unavoidable they be, and the error of one eminent surgeon is but a sorry excuse for the blunders of the next. Still upon this subject, all who know the uncertainties of medicine will be very charitable. How they will look upon other features in this transaction, we leave them to decide. The *facts* are before them; the *motives* we leave *sub judice* to be supplied by our readers.—*Eds. U. S. M. & S. Jour.*

We publish the following announcement of the Washington Medical College of Baltimore with pleasure; from a knowledge of the qualifications and ability of the four present Professors, we have no doubt that if a judicious selection is made, the school will be second to none in our country. The Washington College possesses many advantages for Medical Education, particularly in the Anatomical department; should this institution, (and in fact all others) pursue the course laid down in the circular, it may depend upon the support of this Journal.

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3. *Washington Medical College of Baltimore.*—This is an infant institution, very recently commenced, by individual enterprize, and still more recently chartered by the state. The object in forming this College was not to compete with those already in existence in almost every section of our country, but to originate a system of education, purely American, free from the trammels, dogmas and prejudices of the older schools; and which shall stimulate our native minds to a free scope of investigation over the principles of nature, and especially those involved in the animal economy. Its *aim* is freedom of literature and science.

The charter confers upon the Faculty, the most unlimited academical powers, and leaves them free from dictation or controul of every kind.

At present the class is small, owing to various causes, many of which are in train of removal.

It is contemplated to erect new and more convenient buildings, and to attach a general hospital; and in every way, to procure the most ample means for instruction, in every thing pertaining to medicine.

One of the wants at present experienced, is, that of two professors. The corps now consists of

SAMUEL K. JENNINGS, Professor of Mat. Med. and Therap.

WILLIAM W. HANDY, Obstetrics, and diseases of women and children.

JAMES B. ROGERS, Chemistry, &c.

JAMES A. MILLER, Anatomy, &c.

Consequently, the chairs of Theory and Practice, and Surgery are vacant. It is desired to have them filled, by the first of May next; before which time, applications from gentlemen of ambition, learning, talents, and liberal feelings and opinions, are invited. Or if any gentleman should prefer any of the other chairs, he perhaps, can be accommodated.

SAMUEL K. JENNINGS,
Dean of the Faculty.

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4. MEDICAL SCHOOL OF MAINE.

THE MEDICAL LECTURES at BOWDOIN COLLEGE will commence on Monday, the 16th day of February, 1835.

Anatomy and Surgery, by REUBEN D. MUSSEY, M.D.

Theory and Practice of Physic, by HENRY H. CHILDS, M.D.

Obstetrics and Medical Jurisprudence, by JAMES MCKEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The ANATOMICAL CABINET and the LIBRARY are annually increasing.

Every person becoming a member of this Institution, is required *previously* to present *sitisfactory* evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures is $50. Graduating fee, including diploma, $10. The Lectures continued three months.

Degrees are conferred at the close of the Lecture term in May, and at the following commencement of the College in September.

Boarding may be obtained in the Commons Hall at a very reasonable price.

P. CLEAVELAND, *Secretary.*

Brunswick, Nov. 1834.

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TO READERS AND CORRESPONDENTS.

Our present number contains the commencement of a series of Hospital Reports, which we flatter ourselves will be continued not only by the present Physicians and Surgeons of the N. Y. Hospital, but also by the Medical Attendants of all the Public Medical Institutions of our country.

We take occasion here to remark to such gentlemen who may meet with important practical facts, and who may not have leisure to draw them up for publication, that by placing the notes in our hands they will be arranged for the press. We have been induced to make this offer from the fact of many of our most distinguished professional brethren saying, "we have not the time to write."

We keep before our readers the general plan of our Journal as presented in the two following articles from the first number.

To the presidents and members of the different Medical Societies in the United States, the Canadas, &c., the conductors of the Medical and Surgical Journal beg leave to present their respects and say, that it would afford them pleasure to receive all or part of the papers read before their respective bodies, with permission to analyze, or abridge, or publish them entire, as may appear best calculated to promote the interests of medicine and surgery: by granting our request, we believe that many valuable facts that have already, and may hereafter be made known to our societies only, might be so communicated as to be of vital importance to humanity, which, under other circumstances, would be lost in oblivion. They also beg leave to say, that other transactions of the societies, such as proceedings of their meetings, &c., will be published in our Journal if forwarded to us, the mode of doing which is pointed out in the conditions of the work.

The conductors of the Medical and Surgical Journal respectfully solicit from the profession generally, communications on the plan mentioned in the prospectus—viz. short papers. No doubt many interesting facts which come under the notice of the practitioner, if made known, would be useful in the practice of medicine, and as we do not wish for "fine spun theory," little time would be occupied in the narration, and not so much attention as to style, &c., as is usually the case. One of the most practical medical writers that we know of says, "as the result of experience is the only useful knowledge in physic, every interesting fact founded thereon, should be rescued from oblivion; and they who have contributed their mite to form collections of this sort, deserve much more of mankind than many who have written volumes of inspired imitation."

THE

UNITED STATES

MEDICAL AND SURGICAL JOURNAL.

No. VI.

JANUARY, 1835.

Art. I.—*Report of Cases occurring in the New-York Hospital.* By John Watson, M.D. of New-York.

We have had placed in our hands for publication, the case book of Dr. Watson, from which we propose to extract the most interesting cases that have recently occurred in the New-York hospital. Dr. Watson deserves, and will doubtless receive, great credit for his careful and accurate records of cases in that institution, together with his dispensary reports, from both of which we shall be enabled to lay before our readers much valuable and interesting information. We have commenced by the publication of the five following cases. Eds. U. S. Journal.

Case 1. Necrosis, Fatal.—*James Hall*, aged twenty, born in Connecticut, entered the hospital, Nov. 5, 1831, for the purpose of undergoing an operation for the cure of a disease, of which the following is a history.

About three years ago, the patient had a fall from the fore yard of a ship, and in descending he struck on his left leg and side. Subsequent to the fall, his thigh became hard and painful. About six months after the accident, two openings were made with a lancet for the evacuation of matter, then other openings appeared spontaneously along the course of the affected thigh; these have all remained open ever since. Numerous pieces of bone of various sizes have, at different intervals, been discharged, ten or twelve of which were as much as an inch in length. The patient entered the hospital for the first time about a year since; but the general state of his health was at that time thought to contraindicate any surgical operation for his relief. He has been absent from the hospital since the early part of last spring. At present, though evidently suffering from the effects of long continued irritation, yet his general health appears to be improved. He is lame, and the circumference of the affected thigh, throughout its whole length, is considerably greater than that of the other. The limb is also hard to the feel, and by accupuncturation, it is found that the shaft of what was once the thigh bone, is surrounded by new bony depositions, much larger in diameter than the original. Into the ulcerated openings a probe may be introduced quite through the new bone into the cavity containing the sequestrum.

Operation.—On the 17th of November, at noon, Dr. J. K. Rogers commenced an operation for removing the dead bone. The patient having previously taken an anodyne, and the necessary preliminaries having been adjusted, the first incision was made about six inches in length on the anterior and outer part of the thigh, in a line parallel with the shaft of the bone. After continuing the wound through the soft parts, the lips of the cut were pressed open, and the trephine was applied to the bone, a piece was removed from the upper, and another from the lower angle of the wound, and the intermediate portion of bone was sawn out, and a gutter in this way made through the new bone, which was found to be about half an inch in thickness. From the cavity thus opened, several small pieces, and one piece of the dead bone, two or three inches long, were withdrawn. A piece still larger was found to be firmly fixed in the cavity, and for the removal of this, an enlargement of the opening was required. The wound was therefore extended at its lower angle, and the trephine again applied, and another piece of new bone sawn out. The opening through the bone was thus made about six inches in length. The whole of the sequestrum having been removed, the

bleeding vessels of the bone were cauterized by the actual cautery to prevent hæmorrhage. A tent of sponge was applied to the mouth of one of these vessels that still seemed disposed to bleed. The wound was then closed and dressed with lint and adhesive straps, the operation was completed in two hours; little blood was lost, but the patient was much exhausted

Subsequent history.—Just after the operation, the patient was attacked with vomiting; towards evening he became calmer, and at night took an anodyne draught.—Nov. 18th. Pulse 126, small and soft, (the day before the operation it was 84); towards noon much heat in the wound, and twitching in the limb; apply evaporating lotion. Patient thirsty, but stomach too irritable to retain cold water.—19th. Slept some during the night, under the influence of an anodyne; pulse 118; tongue furred; limb hot and painful; apply poultice. This towards evening became unpleasant, and was removed, and the lotion resumed. Had, during the day, more than usual excitement from having eaten heartily at breakfast; evening, anodyne.—20th. Slept well; pulse 110; have for dinner, chicken broth.—24th. Stomach still unsettled; pulse 118; have aqua calcis ℥ss. every three hours.—25th. Rest much disturbed during the night; pulse 116, and weak. Bowels ever since the operation costive, and requiring occasional injections. Pulse in the afternoon, while he slept, was 110. Have, with his lime water, porter one pint daily.—26th. Pulse 116; soreness and tension along the right wrist and fore-arm; integuments over these parts hotter, but not redder than natural; no swelling.—27th. Morning, pulse 114, small; arm still more painful, somewhat swelled, and redder than natural, but superficial veins turgid. Pain on pressure excessive. The left shoulder also painful. Patient complains of soreness all over him, and says that his stomach is "burning hot;" tongue red and moist; retains his drinks only by the use of lime water. Porter and lime water continued; drink barley water. Wound dressed for the first time since the operation; has a healthy appearance.—28th. Morning, pulse 114; a small red and painful spot between the eyebrows; the whole of the right fore-arm swelled, and extremely painful; skin glossy, and superficial veins very full; countenance sunken; no particular soreness in the wound.

29th. The twelfth day after the operation, at 8 A.M. the patient expired.

Post mortem.—Purulent effusion deeply seated and in great abundance within the cellular structure of the fore-arm and the other parts that had been the seat of pain; the wound itself presented no remarkable appearances.—*Note.* There have been other cases in the house this winter, that serve to show this tendency to *purulent depositions* in distant parts of the system after severe operations, or extensive injuries.

Case 2. Spontaneous Mortification.—*John Bennett*, a farmer, aged 51, entered the New-York hospital, November 9, 1831, with gangrene of all the small toes of his right foot, and one of the middle toes of his left. He states, that on the last of October, while at work in the field, he was suddenly seized with hiccough and delirium. He had been before this occurrence in perfect health, with good appetite, and in constant exercise. His diet had not consisted of rye bread; he is entirely ignorant of any exciting cause. The mental aberration was so sudden and unexpected, as to terrify a youth at labor with him in the field. The patient was carried home insensible. The hiccough and loss of mind were of short duration; and on their subsidence, it was found that the patient, now in a state of febrile excitement, had incipient gangrene of the toes. His legs, feet, and several parts of his body, by order of a physician, were extensively blistered with sinapisms. In describing his feelings when he entered the hospital, he stated that he felt "as if all his bones were coming apart." The mortified parts were in general of a dark purple color; but one of the toes, not so much affected as the other, had a lighter hue. The pulsation of the posterior tibial is full and strong, whilst the pulsation of the radial artery is weaker, and more easily suspended by compression. The tongue is white and flabby. The patient is of remarkably spare habit of body, and has always been a temperate man.

Treatment.—Yeast poultices to the feet. and internally opium gr. ss. every three hours, Nov. 11th. Line of demarcation observed. The poultices were continued nearly six weeks. The opiate occasionally for two weeks. After the separation of the sloughs, the ulcerated surfaces gradually began to heal, first by the application of simple salve, afterwards by the use of the ointment of oxide of zinc. Other applications were also made. Patient discharged cured about 1st February.

Case 3. Compound Fracture and False Aneurism.—*Michael O'Connor*, a laborer, born in Ireland, aged 33, broke his leg, February 9, 1832, by a fall from a stable window. Feb. 10th, he entered the hospital. The fracture was in the right leg. One of the broken ends of the tibia had projected through the skin, somewhat below the middle of the leg, and produced a compound fracture. The patient's general health was good. The limb was placed in a permanent position on a double-inclined plane, and he continued for some time to do well. In four or five weeks after the accident, the broken tibia had united, not however in a natural position, for the fracture had been oblique, and the limb was a little shortened. The external wound at length began to fill up, and all things to appearance promised a speedy cure. But suddenly the leg began to swell. The swelling was not confined to a small space; it extended

from the knee to the ankle. The limb for three or four days continued to increase in size, and slight fluctuation was evident at different points. The patient's general health suffered, his countenance became sallow, and he was much prostrated. Dr. Stevens, the attending surgeon, judging that there was a deposition of matter similar to what had recently occurred in several other patients of the house, thought proper to evacuate it. A small opening was accordingly made in the outer and under part of the calf of the leg, but no fluid was detected. The wound was probed, and a small quantity of clotted blood was discharged. From these appearances, Dr. Stevens stated to the students present, that there must have been a rupture of some blood vessel, and that the swelling was the consequence of diffuse extravasation. Yet no pulsation was discovered, and the patient knew of nothing that could have affected the limb so considerably as to produce a rupture of a blood-vessel. For several days blood continued to ooze from the opening. The wound, from the original laceration of the integuments, assumed an unhealthy aspect. The whole limb, even to some distance above the knee, continued to enlarge, and the patient's health was evidently suffering. There was no appearance present by which to determine with accuracy what vessel was injured, much less the place of the opening. Even had the vessel been secured, owing to the great distension of the limb, and the untoward appearance of the ulcer, the result might have been questionable. All hopes of saving the leg was therefore abandoned, and on Saturday, April 1st, it was amputated by Dr. Cheesman above the knee.

Examination.—On examining the limb after amputation, it was discovered that there had been a fracture of the fibula, an inch and a half or two inches below its attachment with the tibia, and that from this hitherto unnoticed fracture, a small *spicula of bone projected into the posterior tibial artery.* This of course accounted for all the mischief.

What is most remarkable in this case, is, that the extravasation should have taken place at so long a period as *five or six weeks* after the recurrence of the fracture, and that, too, after the broken tibia had reunited. Secondary hæmorrhage, at so late a period, is rare. Hennen relates a case very similar to this. In his case, "the limb for *several weeks* seemed to be doing well, when suddenly hæmorrhage came on during the dressing." The most diligent search could not detect the bleeding vessel. Amputation was therefore had recourse to. The source of hæmorrhage was afterwards found to be the anterior tibial, and the orifice in it was so minute, as with difficulty to admit three hog's bristles." Since the operation, O'Connel's general health has been restored. A part of the integuments forming the flap, sloughed, and the remainder united by the first intention.

Case 4. A Chasm in the Cheek closed by an operation.—*Rufus Woollard*, a farmer, aged 23, entered the New-York Hospital April 30th 1832. In consequence of the extraction of a tooth in November preceding, the patient was attacked with inflammation of the jaw; the whole of the left cheek became affected, and continued inflamed for about a month, when an eschar formed, and separating, left a large chasm on the side of the face, extending from the angle of the mouth back towards the left ear. The physician in attendance now extracted several of the other teeth from the affected side of the lower jaw, and having trimmed the rough edges of the opening, allowed them to turn in towards the gums where they soon adhered, thus leaving the cavity of the mouth exposed, and distorting the patient's visage in a most shocking manner. Last March, shortly after the patient's arrival in this city, Dr. Mott removed the whole of the alveolar process of the left side of the lower jaw. The bone had been carious and denuded. In a fortnight afterwards, the gum having granulated, and covered the body of the bone, Dr. Mott undertook to remove the deformity caused by the chasm in the cheek, and for this purpose he turned up a portion of the common integument from the neck. For adapting the edges of the cavity to the sound integument they were trimmed, and their adhesion with the gum separated. In preparing a flap of skin, a posterior incision was carried down from an inch below the lobe of the ear nearly to the pomum.

The anterior incision was begun about three-fourths of an inch before the upper part of the other, and carried downwards and forwards, along the posterior edge of the opening, nearly as far as the lower part of the other incision. These two were united at the base by a third, thus forming a quadrilateral flap attached to the cheek at the upper side. This piece of integument was turned forward, so that what had formerly been its base became its anterior side, and in this way it was adapted to the opening in the cheek. The edges were drawn together by interrupted sutures, and in five days the whole seam, with the exception of a small part at the angle of the mouth, where some stitches had ulcerated through, was perfectly united. The gaping at the angle of the mouth, was however, unfortunate; it was not only the cause of much disfiguration, but it also allowed the saliva to flow out upon the face, and keep up a constant dripping. The operation was performed three or four days before the patient entered the hospital, and the day after his admission the stitches were removed. To close the gap at the mouth, Dr. Mott on the third of June again pared away the edges, and brought the cut surfaces together by sutures. The advantage thus gained was only partial; the stitches a second time either worked through by the ulceration of the skin, or by the action of the orbicularis oris broke through before the completion of the ad-

hesive process. Still the triangular gap was not quite so deep as before, and the saliva did not flow away so freely, although it was not yet perfectly retained. The sore left in the neck by the removal of the flap of integument granulated kindly, and by the first of July its cicatrization was nearly completed. Dr. Mott's term of attendance having now expired, the patient came under the care of Dr. J. K. Rogers, who on the twenty-eighth of July again pared away the edges of the gap, and brought the sides in opposition by sutures and adhesive straps. In a week afterwards the edges of the wound were united. Owing to the frequent paring away of the orbicularis the mouth is now somewhat smaller than natural, but in other respects the regular symmetry of the face has been restored.

Case 5. A Singular Case of Dislocation of the Lens in both Eyes.—*Benjamin Willcox*, a seaman born in New England, aged 30, has had tremulous irides as long as he can recollect. His sight has always been weak. About ten years ago he received a blow from a rope which brought on inflammation. Since the receipt of the injury, these frequent attacks have materially injured his vision, and for the last seven years this eye has been of little use, although there is still a slight degree of vision yet remaining. The cornea is clouded, and the whole anterior chamber has a dull bluish cast. But what is most singular, is, that when he entered the hospital, May 20th 1832, the lens was discovered in the anterior chamber of the aqueous humor, floating before the relaxed and tremulous iris. On the day subsequent to this, no appearance of the displaced lens was to be discovered. For dilating the pupil the eyelids were besmeared with the dilute extract of stramonium, and again on the second day after admission the lens was found floating in front of the iris; it appeared to have lost its translucency. The patient was directed to recline backwards, and in doing so, the lens also fell backwards into its natural situation. Until within a few days of his admission, the patient was ignorant of this condition of his left lens; but he stated that for three and a half years he had had a similar displacement of the lens of the other eye; but at present the right eye is clear, and in every respect appears perfect, with the exception of the tremulous condition of the iris as before noted; yet the patient has very imperfect vision in this organ, for although it is more useful to him than his left eye, he has still not sufficient light to distinguish letters even of the largest print. The lens of the right eye, as he says, disappeared from the anterior chamber a few days before he entered, and it has not since fallen forward; according to his own report, he can plainly discover it, apparently like a bright round spot in one corner of the eye. Both irides are nearly immoveable by this impression of light, yet the pupils do contract just sufficiently to be observed when the eyes are suddenly opened. There appeared to be no reason for doubting the patient's statement in relation to his right eye. Thousands, he says, have examined it, and many physicians of New England have taken minutes of his case. They have probably not noticed the like affection of the right eye, owing to the dimness of the cornea. His first notice of this peculiar affection was a severe and sudden pain in the eye while he was stooping forward. On requesting some one near him to look into the eye, he was informed that a little bag of water hung immediately before the sight. He lay down, covered his face with two or three folds of a handkerchief, and all at once the pain subsided, and the little bag of water disappeared. Subsequent to this, whenever he stooped, especially if in a dark place, or during a dark day, the lens would fall forward In clear weather this was not the case, and on cloudy days, if the lens was not down, he could at will displace it, and this he was often induced to do, to satisfy the curiosity of his friends, or of strangers. But while the sun shone, or in a strong light, he could not do this. While the lens is down, there is always pain in the eye. We have tried the effect of convex glasses, and his sight is much better when he wears them. He is a stout, healthy man, and has never suffered from any constitutional disease. He had visited the Eye Infirmary prior to admission, but neither there nor at the Hospital was it considered proper to attempt any operation for his relief.

Note.—For another case of the preceding affection, see Medico-Chirur. April 1833, page 299, from Damour's.

Art. II.—*Case of Retention of the Placenta, successfully treated by injections of vinegar and water.* By Edwin Webb, M. D. of Hempstead, Long-Island, N. Y.

December 1, 1833.—I was sent for about midnight to visit Mrs. S. under the care of a neighboring physician, with a retention of the placenta. Upon my arrival I was informed that the woman had been delivered of a still-born child about two hours; that the labor had been exceedingly tedious, and untoward, with a breech presentation. Immediately after the birth of the shoulders, the pains ceased for at least one hour, when a dose of ergot was given to expel the head. The pains soon after returned, and did not cease until the head was relieved. The child was born in a state of asphyxia, from the pressure on the chord during the long lapse of time between the passage of the shoulders and head. After spending twenty or thirty minutes endeavoring to restore the circulation of the child; the attending physician attempted to remove the placenta, and found it fast; the uterus contracted high up beyond the reach of the finger. On passing the hand through the external parts, to dilate

the os uteri, he found it so firmly, and rigidly contracted, as to prevent even the passage of the finger, and, at this time, I was summoned to his assistance.

Having learned the foregoing facts, I proceeded to make an examination. The womb was felt externally large and globular. On tracing the chord with the fore finger, the uterus was found to be beyond its reach, it was therefore necessary to introduce the hand, which was effected without much difficulty. The uterus had withdrawn high up as described, the mouth curved above the pubis, the os uteri firmly closed around the chord. On endeavouring to insinuate the finger through it with a hope of performing manual extraction, I could not accomplish it by the most persevering efforts. The woman was extremely irritable, and complained of excruciating pain the moment the uterus was touched, shrinking back, requesting me to desist. In consequence of the rigid state of the uterus, and the appearance of the patient, having become exhausted, with the pulse sinking, earnestly requesting that she might be left alone, exclaiming, that she would rather die than submit to more force, I was compelled to defer my exertions. She was the mother of nine children, of a delicate and slender constitution, subject to hæmoptysis, and symptoms of consumption.

After a little deliberation, it was determined to give an anodyne of the tr. opii acetati, and wait a few hours, deeming it highly probable that the peculiar state of the uterus depended upon the continued effect of the ergot, which an anodyne with a short delay would overcome. I left her in care of her physician, and met again the following morning at ten o'clock, when another medical gentleman had arrived to aid in consultation. After a lapse of six hours, we found her much agitated by fear and weakness; pulse quick and fluttering; countenance pallid; little or no hæmorrhage. She again informed us that she would never submit to another examination, and earnestly pleaded to be left to the natural consequences of her situation. On explaining the necessity with much solicitation, she permitted a partial examination; the parts were found precisely in the same state as before. She pertinently refused to allow any more force; great mental excitement took place, followed by syncope, which again deterred us from persisting.

She was fanned constantly, and stimulants given, but faintness returned; it was resolved unanimously, as the only alternative, to support her strength until a change should take place. The carbonate of ammonia was given in 10 gr. doses, every three hours. The next morning (Tuesday) having been prevented from seeing her during the interim, owing to the distance from home, I found that her strength recruited after taking the ammonia, and she passed a more comfortable night than was anticipated, entirely free from pain. The other consulting physician being unavoidably detained, did not meet at this time. We found her evidently sinking; pulse quick and tremulous; tongue dry; hæmorrhage commenced the latter part of the night, and continued to a considerable extent. Her situation was appalling; the exhaustion appeared to be increased from the dread which she entertained of undergoing another examination, and in a feeble tone of voice she apprised us that we need not expect it. The case now assumed a critical aspect; she was sinking from the loss of blood, frictions were unavailing, and the ergot had already exhibited such unfavorable effects as to preclude the idea of giving it again. It occurred to me that the novel plan of injecting the placenta, according to the plan of Dr. Mojon, afforded the only chance of arresting the hæmorrhage, and expelling it. My colleague readily concurred in the same opinion, and after stating the nature of the process to the friends, and assuring the woman that no violence would be used, she consented to let us proceed. We first examined the end of the chord, to ascertain if the vein was pervious. A probe was easily passed up and we commenced operating. A stomach pump, with a small pipe attached to the end of the elastic tube proved a convenient instrument for the purpose. After inserting the pipe carefully into the vein, an injection of cold water and vinegar, about two pounds, (one-third of the latter to two of the former,) was thrown up without the least obstruction. It was confined several minutes by compressing the chord, when she began to complain of its effects producing a sensation of coldness, with frequent pains resembling labor. The injection, together with a large clot of blood, was expelled in a few minutes, and every thing promised speedy relief. *The hæmorrhage ceased* immediately after throwing up the injection; the pains continued, but gradually diminished, and in twenty minutes another attempt was made to repeat the injection; to our discomfiture it was found that a rupture had taken place somewhere in the course of the vein, which prevented the fluid from passing into the placenta. A tube was introduced as far as practicable with a view of getting it beyond the rupture, but did not reach it; the injection escaped as fast as it was thrown up. The pains continued, but not as severe as we wished. She did not complain of the operation, on the contrary seemed to be revived, and pleased with the experiment. The exhaustion, however, continued, with shortness of breath. We gave sulph. ether, alternated with ammonia. On examining the chord it was perceived to be lenghtened, and we felt perfectly assured that the uterus was yielding to the pains excited by the injection.

Wednesday morning—is better; free from sickness at the stomach; no hæmorrhage nor enlargement of the abdomen; skin moist, pulse quick, bowels constipated. An examination was permitted with a view of ascertaining what change had taken place during my

absence, when the placenta was found safely lodged in the vagina, and readily removed. The returns of syncope gradually declined after the flooding ceased, and the patient in all other respects improving.

An enema containing oleum ricini was directed, and a bandage moderately tight to the abdomen. Thursday morning, all the symptoms continue favorable, with the exception of slight tenderness and distention of the abdomen; skin moist; slept most of the preceding night, and the usual quantity of lochia discharged; pulse full, indicating reaction. A cathartic of cassia and sulphate magnesia ordered, and I discontinued my visits. This was unquestionably a case of longitudinal contraction, superinduced by the secale cornutum. Whatever the result might have been, if left to nature, the conclusion is irresistible, that the injection not only arrested the hæmorrhage, which threatened speedy dissolution, but excited sufficient uterine action to throw off the placenta. The administration of the ergot, if proper when given, undoubtedly aggravated the case, and proved in part if not wholly, the source of all the difficulties which ensued, for it will be remembered that immediately after it was given, the head was expelled with one pain; the uterus instantly closed, and remained perfectly contracted, until a sufficient lapse of time with an anodyne, subdued the spasm. The effects of the ergot also proves that it is of the utmost importance to attend to the placenta immediately after the birth of the child, when given for its expulsion, for when the uterus is emptied by it of a portion of its contents, it contracts quick and firm, so that if the placenta be nearly detached, it may be embraced and its expulsion prevented.

Is it fair to presume that if left to nature, a woman with such a constitution could have survived the loss of blood, or the irritation from decomposition, or obsorption, which necessarily would have followed; and is it not gratifying to know, that in emergencies of this kind we have a remedy which promises such favorable results? The operation has been looked upon as visionary, and many lives have been sacrificed from prejudice or timidity. The utility of a new medicine, or an innovation in practice, can never be substantiated by the authority of a few. A continued interchange of opinion is therefore necessary to establish and confirm its merits. The reports of a few cases in Europe, convey the most unequivocal testimony in its favor. In retentions, from mere want of uterine action, an injection of water would probably be sufficient for all that is required, but in cases depending upon morbid attachments, the acid performs an important office in breaking up the connexion.

Art. III.—*On the External use of the Iodo hydrargyrate of Potassium*, by W. C. Wallace, M. D. Surgeon to the New-York Institution for the Blind.

After being made acquainted by Dr. Channing with the salt named by him iodo-hydrargyrate of potassium, I prepared a quantity in the way that he has directed. During the process, I happened to wet the points of my fingers with the solution by lifting the plate in which it was evaporated. A few days afterwards, I noticed that the fingers that had been touched were less plump, and the skin was shrivelled apparently from the fat beneath it being partially absorbed. From the nature of the constituents of the salt, and from its great solubility, added to the circumstance noticed, I determined to try its efficacy in promoting the absorption of tumors. I had a case of obstinate ophthalmia tarsi, in which I had been endeavoring to lessen the thickened meibomian glands by external friction with mercurial ointment, which I changed for an ointment composed of ten grains of the new salt and an ounce of lard. This was daily rubbed for about fifteen minutes at a time on the thickened eyelids, care being taken that no part of it touched the conjunctiva. Weak red precipitate ointment to the edges of the eyelids, and a very weak collyrium of corrosive sublimate, which had been effectually used for some time, were continued. In about three weeks the patient was well. Friction with this ointment removed several cholazia, which not being softened by mercurial ointment, I had proposed to extirpate with the knife.

In the proportion of half a drachm of the salt to an ounce of lard, the ointment is very irritating, producing a peculiar herpetic eruption. This preparation has the double advantage of promoting absorption, and of producing counter-irritation. Four cases of ganglia at the wrist, which were all that I had an opportunity of treating in this way, were soon cured.

158 *Broadway, New-York,*
December 1834.

Art. IV. *Notices of the Therapeutic uses of some of the more important Articles of the Materia Medica, chiefly from the Dict. de Mat. Med.* By W. C. Roberts, M. D. of New-York. No. 3.

The Chlorides.—The precise era in which these substances were discovered is uncertain. The chloride of Potassa was in use as a bleaching agent in 1789. By Percy in 1793, it was employed in the army of the Rhine, against hospital gangrene. By Guyton Morveau in 1801, it was spoken of as a preservative from contagion, and for this purpose was, by many persons, extensively used. But the publication of a memoir, by Mons. S. A. Labarraque, in 1822, in which he describes the

utility of the chlorides of soda, potassa, and for the first time, that of lime, which he preferred to all others as an agent of disinfection, made a great sensation. The Society of Encouragement to National Industry, crowned the paper; the chlorides were thenceforward applied to all sorts of uses, as new substances; were soon lauded as being universal remedies; and forgetting, or ignorant of the labors of his predecessors, M. Labarraque believed himself to be the discoverer of what all were disposed to attribute to him. To recall the remembrance of forgotten or unknown truths, however, is in no way to detract from the merits of this distinguished chemist, nor does it lessen the value of the services he has rendered to medicine and the arts

The formula which M. Labarraque has adopted for making his *solution of the chloride of lime* is this; one part of the chloride is rapidly dissolved in forty-eight parts of filtered water. By Masuyer, one part of the chloride is added to twenty parts of water, and by M. Chevallier, one part to ten. Unless a very powerful liquid is required, the preparation of M. Labarraque answers very well for a standard. The chloride is readily decomposed by age, moisture, air, and light, not only in the state of solution, but likewise in the dry form, and it requires to be kept in a close, dry, and dark place, and to be often renewed.

The *Chloride of potassa*, is a liquid more used in the arts than in medicine, and we pass it over, therefore, without notice. The *chloride of soda*, improperly called the liquor of Labarraque, is colorless, transparent, and has a chlorated, saltish, and alkaline taste. It is prepared by M. Labarraque by the direct transmission of a current of chlorine into a solution of the sub-carbonate of soda. It is the chloride of soda which is chiefly used for medicinal purposes, either pure, or more or less diluted with water, according to the purpose for which it is to be applied; it has received the particular notice of Labarraque, and as a therapeutic agent, may deserve a preference; but it is the chloride of lime, which contains more chlorine in a given bulk; which is more easily managed, and above all, more economical, that is employed for hygienic purposes.

It is not our intentien to speak of the chlorides as disinfecting agents; we pass at once to a consideration of their therapeutic uses. In *gangrenous and putrid affections*, they have much celebrity. Gorse and Baron Percy, in *hospital gangrene*; Roche, and J. Cloquet, in gangrenous ulcers; and Segalas, in two cases of gangrene, have used the chlorides of lime and potassa with success. A solution of the chloride of lime was injected into the uterus itself by M. Deslandes, in a case of *retained placenta*, with the effect of stopping the fœtor, and allaying the irritation caused by the putrid mass. Merat and Delens have seen the chloride of soda useful in gangrene of the mouth.

By M. Sanson it has been used in a case of *fistula of the mouth*, with caries of the palate bones; and M. Lagneau employed it in *softening of the gums*, with fœtid ulceration. Kopp, in *stomacacia*, has seen it correct fetitidy, destroy the sores, and cure the disease; whilst Angelot, in the Rev. Med. for 1827, gives six cases of *ulcerous gingivitis*, cured by lotions of the chlorides. In fetid, bleeding, syphiloid ulcers of the feet, M. Cullerier has used a dilute solution of the chloride of soda. Given by Merat and Delens, and by Cottereau, in two cases, it has cured that disgusting and filthy affection *ozæna*; and to these cases we may add the successful one by a distinguished professor in a neighboring state, Dr Horner, of Philadelphia, recorded in the eleventh number of the American Journal of Medical Sciences; and that by Dr. Maclay Awl, in the twenty-second number of the same periodical. Together with compression, M. Lisfranc has cured four cases of *fistula*, with denudation of integument, by irritating injections with chlorides; and by it, he treats *pernio*, whether ulcerated or not. The same eminent surgeon has employed the chloride of lime, more or less diluted, in *burns* of varying severity; for which purpose, a soft piece of linen perforated with holes and spread with cerate, is first applied on the part, and covered with lint dipped in the chloride, which is kept always moist.

Some curious facts are cited in favor of the chlorides, as preventives against the *syphilitic* and *rabific* poisons, and that of the *viper*, in a memoir published in 1828; not used, however, to the exclusion of incisions and the ligature. M. Coster, the author, states also, that in the Venereal Hospital, injections of solutions of the chlorides are used successfully in the treatment of chronic *blennorrhagia* in females, doubtless, he says, because they decompose the matter of the discharge, which is a ceaseless cause of the reproduction of the evil. M. Cottereau has thrice used them successfully in the same disease in the male. Scott, Darling, and Cazenave have successfully used the chloride of soda in cases of *secondary* and *pseudo-syphilis*, and of obstinate *primary disease*. We read, in the Journal de Chimie Medicale, for May 1830, that a Dr. Gubian, of Lyons, has found, that by piercing the pustules of *variola* when in full suppuration, and then washing them frequently with a weak solution of the chloride of lime, desiccation is prompt, and cicatrices are avoided.

In cutaneous affections, the chloride of potassa has been thought by Dr. Darling to surpass that of soda. Alibert has used the chlor. sodæ in the *herpes exedens*; Roche has cured with it a *tinea favosa*, which had eluded the skill of the famous brothers Mahon, at the Pitié Hospital. Cottereau has succeeded in three case of *tinea mucosa*, and according to Derheims and Fantonetti, *psora* is to be cured in six or ten days by means of lotions of either the chloride of soda or of potassa. That

troublesome and most distressing affection, *prurigo* of the labia majora, and other vaginal irritations, have easily yielded to lotions of the chloride of soda.

Dr. Varlez, a surgeon of the hospital at Brussels, has recently announced to the profession, that by means of a solution of from 20 grs. to ʒʒ of the chloride of lime, in an ounce of distilled water, he has succeeded in overcoming a *purulent ophthalmia*, which had previously baffled every method of treatment. He premises bleeding, and directs the collyrium, often renewed, to be instilled between the eyelids from three to ten times a day. In this way, he assures us, 400 were cured. Subsequently, the well-known oculist and surgeon, Mr. Guthrie, of London, has published three successful cases of his own, under this treatment, in the Lond. Med. and Phys. Journal for November 1827. We find also detailed, in the quarterly Periscope of the Amer. Journal of Med. Sciences for Feb. 1832, several cases by a Dr. Herzberg, in which this remedy was equally beneficial. Mess. Colson, Delatte and Reynaud, hospital surgeons at Arnheim and Tournay, have employed collyria of 10 drops of a solution of the chloride of lime to an oz. of water, successfully, not only in purulent, but also in *chronic* ophthalmia, with granulated lids, opacity of the cornea, and profuse secretion from the Meibomian glands.

M. Costa has recorded a case in which the use of emollient fumigations, containing a little chloride of lime, allowed to escape into an apartment, produced remarkable alleviation in *pulmonary phthisis*; and Nysten, in the Dict. des Scien. Med., tells us that the pain attendant on *chronic affections of the uterus* is calmed, in a singular manner, by the exhalation of chlorine from the chlorides of lime and soda, administered by means of a phial, whose neck is passed up into the vagina. Magendie, in his Formulaire, observes that the fœtor and pain of scirrhus of the breast and uterus has been often removed by him with lotions of the chloride of soda.

The chlorides have, moreover, been recommended in cases of *dyspepsia*, in which disorder, Dr. Darling gives a preference to lime over soda; by Roche, in *diptherite*, as more efficacious than alum or hydro-chloric acid; and in *ptyalism*, in which equal parts of water and the chloride of soda have been found particularly useful by Dr. Darling. One part of the chlor. calcis, to 36 parts of coral finely powdered, is a good dentifrice when the breath is fetid, the teeth foul, and disposed to caries.

From all that precedes, it appears that the external use of the chlorides is extensive, and to external exhibition they have chiefly been confined. The authors of the Dict. of Materia Medica, published in 1830, state, that they know of no other instance of its internal exhibition, than that contained in a work, entitled "Clinical Observations on the efficacy of Hydro-Chloruret of Lime, as a remedy in certain stages of *Fever and Dysentery*, by Robert Reid, M.D. Dublin, 1827." In an epidemic fever, at that time prevalent in Dublin, which both that gentleman and Dr. Marsh considered to arise from a peculiar morbid poison, he sought to counteract this tendency; and, in some desperate cases, tried the hydro-chloruret of lime. He gave it in the form of enema, (gr. x. night and morning), and prescribed it internally (gr. x.) together with tincture of colombo (ʒij) and water (℥iv.) in doses of ℥ss. every hour, and, in many cases, with success. A few of the most interesting are recorded in his book. He considers the medicine to be astringent, and not inflammatory; it corrects the odour of the most fetid discharges, and he thinks that it acts upon the functions of the ganglionic system, in correcting the formation of morbid matter. From observing that his cases bore many characteristics of *yellow fever*, Dr. Reid is induced to expect that it may be found useful in the treatment of that disease. (V. Med. Chir. Rev. Jan. 1828.) To the name of Dr. Reid, however, may be added those of Messrs. Bouillaud, Graefe, Graves, and Stokes, as having exhibited the chlorides internally. The former of these physicians first warmly commended them in 1826, as valuable remedies against intestinal disease, and the consecutive alteration of the mass of the blood, given either by the mouth or anus, and in the form of poultice to the abdomen. In a memoir published in 1834, in the Journal Hebdomadaire, ten cases are recorded of "*follicular enteritis*," in which M. Bouillaud again had recourse to their use. In the Dub. Hosp. Rep. vol. 5, we find a case in which Drs. Graves and Stokes administered the chloride of lime in a case of *pectoral disease*, followed by fetid breath and expectoration, extreme debility, hectic fever and cough. A pill of chlor. calcis, gr. iij. was given three times a day, and the quantity increased to twelve grains daily; the bed was sprinkled with a solution of the salt. The most rapid and marked amendment followed; the fœtor of the breath and expectoration disappearing in a few days. The remedy was omitted, the fœtor returned, and was again checked by the use of the medicine. The five cases of *urethritis*, treated by Mr. E. Graefe with the chloride of lime, internally, of which four were cured, will be found quoted from a German Journal, in the Amer. Journal of Med. Sciences, for May 1831; and, after this detail of the therapeutic uses of these agents, we think it will be admitted that they deserve further notice from the profession, and seem likely to prove beneficial under many circumstances, and in many diseases.

The following is the last paper of the valuable series, the publication of which we commenced in our fourth number, under the head of "Transactions of the Edinburgh Medico-Chirurgical Society." A larger space is occupied by this case than is usually alloted to a single subject in our Journal, but we believe that our readers will be amply compensated by its perusal.—*Eds. U. S. Journal.*

ART. V.—*Select Cases and Communications, forming part of the Transactions of the* Medico-Chirurgical Society of Edinburgh. Communicated by the Society.

1. *History of a Case of Paraplegia from injury of the Spinal chord, causing Inertia of the Kidneys, and other anomalous symptoms.* By JOHN HOME PEEBLES, M. D. Fellow of the Royal College of Physicians, Edinburgh.

THE history of the following remarkable case has already been given to the public by Dr. Montesanto of Padua, in the 47th Volume of the *Annali Universali di Medicina*, published at Milan by Dr. Omodei. It was previously read before the Royal Academy of Padua at its sitting of the 17th of June 1828. and continuations of the history were communicated to the same Institution on the 19th of April 1831, and again on the 9th of July ast year. The whole has been published in the form of a pamphlet, which has been extensively circulated, and Dr. Montesanto has done me the favour to send me a copy of it, from which I have gathered the greater part of the interesting information I now lay before the Society.

From that narrative it appears that the patient Domenico Valetto, then in his 18th year, fell accidentally from the third story of a house,—a height of about fifty feet. By this fall he did not receive any fracture, or lesion of the surface of the body; but blood suddenly flowed in great quantity from the mouth, nostrils, and ears. Severe pain immediately followed across the lower part of the abdomen, over the loins, and along the whole of the vertebral column, rendering the man immoveable, and showing at the moment the effects of an internal general concussion. Medical aid was instantly procured, and after the use of suitable remedies, he could in no very long time resume the exercise of his trade, which was a distiller of spirits. But his health was never completely re-established, and he always complained after this severe accident,

1. Of pain in the lower part of the abdomen and in the back.

2. Of a difficulty of bending the body.

3. Of an impediment in the passage of the food, which occasioned a weight in the stomach, and something like a knot in the throat. This weight and swelling sometimes disappeared, and were sometimes followed by vomiting of aliment.

4. He complained also of costiveness, and the feculent matter was generally covered with whitish mucus mixed with streaks of blood.

Lastly, of a deficiency of urine, which always deposited a sediment.

He did not, however, take particular notice of these disorders, but continued to occupy himself with his affairs. He lived a very irregular life with his companions, although he could never take much exercise on account of a difficulty of breathing, which was produced by more than ordinary exertion, and the quantity of urine becoming at the same time scarcer.

In this imperfect state of health and licentious mode of living he spent about two years, when he was drawn into the commission of crime on the highway, for which he was arrested, and committed to the Prison at Padua.

Many months elapsed without his uttering any complaint about his sufferings; but after two years of detention his disorders increased so severely, that he was at last forced to call for assistance. He was now attacked with acute fever, severe pains in the lower part of the abdomen, chest and back. He had aversion to food, and nausea often followed by vomiting. In this state he was placed in the infirmary of the prison on the 10th of March 1819, when he was treated by general and local bleeding, fomentations, injections, and purgatives, and, in short, by every means calculated to remove the symptoms.

The fever was thus in a short time overcome; the pain was rendered milder; but the costiveness, sense of weight in the stomach, in the loins, and lower part of the abdomen, the nausea and vomiting after eating remained constant. The use of such means were continued as his situation would allow; but nothing availed in ameliorating the morbid state, which, on the contrary, increased by degrees, with complete paralysis of the inferior part of the body, and the patient became deprived of all sense of feeling from the waist to the feet, and entirely of any power of movement of the lower extremities. The bowels remained closed, and there was no secretion of urine. He, however, now began to have a good appetite, and could eat every kind of food, except boiled meat and broth, which he refused, as also wine. Always after dinner he drank much water; he then remained well for several hours, when he began to feel a desire for more liquid, to assist in freeing himself by vomiting of the troublesome sensations which the food now occasioned, and which was very soon rejected

It was observed that this vomiting after dinner happened daily; but after a period of 30 or 40 days, and sometimes longer, vomiting occurred of another kind, preceded by the following phenomena. He began to experience in the stomach a movement similar to that produced by a ball ascending towards the fauces He was seized with hiccough, which lasted about four hours; vomiting then ensued; gross fecal matter mixed with blood was rejected; and after the alimentary canal was thus unloaded, the hiccough ceased, and the stomach became settled.

His sleep at this time was observed to be of short duration, but tranquil; the pulse sufficiently vigorous and regular; sweating never occurred in the hottest weather. The heat of surface was always natural, and nutrition sufficient all over the body, the lower extremities excepted, which became somewhat wasted, and totally immoveable and incapable, without aid, of any flexion.

The ancles became so stiff that they could not be moved, and the feet so permanently extended in a tetanic form, that the toes were in a direct line with the tibia. He became unable to lie supine, or to raise himself on the trunk, or to turn on his sides. Behind or before he was supported by pillows, which he adjusted as he pleased when he wished to sleep for some hours. Although he was aware that the Tribunal had condemned him and his companions from 1821 to perpetual confinement, he preserved his spirits cheerful and tranquil.

The above account of the state of this patient's disorder was communicated by Dr. Menato, Physician to the prison, to Dr. Montesanto, on the retirement of the former to fill another appointment. He then requested Dr. Montesanto to visit the invalid along with him. At this time he had been about eight years under the care of Dr. Menato in the state already mentioned.

He was now carefully examined. The pulse was found to be 60 and regular, as well at the wrist as at the groin, ham, ancles, and elsewhere: but the tone of the arteries was rather resistent, which, with an oppression of breathing. indicated a necessity for bleeding, as at other times during the last three years. The heat of the body examined by the Centigrade thermometer was that of a healthy person, and it was equally diffused. His aspect was not cast down, the tongue was clean, and the abdomen was free from tenderness or pain on pressure; the muscles were, however, somewhat contracted and very resistent at the epigastrium. The vertebral column was examined with great attention. There was not the least alteration observed in its external form; but pain was occasioned by pressing very gently on the part which corresponds with the spinous processes of the last dorsal and first lumbar vertebræ,—a point where the patient said he felt a constant internal, though not acute pain, and where he was conscious of a hindrance to the free movements of the trunk; beyond this part the spine was not painful. From the region of the last lumbar *vertebra* every sense of feeling had ceased. This absolute insensibility was proved by many decisive means to be manifest in all parts which are included in a line drawn from the last lumbar *vertebra*, and stretching along exactly by the right and left superior brims of the pelvis to a little above the *pubes*, and thence down to the feet.

It is here to be remarked, that though the site of the injury of the spine and the chord be, as already stated, at the last dorsal and first lumbar *vertebræ*, yet the loss of sensation, owing to the oblique course of the nerves issuing from the spinal chord, is much lower than the part of the spine injured.

The result of these observations often repeated is the conviction that the disease originated from an injury of the vertebral column, producing morbid changes in the spinal marrow and its investments, and the branches of nerves which arise from it. This disease began to give the first indication of its existence soon after the fall in 1816,—maintained a mild character for upwards of three years, and in 1819 assumed in the prison the form of acute *myelitis*. Paralysis of the inferior half of the body followed, with total suppression of any discharge by the rectum or uretha. The progress of these symptoms has already been described, and the disease does not appear to have presented any difference in its character from the time Dr. Montesanto examined the patient, till the end of August 1828, when, after more than sixty days had elapsed without stercoraceous vomiting, Valetto suffered extraordinary distress. During three successive days in the beginning of September, this vomiting was renewed, and again on the 11th and 17th.

Febrile symptoms now appeared, and it was necessary to have recourse to blood-letting on the 24th. Next day he had vomiting of the same nature in large masses mixed with bloody matter. On the 26th the patient had still fever, and was much enfeebled. On the 15th of November following the fecal vomiting appeared again, and once more on the 5th of March 1829. In all these evacuations no urinous smell could be perceived, nor did the body of the invalid give any odour of this kind. To this particular attention was paid, in consequence of the experiments of Mayer on the extirpation of the kidneys.

After the cessation of the stercoraceous vomiting, the daily vomiting of food returned as usual, but it is remarkable that at present it happens sooner than formerly, that is, about two hours after eating, and the substances swallowed are returned much in the same state, and little or nothing diminished in weight, as proved by opposite examinations made in August of the year following.

The order of the phenomena presented in the disease was not materially altered by this change, except that plethora was now produced with greater facility and frequency, requiring the use of bleeding in shorter periods; and it appears from the journal of the prison, as well as that kept by Dr. Montesanto, that during the two years after the cessation of the fecal vomiting, there were not fewer than sixty blood-lettings of twelve ounces each at least.

It is here observed, that, from the hardness and frequency of the pulse, the fever, the wandering pains in the thorax, and the oppression and shortness of breathing which he suffered from time to time, hydrothorax would in all probability have occurred, had not repeated blood-letting, general and local, and blistering, been resorted to.

It is of importance also to mention, that when the vomiting of fecal matter had become more rare, or when it was supposed to have ceased altogether, and when the symptoms of manifest inflammation of the chest arose, with fever and pains in various parts of the thorax, some *sweating* began to appear; an excretion which never happened before, not even in the hottest months of summer. This sweating, or more frequently a sensible perspiration, was discovered to exist, not only in the superior part of the trunk, arms, and hands, but also on the paralytic limbs; and these parts have in progress of time since become less emaciated. Notwithstanding this circumstance the paralytic condition of the inferior extremities is not changed, since the patient has always still a want of feeling and motion from the waist to the feet; and the organs of generation are comprehended in this space.

From the middle of July to the end of August 1831, the general health of our patient was comparatively in the best possible state; but about the first of September he had renewed attacks, and on the 11th of that month it was necessary to use blood-letting, which was repeated twice before the middle of October. Besides these occasional attacks of inflammation of the chest, which required bleeding, he was twice seized with indigestion from eating food which disagreed with his stomach. The last of these, which occurred at the end of March 1832, continued 15 days, during which time he had sharp and constant pains in the stomach and *spina dorsalis*. His pulse was quick, the fever intense, and there was no appetite. A bleeding of twelve ounces was prescribed and again repeated. The pain and fever were mitigated by the 3d of April; but they still continued in a considerable degree, and the patient talked of his approaching end; saying, he felt something rise from the bottom of his stomach, which in every attempt to vomit threatened him with suffocation. Every thing he tried to swallow increased his sufferings; spirits alone in small doses were at this time tolerated with a sense of relief. Nothing solid was retained on his stomach for 15 days, when, on the 11th of April, a spontaneous and unexpected vomiting took place of four masses of considerable size of matter purely fecal. One of these presented, more strongly than the others, certain impressions on the surface, which showed that these bodies had been formerly retained for a long time within an intestinal sac.

Besides such a solid and homogeneous matter, there was also discharged on this occasion a liquid substance of a greenish colour, and slightly odorous. A little after the fever was very mild, he was very tranquil, with the pulse weak, quick, and contracted; and in two days after he seemed to be restored to his former state. Thus were fecal materials brought away which had been formed gradually in the course of three years, that is since the 5th of March 1829.

From this time nothing happened to change the usual mode of life. On the 16th of April 1833, he was reported to be "of good colour, af a cheerful aspect, and vigorous, well nourished, never better in health, and no return of fecal vomiting now for a year." He was bled on the 5th of this month for simple plethora, and again on the 14th and 17th of May, to lessen the turgescence of the blood-vessels. His continual actual condition, whether of strengh or nutrition, is not very different from what has been described; and in this manner has now gone on for nearly 15 years, the course of a malady which, with its singular phenomena, is arrived at that state as to create a new mode of existence, and entirely peculiar to the individual.

It is difficult to comprehend how assimilation is effected, at least how those materials can be absorbed and circulated innocently in the blood, which all the elementary substances more or less contain. when we consider that the patient cannot take broth or boiled meat, but only salted meat, dried salt-fish; cheese, and such like food. It is unnecessary to say that such substances cannot undergo the process of digestion during the very short time they remain in the patient's stomach, as he only eats once in the 24 hours.

The quantity of water which the patient consumes before the daily vomiting is upwards of 40 ounces, and must very much accelarate the exit from the stomach of that matter, which it might in vain try otherwise to get rid of.

I had an opportunity of seeing this interesting case when on a visit to Padua in the month of May 1829. At the request of Dr. Montesanto, I accompanied him to the prison to examine the patient, and I find from my journal the following account of my visit.

The patient was placed in the Infirmary of the prison along with several sick prisoners.

H re I was informed they are so strictly guar ed, that the jailer is never absent from

the adjoining room through which we passed to the hospital, and nobody is allowed to visit them except the physician and surgeon, unless under particular circumstances, when an order from the governor is necessary. I was surprised when Dr. Montesanto pointed out the unfortunate man at the upper part of the ward; for his appearance was so healthy that I should rather have fixed upon any of the other prisoners to be the person. He was sitting in bed preparing lint for the use of the hospital. His colour was rather paler than usual, which might well have been occasioned by the long confinement alone. His face was full, and his arms and body were also well covered with flesh; but the legs were considerably emaciated. The toes presented a singularly contracted and shrivelled appearance; and the feet were stretched out quite stiff, on a line nearly with the *tibiæ*, as if by violent spasms, and the heels were drawn upwards towards the back of the legs. The heat of the inferior extremities, however, and their colour were quite natural, but he declared he had not the least sense of touch, or any pain in them, nor the smallest ability to move them. This want of all feeling I traced along a line drawn from the lower lumbar vertebra across on each side to the spine of the ilium, extending downwards to a little above the *pubes*. All above this line the sense of touch was natural. I examined the spine, but found nothing deserving notice along the whole column, except at the part mentioned by Dr. Montesanto, as near as possible at the under portion of the last dorsal and first lumbar vertebræ. Here there is an indentation or hollow place even visible to the eye, but very distinct on pressing the point of the finger into it, which gave him great pain. On his attempting to bend the trunk forward so much pain was produced in the back and epigastric region, that he was obliged to desist; and on endeavouring to lie down, he complained of so great oppression across the chest with difficulty of breathing, that he was forced to raise himself to that position, in which he has now been for ten years past.

I have already remarked that he is in nearly the sitting posture. In this way he always sleeps supported by pillows; his sleep seldom continues above two or three hours, and it is often disturbed.

The abdomen was somewhat full below the *umbilicus*; but it was soft and compressible, and there was no irregularity of surface, or hardness, or pain, or pressure in any part. The tongue was almost natural, only slightly furred; his breathing was quite natural. The pulse at my first visit 86, rather intermitting, but neither full nor contracted. Next day I found it 65, steady and soft. This, Dr. Montesanto said, was his usual pulse.

I was informed that he had been, and still is, in the habit of vomiting his food about four hours after eating daily, and every 30 or 40 days he is attacked with severe vomiting of the contents of the stomach and alimentary canal, mixed with feces tinged with blood. Before the vomiting comes on he complains of being sick, very uneasy in the stomach, with a rumbling noise within, which terminates in vomiting. What he vomits is, he says, the food very little changed; sometimes the rejected materials are rather bitter to the taste, but not the least acid. The jailor informed me he perceived sometimes the smell of urine in the matter vomited, but not of late. After vomiting, all the uneasy sensations immediately cease, and he is then quite relieved till next day. His thirst is often great, and he drinks commonly toast-water or lemonade. He says he has felt of late much weaker, but in other respects he is much in the same state as he has been for the last ten years. During the whole of this time I was told he had neither evacuation by the rectum nor uretha. He avoids wine altogether, as he finds it always occasions uneasiness in the stomach. His food is generally such as is allowed by the rules of the prison; but he lives chiefly on salted provisions, which he prefers to every other nourishment. The mind of the patient seems to be quite resigned, and he says he is free from every kind of suffering.

On my return to Padua early in May 1831, I again visited this patient. I found him in the same condition and position in which I saw him two years before. The state of the lower extremities was precisely the same, and I was informed that the other symptoms were not the least changed from what they have now been for twelve years, except that the fecal vomiting is less frequent, and the daily vomiting returns at shorter periods after eating.

When the history of this singular case was published, it excited much interest among the most eminent physicians in Italy and elsewhere, so that some of the professors not only discussed the subject in their lectures, but also introduced it into the medical journals; and many practitioners, both of the neighbouring provinces, and of foreign states, came on purpose to visit the patient. Among these were some who confessed that they had entertained doubts as to the accuracy of the statements; because, among the long series of facts recorded by medical observers, there were not any to be found that resembled this case. The legal authorities also requested to be informed of the precise nature of the facts which had been published concerning a man who had rendered himself by his crimes deserving the rigor of the laws. In consequence, a letter, dated the 18th of July 1829, of which the following is a translation, was written by Dr. Montesan-

to, to the Count Selvatico, Vice-President of the Tribunal of Appeal, and Director of the Provincial Tribunal of Padua.

"Agreeably to the demand which your Excellency has done me the honor to make, I present to you along with this letter, the history of the very singular disease of the unfortunate Domenico Valetto, now confined in the Infirmary of the Prison; a history drawn up by me, and published for the purpose of informing professional men, of the circumstances of a pathological case, no example of which, so far as I know, is to be found in the most accredited collection of medical observations.

"This man, besides having the inferior part of the body paralytic from the waist downwards, has had neither intestinal evacuations nor urinary secretion for about ten years, during which time he has always lain as he does still, continually deprived of every motion of the inferior extremities, in bed in the infirmary. Vomiting in certain determinate hours after his daily meal, in this man, invariably takes the place of every other evacuation, without depriving him, however, of as much as is necessary for the support of life; and it so happens that this exists in him under laws unusual to human organization, and such as to reveal in a greater degree the wonderful resources of nature, even amidst the most difficult circumstances.

"The history of Valetto is therefore most interesting in itself, for which reason, with permission of your Excellency, and with the concurrence of Dr. Celega, the ordinary physician to the prison, I continue to observe the course of the malady, on purpose that I may be able to give the best account of what is taking place in its progress. But although this person may be treated in the Infirmary of the Prison, like all the other prisoners, with every kind of charity, and on account of the extraordinary length of his malady, he may be regarded even with particular humanity; yet, since the peculiar circumstances of the place render it impracticable for the physician to make those accurate observations, which science demands in a case so important, and so capable of affording in its progress new views to the cultivator of physiological science, I would solicit that this man, who has been already so many years confined to bed without the power of moving, should, by superior orders, be transported to the Civil Hospital, of which I hold the place of director, and where the observations undertaken by me would be rendered more easy and more conducive to scientific purposes. This request, urged solely for the benefit of the art which I profess, is founded entirely on a knowledge of the facts which I have stated, and by your having it granted, you would do an act worthy a magistrate so respectable, and so enlightened as your Excellency."

Although the condition of the prisoner was not changed by this letter, nor was there greater convenience afforded thereby for observing the patient in the manner a medical inquirer would deem fit, yet it had the effect of putting a stop to the oft-repeated threat of subjecting him to the punishment of the pillory, to which he had been condemned, and from which some ill informed persons pretended to say he wished to escape under the pretext of exaggerated maladies.

Having written to Sir William Money, British Consul-General for the states of Lombardy, to procure farther information about the actual state of the patient, I received his reply, dated Venice, 24th January last. The following is an extract.

"When I was at Padua last month, in my way from Milan, I had an interview with Dr Montesanto, and communicated to him all you wished, and all the interest excited by the marvellous case of the poor and wretched paralytic in the infirmary of the prison at Padua. He is still alive, but has been attacked with fever, which it was then expected would soon end his miserable days; but he still lives. I have since I was at Padua received your letter of the 5th ult. which inclosed your's to Dr. Montesanto, which I immediately forwarded to him. I spoke to him about the removal of the patient to the public hospital; but he said it could not be permitted, and that he was satisfied he was as well off in the hospital of the prison as he could be elsewhere. For myself I am thoroughly convinced that there is no deception whatever, and that deception under the circumstances in which the patient is placed is impossible. I therefore firmly believe in Dr. Montesanto's statement of this wonderful case.

"I have received a letter from him with two copies of his publication, which I embrace the first opportunity of forwarding to you."

Dr. Montesanto's letter alluded to is dated Padua the 12th of last January, and brings the latest intelligence of the patient.

"The pamphlets," he says, "which accompany this letter contain the history of the singular disease, concerning which His Britannic Majesty's Consul-General has done me the honour to request the exact particulars. The history has been communicated by me to my colleagues of the Royal Academy of Padua, the place where the individual lives who is the subject of my observations. Several of them have become personally acquainted with the reality of what I have stated in this history with every possible accuracy. Many eminent Italian and foreign physicians have alone and along with me visited and examined the patient, and I have undertaken to give to the public this account as minutely as possible, in order that

every one who wished to do so may satisfy themselves of the accuracy of the extraordinary facts herein related. This is yet possible, as the patient is still alive." (Here Dr. Montesanto gives the symptoms as already described, which need not therefore be repeated.) He then proceeds, "it is now about 21 months since he has brought up any fecal matter. For several days unusual pains of the belly, with swelling of the hypochondrium, and great tention had threatened new danger; but bleeding and emollient applications to the abdomen soon brought matters back to their usual state.

"The patient is, however, more deteriorated, and the pain he continually complains of in the *spina dorsalis*, where the *paraplegia* has its origin, is more acute than usual.

"Having observed the progress of this malady with attention for many years, and being anxious to keep an exact account of the disease, and what may be the result of the *post mortem* examination, that I may particularly inform men of science through the medium of the public medical journals, I shall likewise have the honor of transmitting farther information to any medical Institution, as I have already done to the Royal Academy of Paris."

This Academy at its sitting of the 26th of February 1833 had a discussion on a report drawn up at the desire of this Institution by M. Ollivier, which is alluded to in several of the Paris journals at the time, (in the Journal Universel et Hebdomadaire de Medecine of March, the Revue Medicale of the same month, and the Archives de Medecine of the preceding February.)

M. Ollivier mentioned that a similar fact was communicated to him by M. Denis of Commercy, in the case of a man who had received an injury on the spine, when only a few years old, which produced from that time a *paraplegia* with total suppression of both alvine and urinary secretions, and that the patient lived in that state 72 years. Although we should not hesitate in admitting the correctness of this statement by M. Denis, after the authenticated account of the case before us, yet it is to be regretted that such singular symptoms had not been communicated to other members of the profession, so as to have been made the subject of observation among them during the patient's life.

In presenting the history of the foregoing case in as short a form as the protracted nature of the phenomena would permit, I have been anxious to substantiate the facts therein related by evidence as satisfactory as the circumstances of the patient would allow. To the authenticity of several of the facts of the case I can myself bear testimony from personal examination of the patient. Thus, I can vouch for the truth of the statements regarding the indentation in the space between the twelfth dorsal and first lumbar *vertebræ*, the anaesthetic state of the integuments below the line specified, the paraplegic state of the lower extremities, and their shrunk and atrophied condition below the seat of the spinal injury, and the immoveably incurvated or inflected state of the toes.

The statements, that the patient has periodical fits of vomiting, preceded by a sense of obstruction in the throat; that the contents of the bowels are never evacuated; and that the urine has been entirely suppressed for so long a period, with the urinous odour of the matters rejected by vomiting, I should wish to rest on the observation of the jailer, and Drs. Menato and Montesanto, who have observed the patient with much vigilance and assiduity.

I may remark, nevertheless, that when we reflect on the position of the patient, which must render almost impracticable any deception for so long a period; and, on the other hand, the serious responsibility of the attendants in such circumstances under an Austrian government, we must unite with Sir William Money in thinking that any attempt to impose in this case must be quite impossible.

Besides, the truth of Dr. Montesanto's Reports to the Royal Academy of Padua has never been doubted by the members of that Institution, many of whom, individuals of intelligence and science, have frequently examined the patient. Nor have even the local authorities called in question the accuracy of these facts, which have been unreservedly laid before them.

In closing this communication, I should now make some observations on the singular phenomena here presented to our notice; but the length to which this paper has already unavoidably extended will oblige me to postpone any remarks to another time, when I hope I shall be able to lay further particulars of the case before the Society.

Art. VI. *On the Erysipelas, as it appeared in Kingston, in* 1826.

In the year 1826, this City was visited by an Epidemic, in which the severity of the attack, and the effects produced on the constitution are rarely equalled. The disease was ushered in as an attack of common bilious remittent fever, a few days after erysipelatous inflammation made its appearance, commonly ending in abscesses and sloughing. In Cooper's valuable work, he divides erysipelas into the *phlegmonous*, *bilious* and *local*. Other writers "he states," distinguish the disease into the *acute*, the *ædematous*, and the *malignant* or *gangrenous*. The latter "species of erysipelas is very liable to occur on the face, shoulders, and chest. The danger which attends it, is proportioned to the more or less vigorous state of the system; the case is often fatal, particularly when the disease attacks persons who have been already debilitated by other causes.

When it terminates favourably, small cavities and sinuses are often found in the cellular substance, which contain pus of a bad quality. In this sort of case, one or more ulcers form externally, through which considerable sloughs of the cellular membrane are discharged."

There was a peculiarity attending our epidemic erysipelas, in the wandering of the inflammation throughout the system, leaving those parts first attacked free from disease and ending in a distant part of the body in large abscesses and sloughs. The first case I shall relate, is that of one of my own slaves who before that time, was particularly liable to disease, but having thoroughly recovered from this attack, has, for many years, enjoyed good health.

Maria, a sambo, ætat. 24, stout, and rather corpulent, appeared lethargic and heavy for a few days, on Friday she took to her bed. She had had house medicine on the days she had felt unwell.—On Saturday her tongue was foul, irritability of the stomach, pulse quick and feverish. Ordered some purgatives of calomel and extract of colocynth, &c.—Having had occasion to go into the country, and not expecting to return until monday morning, I left word in case the fever should continue the next day, to request the attendance of my friend Dr. Hall, then attached to the medical Staff, now Surgeon of the 33rd Regiment. Accordingly, on the return of fever on Sunday, accompanied with irritation of the stomach, he was sent for, and he ordered a repetition of the purga, tive medicine, I particularly mention this to show, that even up to this time, there was no appearance of disease, the remittent fever excepted. The medicines had operated freely, on my return on Monday morning, I found her with a considerable accession of fever, great irritation of stomach, hoarseness of voice, violent pain about the head. She appeared exceedingly weak, although her pulse was full, and of a more healthy beat than one would have supposed from the appearance of the woman. Febrifuge and diaphoretic medicines were ordered, with the antiphlogistic regimen.—Tuesday, the headache very violent, begging for God's sake to relieve her.—There appeared on this day, tension and redness of the skin of the forehead, and the pain was excruciating to the touch. A blister was applied between the shoulders the medicines continued Wednesday, the tension had descended from the forehead to the eyes, and the skin appeared puffy and œdematous. Thursday, it descen- to the nose and upper lip; the roof of the mouth was affected, and the uvula much swollen, causing some pain and difficulty in swallowing. Friday, the lower jaw and throat were affected; the parts which were before inflamed and swollen, gradually regaining tone, and leaving no trace of the disease. It was now impossible for her to swallow, and at this time she became delirious. She was now much reduced, and really in a miserable situation. From being a very stout young woman, she was thin, and could no longer tell her sufferings, but her cup was not then full, Saturday it had descended to the sternum. She appeared at this time quite insane, night and day continuing awake, stripping herself naked, sometimes rubbing the bed-post, conceiving she was at work in the house, at other times kneeling in prayer, &c. &c. Sunday, the erysipelatous inflammation, continued to descend internally and there was now no external appearance of it, and without any thing remarkable occurring. Monday, it appeared to have descended to the stomach, which was then evidently affected from the excruciating pain experienced, and the total inability to bear the least pressure over the part. A blister was at this time applied to the pit of the stomach, which to every appearance, afforded great relief, for she was easy and appeared unconsious that it was there, until the after dressing began to prick her, which she tore off directly. She continued in this state for some days, the inflammation descending daily. When it had passed the stomach, she began again to swallow, having been nearly four days without even gruel, and her reason began to return. After having lost sight of the situation of the inflammation for some days, it was observed at the same time to appear on the hips and shoulders, and gradually descended to the thighs and arms, where its progress was at last arrested, and abscesses began to form. Not less than eight formed in the thighs, and round the hips, and also at the elbows, discharging an immensity of pus. Two large sloughs came away, one over each trochanter. With tonics, nourishing food, and wine this woman got quite well.

The next case which I shall mention was more unfortunate, the sufferings though not so severe were more protracted and ultimately fatal. ——— a maiden lady, ætat 55. of a lively disposition, not robust, but very healthy, still when illness came on, the attack was generally of a severe nature. This being known and feared, I was sent for on the first appearance of disease. I found her with a degree of fever upon her, her stomach had been irritable, and a considerable quantity of bile had come up; her tongue was foul and she had the general and common appearance of a patient labouring under an attack of bilious remittent fever. The remissions were perfect, and she was treated accordingly. On the 4th or 5th day, however, she began to complain of pain and tension, at the bottom and back part of the thigh, when upon examination, was found a redish spot of the size of a sixpence; the pain increased, the spot enlarged, and the feeling of tension of the part became more severe; leeches were

applied, and drew well, but gave little relief. fomentations of chamomile flowers and poppy heads, and emollient poultices afforded the greatest. The day following she became delirious and a state of insensibility with the appearance of great prostation of strength followed, the pulse continued to beat regular and of good strength. In fact at this time the state of the pulse and the general appearance of the patient were at complete variance. The inflammation and tension began to descend the leg, the insensibility wore of, and her faculties returned, and altogether a favorable appearance took place. The inflammation still continued to descend until its progress was arrested in the foot, and abscesses began to be formed. A gangrenous spot showed itself on the upper part of the foot. No healthy action appeared; abscesses formed up the leg, discharging an unhealthy sanies, the edges forming ill-conditioned ulcers. Her constitution was at last completely worn out, and after 63 days suffering she breathed her last.

These cases accurately detailed will give some idea of the formidable disease, we were called upon, to contend with, and will amply illustrate the aggravated form in which it appeared as an epidemic. I have little doubt that many of the practitioners kept notes, and I shall be happy if my observations are in accordance with their remarks. I shall now close this paper, with an extract of my observations made at that time, and which I find annexed to the notes kept of the above cases.

"In all the cases that have come under my observation, one principal feature of the disease was remarkable, and this was, when the patient, racked with excruciating pain, was suffering under this affection, the countenance pale and cadaverous, the eye sunken with a dark areola, and the whole appearance assuming the characteristics of approaching death still the pulse would beat, slow, regular and even full. The disease has now disappeared from the town, but many cases are still fatal in the country."

The general observations to be noted in these cases, are the ushering iu of the complaint, with the bilious fever so common to this climate, without any particular pain, or appearance of erysipelatous inflammation, and it was not until the 3rd 4th or 5th day from the commencement of the illness that the seat of the disease could be properly defined. In most cases the head was affected not only externally, but the nervous system, causing delirium for some time. The abscesses were formed in all parts of the body, the axillæ, elbows, hips, feet &c. recoveries were frequent, cases as frequently were fatal, and like most epidemics in the country parts, on plantations the mortality was very great. No age was exempt, no care could avert the danger. Persons were afflicted where no intercourse was had with any one affected with the disease and children at many miles distance from where the epidemic was raging, fell victims to it.—*Ed. of the Jamaica Physical Journal.*

Kingston, April 14, 1834.

ART. VII. *Case of Rupture of the Uterus.*

We are indebted for the following case of Ruptured Uterus, to Mr. Rae, a gentlemen well known in this city for his extensive properties in this island, as for kindness and attention to those who are in any way connected with him. The case is simply and well told and reflects much credit on the writer thereof, who is in no way connected with the medical profession. We need hardly add, that Sarah Grant was a slave, belonging to Mr. Rae.—*Ibid.*

SIR,—Expecting you were gone to St. Ann's, or I should have sooner informed you of the melancholy fate of poor Sarah Grant. On Thursday morning last, between 9 and 10, in the presence of Dr. Gordon, she complained of pains of approaching labor. After waiting for some time, and having been examined by the Doctor, the pain subsided (which the Doctor conjectured were spurious;) he left and gave directions to be called immediately when appearance of real pains should come on. The next morning, Friday she complained of an increase of pain, but no appearance of the child's head descending. However, I deemed it prudent to send off for the Doctor, who arrived at half-past 3 P. M. As no more progress then had been made, the Doctor was inclined to think labor had not commenced. Nine, P. M. pains all gone, and she slept well during the night.—The following morning, Saturday, every thing seemed favorable; no pains of labor, nor had the child's head yet descended. The Doctor remarked, "she might not be delivered till the beginning of next week."

He left 10, A.M. with directions as before. She walked about during the day of her own accord, with favorable appearances, and absence of labor; continued so throughout the night, but at 6, A.M. Sunday, while on the pot, she instantly expired without a struggle.

From this shock so unexpected, I sent off again for Dr. Gordon (being by no means satisfied as to the cause of her death) who immediately came and proceeded to open the body, when he found a full-sized female infant had burst thro' the Uterus, into the cavity of the abdomen, together with the Placenta attached.

The Uterus had bnrst at the inferior posterior part. The other viscera, parficularly the intestines, were slightly inflamed. What could have caused the bursting of the Uterus, would be difficult to say—probably debility; no labour pains having been present.

I am, with the greatest respect, your most obedient servant, JNO. HUXTABLE.

William Rae, Esq.

The following paper is from the pen of the talented Editor of the "Jamaica Physical Journal," and as the subject is one of much interest at the present time, we select it entire.

ART. VII. *Some observations on the Epidemic Variola, as it appeared in Kingston in* 1831, *and on the utility of Vaccination as a Prophylactic.* By JAMES PAUL, M. R. C. S. L.

This Island is, perhaps, as free from epidemics as any other part of the world; still they do steal among us, and for all the guardianship of Health Officers appointed to the different ports and harbors, the transmission of disease escapes their penetration, and the worst species at various times, rage throughout our population.

About the 20th March, 1831, it was discovered that a child in Water-lane, had a quantity of pustules over its body, face, and limbs, which after examination by several medical gentlemen, was pronounced to be small pox. Unfortunately, however, two or three children had already caught the infection, and although orders were given to admit no one into the house where the child was, yet anxiety to see a disease, that had not appeared since, I believe 1812, or 1816, caused many imprudent persons to visit, and a little time only elapsed, ere cases were observed in all parts of the town.

I shall not here enter into the speculations advanced, as to how, or in what manner the disease came into Kingston, suffice it to say, that it had been raging for some months before at Nassau, New Providence, betwixt which place and this city were frequent communications, and I do not think the authorities, on the occasion, were at all so careful as they ought to have been.

I beg leave to state, that my observations are derived from the many cases I had an opportunity of seeing and visiting, during the period the epidemic raged, and the cases I shall afterwards allude to, are taken from memoranda kept, until they became so numerous, and my attention so taken up, that my notes were forgotten. I consider, however, that they are sufficiently numerous to bear me out in the statements I am now about to offer.

Variola, or small pox, takes its name from *varius*, changing color, because it disfigures the skin. It is of the class *pyrexia* (fever) and order *exanthemata*, (eruptive) of Cullen; distinguished by *synocha*; (continued fever) eruption of red pimples on the third day, which form into vesicles, and on the eighth day contain pus, and drying, fall off in crusts.

"The Chinese* affect to trace the origin of the small pox back to a period of at least 3,000 years, or twenty years beyond the era of the Trojan war. If this were really the case, it must be admitted to be somewhat singular that we are indebted for our earliest information respecting this loathsome and pestiferous disease, to Abrun or Aaron,† a presbyter of Alexandria, who flourished about the time of Mahomed, or above 600 years after Christ. Pythagoras, who flourished nearly 4,000 years after the creation, or little less than 600 years before Christ, travelled as history informs us, in quest of knowledge into the regions of the east, and must have heard something of this complaint, had it existed in a country so close to those which he visited, at the period of his travels. Yet we have the strongest evidence in those medical works of the Greeks, which are extant, of their utter ignorance of this remarkable complaint; of which consequently neither Pythagoras nor any other oriental traveller could have brought back the slightest information.‡

"Inoculation, as a prophylactic against the natural invasion of this complaint, is also said to have been practised in China long before its introduction into Europe; and a fact of considerable importance is connected with this, which merits the more attention from being recorded in a work published many years before Dr. Jenner's discovery of the prophylactic powers of the vaccine virus, and consequently free from all suspicion of being partially related for the purpose of favoring one or other of the parties into which both the professors of medicine, and the world in general, have been divided with respect to its efficiency in fortifying the system against the invasion of variolus contagion. The fact, as stated in Grosier's own words, is this, that the Chinese place 'less confidence' in the practice of inoculation 'than the Europeans, and for this reason, because the former are convinced by *numberless* instances that it does *not* prevent a *return* of the small pox when it becomes epidemical.

"The Chinese affect to discriminate no less than forty different species of small pox, regulating their method of treatment, not only by the nature of the climate and season, but also by the age and habit of the patient."

At page 215, of the above work, we also find the following:—"The earliest mention of this complaint, upon which reliance can be placed, is an ancient Arabic MS., preserved in the public library at Leyden, in which Dr. John James Reiske says, he read the following words:—'This year, in fine, the small pox and measles made their first appearance in Arabia;" the year alluded to, being that of the birth of Mahomet, or the year 572 of the christian era."

*Hamilton's History of Medicine, p. 29.

† Aaron states, that persons were liable to second and third attacks of this disease.—Good v. 3, p. 105.

‡ The argument of Pythagoras is scarcely good. He could have visited only a small part of the immense extent of country, to which the ancients applied the term of Orions, and probably China was then as difficult of access as at present.

"The first writer who appears to have given any systematic account of this formidable malady, with the diagnostics of the several varieties, and their method of treatment, is Aaron, a native of Alexandria, and a learned presbyter and physician, who flourished about half a century after the period assigned for its first appearance in Arabia by the MS. quoted by Dr. Reiske, or about the year 621, and must have been contemporary with Paulus. From this circumstance, Dr Freind is led, and not without reason, to conjecture that its first appearance was in Egypt, as the oldest traditions allege; but he imputes its introduction there to the Arabians, who brought it with them, as he supposes, from the more distant countries of the east—the most ancient Arabian writers not speaking of it as a new disease."

Such is a brief but interesting outline of the early history of small pox, a disease than which none has been more destructive to human life, or more feared, because of its disgusting and loathsome nature. How pleasing must then be the reflection, that we have it in our power to ward off—at all events to ameliorate this formidable disease, when it may chance to come amongst us. The discovery of Dr. Jenner, which was made known in 1798, of the wonderful power of the vaccine virus, must render his name imperishable, and will hand it down to the latest posterity. Having given a short history of the first knowledge of variola, it may not be here foreign to our subject, to give an account of the manner in which the discovery was made, and which will be embraced in very few words

It was observed by Dr. Jenner, an eminent practitioner in the county of Gloucester, during the year 1796, that many persons who were in the habit of attending cattle were quite impervious to infection from small pox. On tracing the cause of this, it was found that those people had all had vesicles on their hands quite similar to those which appeared on the dugs or teats of the cows they had been in the habit of milking; it was also found, that those cows on which vesicles appeared, were for the most part attended by the same servants as were in the habit of dressing the greasy heels of horses. This led Dr. Jenner to try the effect of inoculating from the vesicles as they appeared on the teat, which established the fact, that persons inoculated with the vaccine lymph, which has its origin from the greasy heel of the horse,* were rendered insusceptible to small pox, while others continued liable to the infection. To the brute creation, therefore, are we indebted, and all our hopes derived, to be saved from an attack of this awful pestilence and loathsome disease.

* The derivation from greasy heels has been much doubted, and I believe is not considered as proved. I think Jenner himself had, latterly, some doubts.

That vaccination, when successfully and effectually performed, leaving behind it a cicatrix, distinctly defined, perfectly circular, with indentations, and of a size not larger than that of a small wafer, or a sixpence, will render persons secure from the infection of small pox, I have every reason to believe, and shall allude to some cases on which that belief is founded.

The first case I shall take the liberty of mentioning, affords a beautiful illustration of the power of vaccination in preventing the infection of variola. When the small pox was spreading, and the friends were alarmed on every side, the parents in one family, though adverse before, were now anxious to have their children vaccinated, a girl and boy, four and two years of age. The operation was performed, and the vaccine pock was fully developed—the children were secured. The parents who had little faith in vaccination, exposed them to the infection, and encouraged them to visit at all hours children lying ill with variola on the other side of the street. At this time the lady was confined, and the child was vaccinated at a fortnight old; neither it nor the two former had the slightest attack of the epidemic.

2d, That of my own family. My daughter was vaccinated in 1827, went to England soon after, and returned to Jamaica, September 1830; the mark and indentations were quite distinct, I considered her safe, and did not revaccinate her; she resisted the infection. A girl in attendance had no mark, was vaccinated and escaped. Three of my servants had all the perfect mark of vaccination. The fourth, the servant who attended me in the gig, had never been vaccinated; it was put off from time to time until I could spare him. He, however, caught the infection, and had a very severe attack, during which every one of the family occasionally attended him. He was the only who had an attack of small pox.

3d, On the 15th April, I was sent for to see a child who had been already ill for three days; the eruption was appearing; she had a severe attack, but recovered. In this family were six children, (one the sister of the above), who were vaccinated the day following, viz. on the 16th, and all went through the course well, excepting one, in which the virus had no effect. During this time, they were allowed free intercourse with the child suffering under variola; in fact, the sister could not be kept one hour from her, or from being in the same bed; yet they all escaped, that one excepted, in whom the vaccine disease did not take effect.

4th, Two little girls of twelve years of age, were vaccinated on the 16th April; one, however, had already imbibed the infection, and fevered on the 19th; both diseases went on in the system at the same time, the variola was very mild, the vesicle of the cow pock was well formed, but no inflammation or

swelling of the arm took place. On the 17th, four more were vaccinated, and all had continued communication with the small pox patient, yet all escaped.

5th, In a family where there were three children, besides negro children in the yard.

Mary Anne, aged 7 years, vaccinated when young, mark not plain, not indented.

Charlotte, 5, Perfect cow pock mark.

James, 2, Vaccinated four weeks ago, and took well.

Mary Anne, the former, fevered, and small pox appeared; very modified; in fact more like varicella or chicken pox; appeared, filled, and dried in a week. The two latter escaped. In the same house, Eliza, aged 15, was supposed to have had small pox when young, consequently no attention was paid to her; imbibed the infection, and had a smart attack.

Charles, negro, a servant in the same family, aged 15, had a severe attack; all the negro children, having access to these cases, were vaccinated, and escaped the disease.

6th, An old, but hale and healthy negro, nearly 60 years of age, caught the infection, and had a mild attack. His son, aged 5, who was constantly with him, was immediately vaccinated, and resisted the infection.

These instances, amongst many which might be enumerated, are quite sufficient for my purpose, to show the confidence we ought to entertain of vaccination, when it has gone through its regular course. They also point out most thoroughly, that although one member of a family may have imbibed the infection of small pox, and the disease has even made some progress, that if we are fortunate with our cases of vaccination, the malady can quickly be arrested. Nothing (in my mind) could be more conclusive, more satisfactory, it would therefore be a waste of time, for me to dilate farther upon the subject.

That there are some, whose peculiar idosyncracy renders them liable to small pox, after vaccination, and even after a former attack of that disease,* there is no doubt whatever, and it is here that all the odium that has been attempted to be thrown on vaccination, rests. We have already seen when treating on the history of the disease, that the Chinese "place less confidence in the practice of inoculation than the Europeans, because they are convinced by numberless instances, that it does not prevent a return of small pox when it becomes epidemic." It is known by every one, that spurious vaccine matter, although it may cause the same appearance during the progress of developement, will not save the person from the infection of small pox. I shall go farther, for as there are constitutions impervious to both cow pock or small pox, either by infection or inoculation, so do I conceive that there are constitutions so susceptible to its influence, neither will save them.*

1st, Miss ——, aged 16, had been vaccinated when young; mark not distinct, but indented; a modified case: the vesicles drying off by the seventh day.

2nd, Brown, lad, aged 25, had been vaccinated when young; mark pretty perfect; very few vesicles.

3d, Child already alluded to in the former column.

4th, Two boys, brothers, 10 and 8 years of age. The former, mark not perfect. The latter, perfect, distinct, and indented. Both modified cases, the vesicles drying off about the 8th day.

5th, A very fine boy, aged 14, had been vaccinated when young. I shall again recur to this case, as the most peculiar one I saw. The boy died.

6th, Woman, aged 22, had had a former attack of small pox, marks of which appear on her face; a modified case, and few vesicles.

These cases are enough to show, that there are constitutions susceptible to the influence of small pox, when the mark appears quite characteristic of true vaccination, and also after a former attack of small pox. But they also show us, that even where the mark was not so true, that the epidemic was modified in the most extraordinary degree, appearing more like varicella (chicken pox) than variola (small pox). That they were cases of small pox, there is no doubt, from the severity and peculiarity of the symptoms ushering in the disease, the former disease in this climate seldom causing children to complain.

I have already mentioned a case where both diseases went on in the system at the same time, and it was evident that the vaccine disease modified the small pox in a remarkable manner. Many experiments were made, which to repeat would only lengthen my paper unnecessarily, where vaccination and inoculation for variola were performed at the same time, on separate arms, on the same arm, and so close as to appear one vesicle. Still the patient was protected from the formidable disease, and each vesicle contained its proper virus.

Variola, or small pox, has been distinguished into the *distinct* and *confluent:* the former implying that the pustules are separate and distinct, the latter, that they run into one another. We may add to the above the *modified*, or that mild and safe attack generally subsequent to vaccination. There were, however, varieties which appeared in the epidemic as it raged in Kingston, which baffles description, as it then did all attempts to rescue the sufferer from death. "Sometimes it happens that a putrescency of the fluids takes place at

* I believe this to be more common than is generally acknowledged.

* ———'s child was vaccinated six or seven times, and inoculated twice, but was not impervious to either disease.—Ed.

an early period of the disease, and shows itself in livid spots interspersed among the pustules, and by a discharge of blood by urine, stool, and from various parts of the body."* There was one description which I should be inclined to denominate *measly*, where no vesicle arose, but the skin was thickly studded with the eruption in large purple blotches; the patient was easy, great prostration of strength followed, generally attended with delirium in the last stage, and death. One case of a very peculiar description came under my care, to which I have already alluded, a report of which I shall immediately give.

There are four stages of the modified, distinct, and confluent small pox; first, the febrile; second, the eruptive; third, the maturative; and fourth, that of scabbing or scaling off. "When the disease has arisen naturally, and is of the distinct kind, the eruption is commonly preceded by a redness of the eyes, soreness in the throat, pains in the head, back, and loins, uneasiness and faintness, alternate heats and chilliness, and heat, thirst, nausea, inclination to vomit, and a quick pulse," to which we may add, pain and a sense of weight at the precordia. About the third or fourth day from the first attack of fever, little red spots are observed, sometimes singly, at other times more in clusters, which continue to increase in size and number, rising into vesicles filled with a clear and transparent fluid, which, by the eighth or ninth day, is converted into a thick yellow matter; after this they begin to flatten, and the covering looks shrivelled, they break and discharge their contents, then become dry and fall off in crusts. In the confluent, where the pustules run into one another, matter collects under the thickened cuticle, which peels off in large patches, leaving the exposed surface in a raw state; in many cases, the whole skin of the hands and feet came off in one piece, leaving the surface in the most tender state. In such cases the fetor from the body is peculiar and powerful, and unlike any other flavor I can recollect. It was so distinguishable that I was quite aware, when approaching a small pox patient, whose pustules were in a state of suppuration. The species which I would call measly, is ushered in as the former, but the eruption never forms into vesicles, the skin in the interstices, is of a livid color, the patient feels easy, great debility ensues, the fluids are in a state of decomposition, low muttering delirium takes place, and seven or eight days closes the scene.

Mary Anne, aged 20. This girl was very stout and lusty, had great dread of imbibing the infection, and had taken a large quantity of purging medicine, as she considered, to prepare her for the attack. The eruption appeared in purple blotches, and no vesicle formed; she felt quite easy and had no pain; she gradually lost strength and died on the ninth day from the commencement of the attack.

The other cases were perfectly similar to this, except that the patient was generally delirious for forty-eight hours before death, and could not be restrained from tearing the flesh, the cuticle coming away as from putrid meat.

The last case I shall mention, is that of C. I. a very fine boy, aged 14, vaccinated when young. I had attended this boy two years before, in a severe attack of convulsions, supposed from worms. He was active and intelligent, very fair, and a clear skin. On the first appearance of the eruption, which never formed into vesicles, there also appeared in various parts of his body, tubercles of the size of a small pea, hard to feel, of a dark purple color, or almost black, the base having a bluish appearance. These tubercles appeared first at the wrists. Blood distilled from his gums; and long weals, as if he had been struck with a whip, of a dark brown color, about the breadth of half an inch, and three or four long, having the edges risen with small vesicles, bordering with red, appeared on different parts of his body. This poor boy felt no pain, he did not complain, he gradually lost strength, and died on the seventh day of the eruption.*

* Hooper.

* Having submitted my MS. to my friend Dr. Miller, (some of whose observations I have retained as notes,) for his perusal, he kindly noted for reference the works of Sydenham and Heberden, in both of which a similar variety of small pox is noticed. The former, in describing the disease which occurred in various years, alludes to a different sort of small pox which was introduced with the measles in 1670, and obtained the name of the black small pox, from large visicles appearing "full of a transparent *serum*, which afterwards bursting, the flesh underneath appeared as it were quite mortified, and he died soon after, as did *all those* I had seen attacked with this dreadful symptom." This species of small pox gradually became milder, and in two years disappeared, but revived in 1674, when the measles were again introduced. "It now returned again with its former violence, and attended with a train of destructive symptoms. For in the *flux kind*, the pustules appeared of a sooty blackness, unless the disease proved fatal before they came to suppuration; for whilst they ripened, they were only of a brown color." It is apparent that in the anomalous species of which Sydenham treats, it was always observed that the vesicles filled. "Moreover, when the pustules were numerous, they were very small, (for where very few appeared they were of the same size as in other kinds of the small pox, and were rarely black,) and nearly resembled that kind above described, which prevailed in 1670, differing only in a few particulars, which showed that this sort was attended with a greater degree of putrefaction, and of a grosser and more indigestible nature; for when the eruptions came to maturity, they were much more fetid than in the other kind, insomuch that I could scarce bear to approach such as were very full, the stench was so offensive." The species which I have presumed to apply the appellation of *measly*, never rose into pustules, when it did proceed so far as to vesicate at all, a number of minute visicles would run together, merely raising the cuticle a line higher than the other portions; but it was rare indeed that this took place. Heberden, in his commentaries, clearly describes the same species which appeared in the epidemic of 1831, as it showed itself in Kingston, and were it not that I am conscious my observations were made from the cases that came under my care, and that they were

I cannot close this part without adverting to a case, I, among others, was requested to visit, that if possible something might be advised for the poor boy's benefit. But such a spectacle, in the course of my life I never saw before. He had been ill for some time, and such was the solution of the solids, that the scapular extremity of each clavicle had separated from its attachment, and had worked its way through the flesh, about three inches from each shoulder, where they appeared from one and a half to two inches, naked and dead bones, denuded even of the periosteum. Both trochanters were exposed, and the knee joints were in the same state; indeed no limb could be raised without fear of separating its attachments. The flesh was of a livid color, discharging a thin sanies, having the appearance of animal food in the last stage of putrescency; yet this object retained life, I believe for some days after I saw him. What could be advised that could be of use in such a case? Surely death was to be preferred.

The dreadful and shocking appearances which occasionally presented themselves to the view of those who were much engaged, with the numerous cases of small pox that occurred amongst the poor of this city, can scarcely ever be blotted from their remembrance; and the sufferings of human nature in that fearful and loathsome disease, must cause them to view the discovery of vaccination as one of the greatest blessings that could be bestowed on the human race.

I shall enter very briefly upon the treatment of this disease. I believe the medical gentlemen of this community were eminently successful in the treatment of the epidemic, and that few deaths occurred to the number of cases. In the established Church, the number of burials was that year doubled, being generally, upon an average of one per day, they were augmented to nearly 800. Besides the English Church, however, the Jews, Catholics, Baptists, and Methodists all bury; but I believe it was observed by all these congregations, how few in addition to the usual average died. The treatment of small pox is simple, and consists in the first stages in allaying the inflammatory action by strict attention to the antiphlogistic regimen, and then when the pock is discharging, and all febrile symptoms have subsided, to alter the system, and support the strength with tonics, nourishing food, and wine.

In the other cases I have alluded to, I am indeed sorry I can say nothing satisfactory. In general, the treatment in my practice failed. Ammonia, camphor, opium, wine, all that could be given to stay the rapid approach of the system to decomposition and dissolution, failed, and I had the melancholy duty to perform, of attending those whose death I had prognosticated from the moment I saw them, without the gratification or satisfaction of almost once being deceived. Even at this time I look back with sorrow and pain, and acknowledge the inefficiency of our remedial powers, in such cases as I have portrayed. I know no other disease in which our treatment is so perfectly unavailing, as in that species of small pox I have denominated measly, where the eruption comes out in blotches, and never fills into vesicles; and the system glides into decomposition, lethargy, and great prostration of strength ensues, and death puts an end to the patient, the seventh, eighth, or ninth day.

Kingston, July 1834.

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written out before I saw the last named author I should hesitate in giving them to the public, as it might be supposed I had built upon, and given as my own, what properly belongs to another.—Ed.

"Urina Cruenta, quæ lure numerature in pessimis variolarum signis, accessit die quinto ab initio ægrotationis; pustulæ interea vix eminuerunt super reliquam cutem, nisi leviter, et in paucissimis locis; *in plerisque aliis corporis partibus cutem tantummodo notaverunt maeulis purpureis aut vibicibus.* Venter in his ægrotis reddit cruenta; et ipsæ lacrymæ interdum fuerunt sanguine tinctæ. *Quod si cutis alicubi forte detrita sit, sanguis e vulnusculo multos dies exstillaait*, et ægre cohiberi potuit. *Hujusmodi ægre deplorati omnes, quotquot vidi, tertio vel quarto pustularum die decesserunt.* Verum ubi omnia alia infausta signa abfuerunt, urina interdum fusca, vel nigra, impune reddita est: etiam in illis qui ab arena aut calculo liberi fuerunt. In variolis, quæ inter bonas malasque mediæ erant, urina quinto pustularum die nigra fuit, nec ad colorem naturalem, nisi post quatuor dies rediit. In alio urina atra erat secundo die ab accessione morbi, et quod ex ea desibedat, pulverem atrum referebat. Ambo hi ægri ex morbo recreati sunt, sine quovis sinistro, aut insolito casu interveniente. Pustulæ interdum vix diversæ fuerunt ab iis quæ in mediocribus variolis conspici solent; *attamen earum interstitia notata fuerunt maculis rotundis purpureis, et tertio die ab exitu pustularum ægri extincti sunt.*"—*Heberden Commentarii, f.* 381.

REVIEWS.

ART. I.—*An Inquiry into the Nature of Sleep and Death, with a view to ascertain the more immediate causes of Death, and the better regulation of the means of obviating them. Republished by permission of the President and Council of the Royal Society, from the Philosophical Transactions for* 1827, 1829, 1831, 1833, *and* 1834, *being the concluding part of the Author's Experimental Inquiry into the Laws of the Vital Functions.* By A. P. W. PHILIP, M.D., F.R.S.L. and E. 8vo. London, 1834. Pp. xix. and 254.

THE present volume contains the concluding part of Dr. Wilson Philip's Experimental Inquiry into the Laws of the Vital Functions. It consists of an introduction, of a reprint of seven papers from the Philosophical Transactions, and an Appendix. The first is on the functions of the nervous system, and the relation which they bear to the other vital functions; the second on the effects of dividing the nerves of the lungs, and subjecting them to the influence of Voltaic electricity; the third on the function of digestion; the fourth on the source and nature of the powers of circulation; the fifth on the relation subsisting between the nervous and muscular systems in the more perfect animals, and the nature of the influence by which it is maintained; the sixth on the nature of sleep; the seventh on the nature of death; and the appendix consists of a reprint of two papers in a reply to some observations of Dr. Prout in his Bridgewater Treatise. It is to the sixth and seventh papers that we shall confine our analysis.

The cause of sleep has for ages occupied the attention of the most eminent physiologists and psychologists, without producing any very satisfactory explanation of the phenomenon, so that, with the late Professor Dugald Stewart, one would be apt to declare that it was a subject placed altogether beyond the reach of the human mind. The earlier physiologists maintained that the proximate cause of sleep was a deficiency or exhaustion of the animal spirits,—an opinion which, as it was founded on an erroneous view of the functions of the brain, readily fell into oblivion when the structure and uses of the various organs of the body were more studied and better understood. The next hypothesis which obtained favor was, that sleep depends upon a certain degree of compression, to which the brain is subjected, by the accumulation of blood in its vessels,—an opinion brought forward anew by an anonymous writer in the second volume of the Quarterly Review, where the doctrine is clearly stated, but not supported by facts or reasoning. But the state caused by pressure on the brain, though it resembles sleep, in producing a cessation of all the faculties, differs much from it in various circumstances, such as in its being neither refreshing nor easily interrupted, and when interrupted, in being renewed immediately on the withdrawal of the stimulus. Sleep, moreover, is induced in circumstances in which it is next to impossible that accumulation of blood can have taken place in the brain. Cullen's notion, when stripped of the phraseology made use of in consequence of his belief in a nervous fluid, amounts merely to this, that a state of action is necessarily followed by a state of repose.

The theory of Bichat is similar. According to him the animal functions have an alternate action and repose. This repose, if of long duration, and shared by several functions, constitutes sleep, and the greater the number of functions involved, the deeper the sleep. Blumenbach attributes sleep to a diminished or impeded flow of arterial blood to the brain; to refute which, it is merely necessary to observe, that a state far different from sleep would be the result of such an occurrence. According to Magendie, perfect sleep results from a suspension of the action of the relative organs of life, and from a diminution of the action of the nutritive functions.

This he supposes to be the immediate effect of the laws of organization, and to be inexplicable by any of the physical causes mentioned by authors. There is yet another theory, of which the most that can be said is, that it is ingenious. When a man falls asleep, he breathes more slowly, less carbon is given out, and some of its compounds accumulate in the blood, and are applied to the brain, and, in consequence of their soporific effects, keep the person asleep.

The question then comes to be, how is sleep induced? The answer given is, that the exhaustion consequent on exertion diminishes irritability to that point at which external objects prove scarcely a stimulus, and then the individual is said to be sleepy; add to the exhaustion, or withdraw the stimulus, excitement is no longer felt, and the man drops asleep. But before sleep, the pulse and breathing are slower, from the previous exhaustion, and, consequently, the accumulation of more of the compounds of carbon goes on. During sleep, however, the irritability lost during the day is repaired, the sum of the excitability counterbalauces the sedative effect of the gas, and becomes subject to the stimulus of the external world, and the man awakes. In corroboration of this opinion, it may be

stated, that it has been ascertained that least carbon is given between nine P. M. and nine A.M. On reviewing these different hypotheses, that which attributes sleep to a law of the organization, that exhaustion must always follow exertion, will appear to be the most reasonable of them. Dr. Wilson Philip's views differ very considerably from all those now given, and are founded upon the particular doctrines which it has been the business of his life to establish. We cannot do better than give his own summary of his opinions regarding sleep. "From a review of the whole of the facts which have been laid before the Society, it appears, 1. That in the brain and spinal marrow alone reside the active parts of the nervous system.

"2. That the law of excitement in the parts of these organs, which are associated with the nerves of sensation and voluntary motion, is uniform excitement followed by proportional exhaustion, which, when it takes place to such a degree as to suspend their usual functions, constitutes sleep; all degrees of exhaustion which do not extend beyond them and the parts associated with them being consistent with health.

"3. That the law of excitement of those parts of the brain and spinal marrow which are associated with the vital nerves is also uniform excitement, but which is only, when excessive, followed by any degree of exhaustion, no degree of which is consistent with health.

"4. That the vital, in no degree partaking of the exhaustion of the sensitive system in sleep, only appears to do so from the influence of the latter on the function of respiration, the only vital function in which these systems cooperate, in consequence of which its organs, without being in any degree debilitated, are less readily excited.

"5. That the law of excitement of the muscular fibre, with which both the vital and sensitive parts of the brain and spinal marrow are associated, is interrupted excitement, which, like the excitement of the vital parts of these organs, is only, when excessive, followed by any degree of exhaustion. And,

"6. That the nature of the muscular fibre is every where the same, the apparent differences in the nature of the muscles of voluntary and involuntary motion depending on the differences of their functions of their relation to the brain and spinal marrow, and of the circumstances in which they are placed.—Pp. 148, 149, 150.

The following are his views of dreaming. "Had we, independently of experience, been made acquainted with the nature of sleep, we might have foretold that dreaming, pretty much as we find it, would be its consequence.

"We here find the sensitive parts of the brain to which the powers of mind belong, and the parts associated with them, in a state of exhaustion, but not such exhaustion as prevents their being excited by slight causes, while other parts of the system are still in a state of activity. But it is only in the most perfect state of health, and such as we rarely enjoy, that the vital functions are performed without slight causes of irritation arising in some of their various and complicated processes, which tend to disturb the repose of the sensitive parts of the brain. Thus it is that indigestion and other internal causes of irritation produce dreaming. Such causes act partially, and therefore only partially excite those parts.

"It seems greatly to influence the phenomena of dreaming, that, in order to favor the occurrence of sleep, and thus, as far as we can prevent unnecessary exhaustion, means are always employed at its accustomed times to prevent as much as possible the excitement of the external organs of senses, and consequently those parts of the brain associated with them. This renders us the more sensible to causes of excitement existing within our own bodies, while, by the inactivity of the parts of the brain which are associated with those organs, we are deprived of the usual control over such parts of the mental functions as are thus excited; the effect of which is greatly increased by the rapidity of the operations of the memory and imagination, when not restrained by some of the various means employed for that purpose in our waking hours. These are often objects of the senses, as written language, diagrams, sounds, and sometimes even objects of touch; but the most common is the mere use of words independently of any object presented to our senses.

"Any one may easily perceive how difficult it is to pursue a train of reasoning without this means of detaining his ideas for the purpose of steadily considering them and comparing them together. Now, in sleep, in consequence of the excitement of the brain being so partial, we are deprived of all these means; and our ideas pass with such rapidity as precludes all consideration and comparison. Our conceptions, therefore, are unconnected by experience, and we are not at all surprised at the greatest incongruities. Why should we be surprised at our moving through the air, when we are not aware that we have not always done so? The mind of the dreamer differs from that of the infant in having been variously impressed, and, therefore, in the capability of having its impressions recalled. But it is only as far as it is excited that any impression can be recalled. With the exception, it is as void of the results of experience as the mind of the infant; and therefore, in its partial excitement of the means of correcting any particular train of ideas suggested. In general, there is neither time nor means for reflection, and, consequently, there can neither be doubt nor hesitation.

"Such is the rapidity of our thoughts in dreaming, that it is not uncommon for a dream

excited by the noise that awakes us, and which, therefore must take place in the act of awaking, to occupy, when put into words, more than fifty times the space in the relation. It is a good illustration of what is here said that when we dream that we are conversing, and thus obliged to employ words, the usual incongruities of dreaming do not occur. The ideas are sufficiently detained to enable us to correct the suggestions of the imagination. No man ever dreamt that he was telling another that he had been flying through the air.

"Thus the peculiarities of dreaming arise from the partial operation of the causes of disturbance, and some of the sensitive parts of the brain being capable of excitement without disturbing the others, and thus it is that the more near we are to awaking, the more rational our dreams become, all parts of the brain beginning to partake of the excitement; which has given rise to the adage, that morning dreams are true.—Pp. 150—153.

Perpetual change forms an essential part of the constitution of all organized bodies. The successive changes which each organ undergoes after it has reached maturity, tends gradually to incapacitate it for the performance of its functions; and, by the time that man has reached the first period of senescence, some have completely lost their action, others have been absorbed, and a few continue in a languid and deteriorated manner to perform their functions. Finally, these too cease; and when all the functions necessary to life thus terminate, death ensues. The various steps by which this takes place have been investigated by various authors, the opinions of a few of whom we shall cite.

Boerhaave conceived that the texture of the parts was destroyed by the friction produced by the motion of the fluids through the vessels,—that the fluids themselves gradually acquired an acrimony, and their elements are transformed into such as constitute solid substances. The partial obliteration of the vessels, their increased rigidity of structure, and the diminished proportion of the fluids, appear to him to be the principal agents in producing decay and dissolution. To these views of Boerhaave, Haller added others. According to him, not only is the solidity of the body increased and the elasticity diminished, but its contractility and sensibility are also lessened. Cullen followed in the same path. Assuming that the distribution of the blood varies at different periods of life,—that, as life advances, the fluids circulate with greater difficulty, both on account of the diminished power of the heart and the increased resistance of the vessels,—and that the irritability of the moving fibres and the energy of the brain are at the same time constantly diminishing,—he deduces from these principles his explanation of increase; decay, and death. To the causes mentioned by Cullen, Dr. Bostock adds the overthrow of the balance between secretion and absorption, and the derangement of the process of assimilation. Bichat inferred from his experiments, that the black blood as well as the red is capable of exciting the left side of the heart, but that the red blood only can produce in the various organs the excitement necessary for the maintenance of life, from which he deduced the doctrine, that death ensues from defect of respiration, not because the heart ceases to act on the blood, but because the blood cannot excite the organs into which it is thrown. Now, it will be seen that none of these writers have at all touched upon the proximate cause of death, with the exception of Bichat, who did not push the inquiry far enough.

Dr. Wilson Philip conceives that he has established by his experiments this doctrine, "that in the more perfect animals there are three distinct classes of functions, the sensorial, the nervous, and the muscular, which, having no direct dependence, are yet, through their organs, dependent on each other,"—that what is called death, consists in the loss of the sensorial functions, while the nervous and muscular still continue. These are lost in consequence of the failure of the respiration, the only vital function, in Dr. Wilson Philip's opinion, "to which the co-operation of sensorial power is necessary. Dismissing, as tending only to perplex the question, the various hypotheses formed to explain why the motions of the heart and blood-vessels are not subject to the will, Dr. Wilson Philip proceeds to explain his view of the matter. According to him two conditions are necessary to render a muscle subject to the will; *first*, that the stimulus which excites it must be under the influence of the will; and, *secondly*, that the muscle must be capable of effecting the desired end. Now, the heart and blood-vessels being excited by the blood, which is not under the control of the will, and these organs being incapable of performing any act of volition, according to this hypothesis they cannot be under the influence of the will.

"When the animal no longer feels and wills, his breathing ceases, and he is, according to the acceptation of the term, dead, although his body still retains its other powers, which, while they last, prevent its obeying the laws of inanimate nature; but the changes which after this take place, of course no more affect the individual than if they took place in any other mass of matter.

"In inquiring into the physiological nature of what is called death, therefore, it is to the ceasing of the sensorial functions alone that the attention must be directed. Thus the subject divides itself into two parts; the final loss of the sensorial functions, which in common language, has obtained the name of death; and absolute death, that is, the loss of all the functions which we shall find in the more perfect animals, is the necessary consequence of the loss of the sensorial functions." The latter belong to those parts of the brain and spinal marrow which are associated with nerves

of the sensitive system, and on which the power of all other parts of the system depends. In them will be found the immediate cause of failure, whether temporary or final, of the functions of the sensitive system; and in them, consequently, is to be found the immediate cause, not only of sleep but of death also. Both the state immediately preceding what is commonly called death and sleep, depend on a failure in the functions of the same organs. The most evident difference between them is, that the one is temporary, the other final; and thus the state of the sensitive system immediately preceding what ought to be strictly called a natural death, differs from its state in sleep only in degree. Sleep is uniformly owing to the excitability of the sensitive parts of the brain and spinal marrow being diminished by the ordinary stimulants of life A loss, however, of excitability in them is never the sole cause, and sometimes no part of the cause of death. In sleep they regain their functions, in consequence of their excitability being restored by the continued vigor of the vital system, the powers of which must fail before the exhaustion can be rendered permanent, and thence it may be inferred that the powers of the sensitive system, whatever be its state, must fail when the vital system is impaired.

Proceeding on these principles, Dr. Wilson Philip divides death into two species, the natural and the violent, which he discusses separately. By natural death he means the dissolution consequent on old age, and failure of the various organs, the state preceding which species differs from sleep in no other than in the sensorial and vital functions being less vigorous. "The only difference between the last and the sleep of former times is, that the exhaustion of the sensitive system, which is at first, as in the latter case, only partial, becomes in its continuance, in consequence of the failure of those powers which formerly restored the sensitive system, complete." He accounts for the death of old age occurring generally during sleep in the following manner. In sleep, though the vital functions do not participate in it, they are temporarily impaired by the exhaustion of the sensitive system. Respiration, which depends on this system, is less frequent, and, consequently, the activity of the functions depending on it, is temporarily diminished. Death then arising from the gradual failure of these functions, necessarily occurs when they are most impaired. If the vital functions can still, under the disadvantage of impeded respiration, restore the sensitive system, there is nothing to prevent them, if the decay be gradual, from maintaining its functions during the short interval which elapses before sleep again exposes them to the same difficulty.

"Their failure necessarily takes place at the time when their functions are most difficult. The death of old age, therefore, is literally the last sleep uncharacterized by any peculiarity. Such a death cannot be painful. The general languor of the functions in the last waking interval is attended with no peculiar suffering, and the last sleep commences with the usual grateful feelings of repose; the last feelings experienced; for with what takes place after them, the feelings being suspended, have no concern."

Dr. Philip goes on to remark, that this species of death, which can alone be called natural, is of rare occurrence, and that, of the various instances of dissolution which he has witnessed, none could be looked upon as wholly the effect of age. All other kinds, except that now described, he looks upon as more or less violent. Death, however, must not be confounded with the suffering which precedes it, and which is often as intense when recovery is the result. From whatever causes it arises, death is in all cases essentially the same. The sensorial functions first fail. In all Dr. Wilson Philip's experiments, the nervous and the muscular survived the sensorial. Thus, though an animal is said to be dead when feeling and volition have left him, the motion of the blood and the assimilating process still go on for a short time.

Though the causes which accelerate the decay of our frames are of infinite variety, it is possible to reduce their ultimate effects by which death ensues, to a few general heads. Dr. Wilson Philip arranges them under five heads, a summary of which we give in his own words.

"1. The only natural death, that from old age, where all the powers of life, in consequence of the operation of the agents which excite their organs, gradually decline, and death is only the last sleep characterised by no peculiarity, in which these powers, partly from their own decay, and partly from the lessened sensibility increasing the difficulty of restoring the sensitive system, become incapable of this office, in consequence of which, the individual awakes no more: for it is to be recollected, that it is not in the commencement but in the progress of the last sleep that what we call death takes place. In its commencement we have seen the sleeper may always be roused by stronger stimulants than those which precede it.

"All the other forms of death, it appears from what has been said, may be regarded as more or less violent, some adventitious cause disturbing the natural process. They were divided into two classes, in the one, the offending cause makes its impression on the sensitive, in the other, on the vital organs. The former were divided into those cases in which the debility which precedes the total loss of sensibility arises from the excess of the stimulant operation of the offending cause, and those in which it is the direct effect of that cause; the latter into those cases in which the vital powers fail, in consequence of their organs being deprived of the stimulants which excite them, and those in which the offending cause makes its impression on these organs

themselves, the power of which, analogous to the operation of the offending cause on the sensitive organs being deprived of the stimulants which excite them, and those in which the offending cause makes its impression on these organs themselves, the power of which, analogous to the operation of the offending cause on the sensitive organs, is destroyed either by the excess of its stimulant, or its more directly debilitating operation, according to the nature or degree of that cause. Thus are induced.

"2. The death which in its nature most nearly resembles the death of old age, that from excessive exhaustion of the sensitive system, from the operation of stimulants of greater power than this system can bear, notwithstanding the intervals of such imperfect repose as their continued operation admits of, without the supervention of disease; which, not being capable of relief from the continued action of the vital parts of the brain and spinal marrow, by sympathy spreads to them, the affection of each system increasing that of the other till all the powers of the sensitive system are destroyed.

"3. The death in which disease of the sensitive system arises not from causes over-exciting, but directly debilitating it; the debility they produce being of the same nature with that from excessive excitement, and running the same course as in the second stage of the preceding form.

"4. The death which arises from the privation of the natural stimulants of the organs of life; and lastly,

"5. That which arises from diseased states of those organs analogous to the states produced in the organs of the sensitive system by the causes which make their impression on them."—Pp. 224, 225, 226.

The physiological nature of death is thus referable to very simple principles. In natural decay, the excitability of the organs is gradually impaired by those stimulants, by the impression of which the functions of life are maintained. In the different kinds of violent, excepting that caused by a failure of the natural stimulants of the vital organs, the excitability of the sensitive or vital systems or both, or of some parts of one or both of them influencing the others, is "more quickly destroyed by the continued operation of causes which either stimulate beyond the limits of health, or applied beyond the limits of their stimulant operation, destroy the powers of life, either by directly destroying the powers of the sensitive system, or depriving it of those powers by which it is maintained. All these causes, it is evident, tend to the same effect, the extinction of the sensibility, which constitutes death according to the common acceptation of the term, the immediate cause of which, therefore, exists in the sensitive parts of the brain and spinal marrow. Thus it appears, that in every instance what is called death and the loss of sensibility are one and the same thing, and, therefore, that the last act of dying can in no instance be an act of suffering."—Pp. 227, 228.

We have not entered upon the experiments and reasoning on which Dr. Wilson Philip establishes his opinions. It would have been impossible to have touched upon those, without discussing at length all this learned author's doctrines. From the conclusions which we have given, it appears that the hacknied sentiment of death being but the last sleep and the termination of suffering,, is after all, literally true. If the great end of the healing art is, as all science ought to be, to increase the sum of human happiness, and diminish the amount of misery, assuredly Dr. Wilson Philip has contributed not a little to the attainment of this object. If his views be correct, which we believe them so far to be, those struggles, which to the bystanders appear so horrible, are unfelt by the patient himself, and the last act which closes this earthly scene is attended by the same feelings as the falling after fatigue into a gentle and tranquil sleep. Death then is now stripped of all its horrors, and, by the combined light of rational religion and physiology, we are taught that a well spent life,—well spent both morally and physically—can alone insure a tranquil death.

In conclusion we may remark, that this is perhaps the most interesting of Dr. Philip's works. We would suggest to him, however, now that his inquiries have terminated, that he would consult his reputation by forming his detached papers into one continuous work, and bestowing somewhat more pains on his language than he has hitherto done. In perusing his various publications, we have more than once been brought to a pause not only by the length and intricacy of his sentences, but very often by the involved manner in which he expresses his ideas. Whether it be from slowness of apprehension or not we cannot say; but repeatedly have we found, that after we had arrived at the close of a sentence, we had completely lost sight of the connection between the premises and the inference which the author was wishing to establish, and only recovered after tracing him again, and separating his several propositions from each other. We have only to appeal to the good sense of Dr. Philip, to ask, whether it be not desirable that his meaning be intelligible at a less degree of effort? All these evils may be easily remedied by a little care; and we anxiously hope that he will bestow the necessary pains.

It is almost needless to add, that we heartily recommend the work to the perusal not only of professional men, but of all those who feel interested in the manifold inquiries to which our position in this world gives rise.—*Edinburg Med. and Surg. Journal.*

ANALYSIS OF MEDICAL JOURNALS.

ART. I.—*The Boston Medical and Surgical Journal for October and November.*

BEFORE commencing our analysis of this journal, we will take occasion to state, that it is published weekly, in numbers of sixteen pages each, and is made up of selected and original papers, but little attention being paid to the department of reviews. The original articles are brief, but generally interesting, from the fact that they are of a practical character, and the contributors highly respectable. The editorial department too is well conducted.

1. BRAIN AND NERVOUS SYSTEM.—This paper is by Dr. W. A. Gillespie, of Louisa, Va., and is entitled, "Remarks on some conditions of the Brain and Nervous System." We fully coincide with Dr. Gillespie in the following remarks. "It is too common for the interests of our science, to detail successful cases only, and to pass into silentio the fatal ones. This is calculated to mislead the young and inexperienced. It is of much more service to the young mariner to describe and point out to him the rocks and shoals on which he may founder, than to dilate on the beauty and safety of the whole open sea besides."

We select one of the cases related by Dr. Gillespie, which affords a useful lesson to those who indulge in the use of one of the nostrums of the day, and which we recommend to their special notice.

"March 23, 1832. I was called to a married lady, aged about 50. Found her laboring under complete hemiplegia—the mouth distorted to one side, one eyelid paralyzed, countenance blanched, with a peculiar sharpness and parched appearance of the features. The temporal artery and the other vessels of the head and face appeared to be nearly empty. The pulse was 120, quick and jerking, with some fulness. The pulse and blood exhibited the same character as in the preceding case.* There was a constant disposition to stupor, from which she could be roused with some difficulty. She was treated by bloodletting, purging, cupping on the temples, blisters to the nape, &c. No relief was afforded by these means, and on the sixth day she died completely exhausted.

"The previous history is as follows. She had been in delicate health for many years preceding her death—lived remarkably low, never using any animal food or spirituous or fermented liquors. She had labored for many months under chronic diarrhœa, and had, by the advice of a friend, commenced using a drastic *nostrum* called hygeian pills, the active constituents of which appear to be gamboge and aloes. They were recommended to her as "*a sovereign cure for all diseases!*" They operated with great violence. She had been following this course for several days, when she fell down from the sudden supervention of hemiplegia. The paralyzed side was acutely sensible, while there was little sensibility of the opposite side."

2. CHRONIC GASTRITIS.—Mr. Grasett, student of medicine, Quebec, gives the history of a case of gastritis successfully treated. We would direct the attention of students generally to the propriety of carefully noting down their observations, as in the instance before us, which is highly creditable to Mr. Grasett.

3. STRANGULATED HERNIA.—Dr. James Morgan, of New-London, Ct., relates the history of a case of strangulated femoral hernia successfully treated by operation. Dupuytren says he has observed fifteen species of internal strangulation, and Dr. Morgan considers the one above described "a mixed case."

4. DISEASE OF THE EYE.—This was a case of acute ophthalmia and ulcer of the cornea, with hypopsium—the result of an injury of the cornea from a fragment of stone. Active antiphlogistic measures so far preserved the eye, that although opacity or nebula of the cornea remained, at one point the light entered the eye, and in a favorable light he could readily distinguish the hour by a watch.

5. CASE OF ACUTE ENTERITIS, by Dr. S. Foss, of Bowdoin, Me., which, notwithstanding judicious treatment, terminated fatally. We notice the examination *post mortem*. "In laying open the abdomen, I at once discovered the commencement of the jejunum, for the space of about ten inches, to be unusually large and inflamed. As I grasped it in my hand, suspected, from its indurated state, there might be a complete obstruction of feces in that part of the intestine. But on laying it open, found no material stoppage, but that part in a complete state of ulceration, in the mucous membrane; and as I raised it, well-formed pus dropped from the ulcers. The mucous and muscular tissue of the intestine inflamed, particularly within the neighborhood

* I have seen some cases of fever with supposed cerebral affection, in which, in the latter stages, the pulse and blood exhibited similar characters.

of the ulcers; and the peritoneum inflamed and tender, so that I could wipe it from the intestine with the handle of my scalpel. This inflammation and softening was particularly confined to the region of the ulcers."

6. Obstruction of the External Meatus Auditorius.—This is an interesting case. "M. W. aged 17, applied to me with otitis and deafness of the right ear, of some years standing, at the same time stating her belief that the cause of the difficulty arose from a cherry-stone, which she affirmed had been put into the ear by some of her playmates ten years ago, and which in her opinion remained there still. Being placed in a strong light, the meatus externus auditorius was found nearly filled with indurated wax, to which I was inclined to attribute the morbid symptoms, at least in part, being rather sceptical as to the existence of a foreign body for so long a period in this cavity. The wax was, however, readily removed by syringing with warm water, when, upon examining the meatus with a probe, to my surprise it struck upon a hard smooth surface, which I found it impossible to extract either by syringing forcibly, or by the use of the ear forceps, constructed for the purpose of removing foreign bodies from the ear. The patient's head being placed upon a hard pillow, with the right side lowermost, a gentle blow with the open hand was made upon the opposite side, when the cherry-stone immediately came into view, and was removed without any farther difficulty, by means of a probe slightly curved.

"The hearing was almost entirely restored, upon the removal of the foreign substance; but the lining membrane of the meatus was found in a state of chronic inflammation and ulceration, requiring the application of remedies for a short period."

7. Intus-susception.—James Wood, M.D. of Boston, relates a case of this kind, attended with stercoraceous vomiting, which was cured by inflating the bowels with atmospheric air. The case having refused to yield to previous active treatment, Dr. Morrill was called in consultation, and "proposed, as a last resource, to inflate the bowels with atmospheric air, as suggested and practised by a Scotch physician,* whose name I have forgotten. Laying the patient on his right side, the pipe of an old kitchen bellows was introduced into the rectum, and then I cautiously began to inflate. The instrument, unfortunately, was verp imperfect, and our efforts in consequence were but partially successful. Notwithstanding this imperfect attempt at inflation, he soon after proclaimed himself, to our surprise, much easier, and was irresistibly driven to the commode. He there passed a large quantity of air, and about a gill of very fœtid bloody water. Meanwhile a more suitable pair of bellows was obtained, and as soon as was admissible, I again inserted the tube, and the Doctor and myself plied them until the abdomen became tense. He has had no recurrence of violent pain since the first inflation. We requested him to remain quiet in bed, and use every exertion to resist the disposition to evacuate the bowels. One drop of croton oil was ordered to be taken every two hours, and at the expiration of four hours a quart of mucilaginous fluid is to be thrown up the rectum.

"Six hours afterwards he was again seen. To my astonishment he has had no return of pain since the inflation, but has had, within the last hour, two copious discharges from the bowels.

"Sept. 21.—His wife informs me that he has had seven dejections during the night and morning, and has slept quietly for the last three hours. He is thirsty and somewhat feverish, countenance anxious, pulse 125 and small, tongue red and dry in the centre. The blister which was applied yesterday in the afternoon has drawn well. The enteritis which followed, yielded to the usual remedies in the course of fourteen days."

8. Somnambulism.—An interesting case of somnambulism is related by Dr. J. H. Barnard, of Stanstead, Lower Canada. We refer our readers who may be curious on this subject, to the account of Jane C. Rider by Dr. Belden, together with the one under notice by Dr. Barnard, which was successfully treated by the application of galvanic plates to blistered surfaces.

9. Wound of the Cornea.—This case was followed by acute general inflammation of the eye-ball, with hypopsium. Antiphlogistic measures, with calomel and opium, and the local application of nitrate of silver, constituted the treatment. At the end of a month, "the cicatrix left by ulcer is somewhat depressed or concave, or as if the spherical superficies or surface of the cornea had been hacked off; cornea otherwise transparent. The lymph in the pupil is reduced nearly to a shred, at its lower part, with a point of the inferior margin of the iris strongly adherent to it (best seen by looking obliquely into the eye, as in the examination of cataract); this point must have, of course, an adhesion to the capsule of the lens, one of the most common results of severe iritis. The superior two-thirds of the pupil are free from adhesions of any kind, and act well under the natural stimulus of light. Vision enables him readily

* A notice of this operation may be found in one of the former volumes of this Journal; and we take this opportunity of mentioning that its insertion in our pages was the means of saving the life of a patient in S. Carolina, afflicted similarly to the above. It was read by the father of the patient, after every other means had been in vain resorted to for the relief of his child, and the operation, which would not otherwise have been thought of, was adopted as a *dernier resort*, and without any great faith in its success. Relief was as instant as in the case above related, and the cure permanent. *Ed. Boston Journal.*

to distinguish the hour by a watch, and other small objects."

10. Injury of the Brain.—Professor S. W. Williams, of Deerfield, Mass. relates a case of extensive injury of the brain from the kick of a horse, "not so much on account of the treatment, or termination, as to show how wonderfully the powers of the mind may be sustained under extensive lesions, and even destruction of that organ."

Art. II.—*The Transylvania Journal of Medicine, and the Associate Sciences.* October, 1834.

1. Physiology.—The first article in this number is an elaborate, but well-written paper by Professor C. Caldwell, of Lexington, entitled, Cursory Remarks on unsettled points in Physiology, from which it will be apparent to our readers that an analysis in our journal need not be expected, as we propose to confine ourselves chiefly to practical subjects.

2. Cholera.—The object of Dr. Zeno T. Robards, of Shepherdsville, Ky., the author of the paper under notice, may be gathered from his concluding observations.

"We do not say cholera is contagious, but its course in this country certainly goes far to countenance such an opinion. The writer was once inveterately opposed to such an idea, but at present he is free to confess his faith is somewhat shaken on the subject. Those who argue it is not contagious, or communicable in any way from one to another, use one argument in favor of their position which is not deemed just. That persons go where the disease is without taking it. Because a man may go into battle and return, without being shot, is it fair to say there is no danger in bullets? No particular cause of insalubrity was known to exist at either of the above named places. While the disease was raging with great fatality in one of these families before mentioned, we advised the removal to a house in a corn-field, thinking if malaria was the cause, the house being surrounded with green corn, might have a good effect. The cases of diarrhœa which occurred subsequently were easily managed, but whether owing to the removal or what, is unknown. Should you deem this brief and imperfect history of an interesting disease worthy an insertion in the Journal, it is at your command."

"We have omitted giving an account of our treatment in detail; but it is sufficient to say it resolved itself into the liberal administration of calomel."

We need hardly say we do not conceive his facts sufficient to prove the contagion of cholera.—Ed.

3. Precocity.—In a letter to the Editor, from Dr. D. Rowlett, of Waidsboro, Ky., we have an account of a case of puberty and pregnancy, in a girl ten years of age! we select the case entire.

"Sally Deweese, daughter of John Deweese, was born in Butler county, Kentucky, on the 7th April, 1824. She was of the ordinary size, but her hips and breasts began to grow rapidly in a few weeks after she was born, and at twelve months of age she began to menstruate, and her hips and breasts had become so large as to be the objects of common remark; and as she took no pains to conceal her condition, her menstruating so young, became a fact of public notoriety, which continued regular till sometime in the year 1833, when she became pregnant, and on the 20th day of April, 1834, she was delivered of a healthy female child, weighing seven and three-fourth pounds. Thus at the age of ten years and thirteen days, she became the mother of a child of ordinary size; which, however, refused to suck her, and has been so far raised by the bottle. It is as healthy as is usual for children to be when raised from the bottle, and at the time of taking these notes it weighed eight and three fourth pounds, and its mother weighed one hundred pounds. She was four feet seven inches high, and had the countenance of a girl not exceeding her in years, but is as intelligent as girls generally are at her age.

"She was the fifteenth child her mother had given birth to, and was born when her mother was forty-five years of age. There had been no previous case of early puberty, or premature old age in either the family of the father or mother.

"Her father lived in Butler county until she was two years old, and then removed to the place on which he now lives, in Hickman county, one mile south of Mayfield's Creek, and ten miles east of the Mississippi river, in latitude 36° 59 N.; but I presume that latitude nor atmosphere has had any influence in this truly (to me) astonishing case. I think it is an over-match for the case of the Swiss girl spoken of by Haller."

4. Extra Uterine Fœtation.—Dr. T. Hereford, of Hay Market, Va., gives the following history of a case which occurred in a negro woman, who has carried a fœtus ever since 1824. On the 12th of September of that year, Dr. Hereford "was sent for by Dr. Elias Lacey, of Loudoun county, to see this case in consultation with him. The woman was taken, as she supposed, in actual labor, and a midwife had been called to her prior to the doctor's arrival, but finding that she could make nothing of the case, desired a physician to be sent for. After a careful examination *per vaginam* and otherwise, he concluded that it must be a case of *extra-uterine pregnancy*, and when I arrived, after a deliberate investigation, I fully concurred with him in that opinion. As the woman's sufferings at this

time were excessive, and in order to afford her prompt relief we decided on an early operation, and proposed it as the only alternative; but to this her master raised objections, and desired that we would call in an old experienced practitioner, Dr. Richard Coleman, of Fairfax county. After repeated examinations, this gentleman arrived at the conclusion that the case was an obscure one, and that it was possible we might be mistaken in regard to its true character, and of course opposed a recourse to gastrotomy. We all at last agreed to suspend the pains by anodynes, and leave the case, for some time at least, to the operations of nature. Having waited for two or three days, we left her under the influence of the anodynes, and never after had occasion to return to our patient. It seems that shortly after our departure, she became free from pains, and has so remained from that period to this. Some considerable time subsequent to the consultation, Dr. Coleman saw the woman, re-examined her, and acknowledged to me that the opinion of Dr. Lacey and myself was correct. I have seen her almost every year since the case occurred, and have from time to time distinctly felt the fœtal bones through the abdominal parietes; and having lately had to attend her mistress, I have had an opportunity of repeatedly satisfying myself in regard to her true condition. During my attendance at the house, the first named physician met me there in consultation, when we had an opportunity of examining her together. We could then distinctly trace the bones of the *cranium*, the *scapula*, the *coste*, &c. Although there are many projections at different points over the abdomen, which seem to distend the integuments, and render them very tense at these places, yet she complains of no soreness whatever; but on pressure with the hands she says the prominences feel a little tender. There appears to be not the smallest tendency towards suppuration or ulceration. Her general health has been good, and never materially interrupted, with one exception only. In the summer of 1830, she suffered under a severe attack of dysentery, from which she narrowly escaped. She informs me that she menstruated in two or three months after she supposed herself to be in actual labor, and has been very regular in that way ever since. But notwithstanding that the uterus has thus uninterruptedly performed its functions, she has never conceived in the long period of almost ten years.

ANALECTA.

1. Case of Apoplexy, and Inflammation of the Dura Mater.——— ———, Esq. ætatis 50; strong and healthy, had been a *bon vivant*, but for many years lived temperately and regular. About the 14th or 15th July, 1829, complained of a pain in the back of the head, shooting upwards to the vertex. He thought little of this, and ascribed it to cold caught from a chilly wind blowing on the back of his neck, whilst conveying the body of a valued friend, who accidentally lost his life from a fall from a chaise, and who was brought to town the same night, a distance of some miles from the place of accident.

Some little time after this, he applied to Dr. Weir, who advised him to take blue pill at night, with occasional doses of seidletz powders in the morning. This treatment, however, afforded him no relief. He described the pain, as continually attacking him, *when rising from the seat, after an evacuation*, and that he regained ease by immediately placing himself in a horizontal position. About the 10th of August, I advised him to loose blood, and on that day took nearly ℥xxxii from his arm. He supposed that the bleeding afforded him some relief, but the effect soon wore off; as yet he had had no regular medical attendance, but continued attending to his business for some hours daily. Shortly after this, Dr. Weir recommended him to try the effect of tonics, but no benefit was derived from their use. The same pain continued to attack him every morning; yet he had a good appetite, and slept well during the night; his tongue was clean, and his general health not disturbed. He now got gradually worse, so much so, that he had to lay down some hours every day. In the commencement of September, he was induced to try change of air, but finding himself getting worse, he returned to town about the 8th. He was then advised aperient medicine, but no relief was obtained. On the 12th, he continued to sit at table, and I gathered afterwards from one of his friends, who had called upon him that evening, that he was flighty in speech, and drank more freely of wine than usual. On Sunday, the 13th September, Dr. Weir being ill with fever, I was sent for. I found him in bed, he complained of much pain in the head, and he was evidently confused; there was nothing else very remarkable: his tongue was a little foul; pulse regular, rather hard; bowels not free. Ordered him four cathartic pills to be taken that night, and a cathartic mixture early in the morning.

14th. The medicine acted well, and he seemed better; expressed himself as much relieved; no confusion of ideas; head easy. Conceiving that the periodical return of headach might be stopped by quinine; I ordered him quinine pills with scammony, every hour, while free of pain.

15th. The action of the medicine had kept up, but the headach and confusion returned in the afternoon. Infus. colomb. cum sulphas magnesiæ, to be taken through the day.

16th. Same as yesterday. Continue the same. P. M. much pain in the head, and confusion greater than before; flushing about the eyes; tongue more foul; no heat of skin. Two pills of equal parts of pil. hydrar. and ext. colocynth. c. were ordered to be given every fourth hour, and a blister was applied to the back of the head and nape of the neck.

17th. As usual; better and more comfortable in the morning; had slept well, notwithstanding the blister. The colombo infusion was repeated through the day.

P. M. Headach and confusion came on as usual. Pills of pil. hyd. and calomel, to be taken to night.

At this time he mentioned to me, that mercury had no effect on his constitution. That at a former period of his life, salivation was attempted, but without success.

18th. Same as yesterday. Sulphate of quinine pills every hour.

19th. The same; every morning easy, comfortable, and sensible; with the turn of the day, headach and confusion of ideas; tongue worse. Cathartic pills, and a cathartic mixture given. Pills of colocynth and blue pill ordered every sixth hour.

20th. A. M. as usual, but the tongue worse, now coated and very foul. Pills continued, with the colombo infusion and epsom salts.

P. M. evidently getting more stupid and confused. Dr. Weir again called in; blister over the head; a scruple of calomel to be made into pills, and given at two doses.

21st. Morning as usual Calomel repeated, and the infusion continued.

P. M. gradually getting worse, with torpid bowels. Calomel repeated with cathartic infusion.

22d. Bowels very torpid. Calomel and cathartic infusion repeated; head dressed with blistering ointment.

P. M. eight grs. of scammony added to the calomel. In this manner he went on, getting gradually worse, with furred tongue, and extreme torpidity of the bowels, so much so, that the strongest cathartic medicines had little effect. From the 25th to the 30th, he had every appearance of confirmed *melancholia.* He then appeared better, with returning reason; he expressed himself, as if he felt that for some time there had been a vacuity in his mind. The purgative and other medicines were continued.

2d October, the confusion again returned. A blister was reapplied to the nape of the neck, and he again rallied. By the aid of injections his bowels were kept open; his tongue continued furred; complains of having no sleep, although in general sleeps well every night; great prostration of strength, and evident emaciation. Nourishment and tonics were ordered to be given him as he could and would take them, but his stomach got very irritable, and on the 3d and 4th, about 5 o'clock each afternoon, he ejected from his stomach all that had been taken during the course of the day; he was now, more especially in the forenoon, perfectly sensible. On the 5th, 6th, and 7th, he was very stubborn, and would not be prevailed upon to swallow either nourishment or medicine; he said he knew he was dying, and expected his death to occur every afternoon. On the 8th, he again revived, and took every thing that was offered, a very favorable appearance continued for a day or two, so much so, indeed, that he was placed on a sofa, and carried into the hall. On the 10th, he spoke pleasantly, and partook of, with *gout*, some fowl soup; very drowsy every afternoon.

11th. Continuing nourishment and tonic medicines—bowels opened every day with an injection.

12th. 8 A. M. has been in a heavy sleep from the afternoon of yesterday—takes any thing put to his lips.

5 P. M. has been awake for some hours; again in the heavy sleep resembling stupor; taking his medicines and nourishment.

13th. 8 A. M. asleep; awoke occasionally through the night; no motion; a cathartic draught to be given, and to continue.

6 P. M. still this heavy stupor; his bowels open twice immediately after last visit; has not taken the draught in consequence; feverish heat, and a quickened pulse; this is the first time any feverish heat has been observed since the commencement of his illness. Tried to rouse him, but in vain; lifted him to an erect posture, but would not open his eyes; pupil if any thing rather contracted; swallows fluids whenever put to his mouth; had been awake for some hours during the day, but was not conscious of having slept so much; the draught to be given and continue.

14th. As he had awoke on the two last days, very soon after our morning visit, we delayed visiting him until 10 a. m. has been awake since 5 o'clock this morning; sleep just returning; no action in his bowels; fever returned for five hours during the night; lies when awake with eyes shut; answers any question, but shuts his eyes immediately again; says, he feels sleepy or stupid, and would be better if he had a good sleep; tongue very foul, though not so much furred as before.

A blister was again applied over all the head; croton oil emulsion to be given every hour, until the bowels are opened.

5 P. M. has lain in the same lethargic state all day; had two motions before the medicine arrived. Blister applied to the head at twelve o'clock. Difference of sleeping and waking

state known; when asleep, by long breathing and snoring; when awake, by picking his nails, moving his hands, &c. &c.; has not spoken, nor opened his eyes since morning; passes his evacuations, and urine without warning, or any apparent notice being taken; stools of a yellowish brown color, like rhubarb and water mixed; formerly of a blackish brown; and twice or three times during his sickness, like the green fat of a turtle. Had fever during the day. The blister to be kept on all night, the croton oil emulsion to be given, and nourishment.

15th. 8 A. M. has slept through the night; skin moist, but feverish heat most of the night; no motion; hardly taken any thing from great difficulty in swallowing; tonsils and palate inflamed and swollen, with small ulcerations; quite lethargic, though evidently aware of what is said to him; opened his eyes; pushed out his tongue; and when asked how he felt, replied, "I cannot tell." Had passed a great deal of urine during the night, keeping him continually wet. The blister running freely, more able to swallow this morning, and had taken only one dose of the emulsion. The throat to be blistered, the mixture continued, and nourishment to be given very frequently.

During the forenoon, approaching death was discernible, and he died in the course of the afternoon.

Examination of the Encephalon.—The upper part of the dura mater, under the right parietal bone, and close to the longitudinal sinus, was thickened and bore the marks of recent inflammation. And on the same side under the frontal bone, on opening the dura mater, a quantity of blood lay on the surface of the brain, which had the appearance of decomposition, and not at all of having been recently effused. The brain was healthy, and there were no further marks of disease.—*Editor of the Jamaica Physical Journal.*

2. On the Effects of Blood-letting in the Cold Stage of Intermittent Fevers, by W. Twining, Esq.—Bleeding in the cold stage of intermittent fever, the good effects of which, in cutting short the disease, were first pointed out in this Journal by Dr. Macintosh of Edinburgh, appears from the cases in the fifth volume of the Calcutta Transactions to have been practised in India with equal success. Mr. Twining gives numerous detailed cases of the effects of this mode of practics, from which the following are selected.

"J. Hunter, aged 25, middle stature, light complexion, and muscular, was attacked with tertian intermittent on the 5th of December 1828. He was purged freely, and took pulv. cinchonæ ʒii. pulv. rhei gr. x. daily until the 10th without benefit. Was bled to 14 ounces in the cold stage of the fourth paroxysm on the 11th December. The vein was opened when he was shivering severely; the nails very livid; he had much pain in the loins, and a rapid pulse. The rigors soon ceased, and he had a slight hot stage for about half an hour. There was no return of the disease."

"—— Bennet, aged 47, a stout-made man of dark complexion, 18 years in India, had ague on the 16th, 18th, 20th, and 22d of November 1829, and came to hospital just before the paroxysm on the 22d, which was very severe. He was freely purged, and when the cold stage returned on the 24th, he was bled to lb. i. The rigors were strong and fully formed; pulse rapid and weak. The cold stage was arrested in a few minutes, and he had very little fever or sweating after; has not had either ague or fever since."

Mr. Twining has related fifty cases of venesection in the cold stage, all attended with similar results. But he remarks, that, however marked the relief may be, it does not supersede the employment of purgatives and other remedies, as may be indicated in particular cases. And he has met with no case which would lead him to suppose that there was any danger in bleeding at the commencement of the cold stage of intermittent fevers, to such extent as to relieve the more distressing symptoms. "In conclusion, (says he,) "I think it important to observe, that my friends who have bled the patients with their own hands, have almost invariably been successful, because the remedy was employed at the proper time—*the commencement of the rigor;* whereas those who have been satisfied to give an order, and trust to others to execute it, have occasionally found blood-letting unavailing; and this does not appear to me to have depended on any defect of the remedy, but on its employment at an improper period of the disease."—*Calcutta Transactions*, Vol. v.

Dr. Mackenzie, in the 29th paper in the same volume, advocates the practice of bleeding in the cold stage of agues; but cautions against the indiscriminate use of this or any other remedial means, without attending at the same time to the constituent state of each patient, or to the local visceral diseases that may exist. With such precaution he has found the practice strikingly successful; but he remarks, that "where the cold stage of an intermittent is not distinctly marked, such a case is less favorable for exhibiting the advantages of blood-letting than where rigors form a prominent symptom."—Dr. Mackenzie also states, that he should not consider blood-letting or quinine to have a fair trial, unless the state of the stomach and bowels of the patient had been carefully attended to.

Dr. Mackenzie's paper is followed by two others, by Dr. Dempster and Mr. Griffiths, in which the practice of blood-letting in the cold stage of intermittents in natives of India is proved to be extremely beneficial.—*Calcutta Transactions*, Vol. v.

3. *On the Physiological and Therapeutical effects of Digitalis Purpurea.* By M. Joret, D. M. P., (*from the Archives Generales* for January and March 1834.) M. Joret has considered at great length the comparative merits of the various preparations of digitalis in use on the continent, its action on the system, and its influence over disease. We give briefly his conclusions.

I. *On the choice of preparations.*—1. That the powder of *digitalis* being capable of being administered to the extent of twelve or eighteen grains, beginning with one grain and increasing the dose each day, without producing in the greatest number of cases well marked affections of the digestive functions, may be managed easily without fear. 2. That the watery extract of *digitalis* may be exhibited in larger doses than the powder without being followed by any irritation of the digestive canal. 3. That it produces always results as favorable and in as short a space of time as the powder of *digitalis*, and ought consequently to be preferred. 4. That the alcoholic extract of *digitalis* is a medicine on the effects of which we cannot reckon, and which, consequently, ought rarely to be used. 5. That the etherial extract is the least to be depended upon, and ought to be banished from therapeutics. 6. That the etherial tincture acts most frequently by the *menstruum*, and not by the solvend. 7. That the infusion, the most active preparation, containing the greatest quantity of digitaline, ought to be administered, beginning with twelve or fifteen grains, and increasing the dose according to the gastric susceptibility of the patient. 8. That the dry plant ought to be preferred to the fresh leaves.

II. *On its physiological effects.*—1. That in the great majority of cases, *digitalis* exhibited in powder, as a watery extract, or as an infusion, acts as an irritant on the digestive organs, and the gastro-intestinal irritation thus produced is always denoted by *colic-diarrhœa*, nausea and vomiting, and is the more dangerous that it appears at different intervals, and after different doses. Thus violent *diarrhœa* has followed a dose of three grains of the powder, while in other cases thirty-six and sixty-five grains have been taken with impunity. 2. That *digitalis* possesses the property of moderating the pulse, which is not prevented by the gastro-intestinal irritation. 3. That it is only in two cases of *phthisis* that the author has observed the pulsation of the radial artery accelerated. 4. That respiration may be advantageously influenced by the employment of *digitalis*, and that most frequently the *dyspnœa* disappears at the same time that the pulse diminishes in frequency. 5. That rarely has any well marked disturbance of the nervous system been observed in consequence of the administration of *digitalis*. This is contrary to the opinion of Dr. Sanders, who affirms that *digitalis* in powder causes violent disturbance of the cerebral functions, and that the nature of this action is somewhat similar to that of morphine. Yet the doses exhibited by M. Joret far exceeded those of Dr. Sanders. 6. That the hydrogogue virtue attributed to it by many authors is confirmed by the author's observations, and that the facts advanced by M. Trousseau justify the conclusion, that the decoction of *digitalis* applied in the proportion of two to four ounces over the belly is a powerful diuretic, far preferable to the intestinal administration of other diuretics, because it may be employed in every case of gastro-intestinal irritation.

III. *On its Therapeutical effects.*—1. That palpitations of the heart, which are most frequently the prelude of a more severe affection, commonly yield to the use of digitalis. 2. That asthma may be relieved by the employment of digitalis. 3. That *œdema* of the inferior extremities, *ascites* and *anasarca* may disappear under a long continued use of digitalis. 4. That the success attributed to *digitalis* in epilepsy, *mania*, *hæmoptysis*, advanced *phthisis*, *scrofula*, and many other maladies, is not exaggerated.

4. *On the presence of an Aromatic substance in Urine, analogous to Musk.* By A. Chevallier, (*From the Journal de Chimie Medicale, March*, 1834.)—Among the singular phenomena which presented themselves to M. Chevallier while engaged in the examination of the urine of different patients, he remarked the presence of an aromatic substance analogous to musk.

In three cases this was observed; 1st, in the urine of a man treated by M. Andral, the younger, for arthritic pains; 2d, in that of a lady laboring under *pneumonia;* 3d, in that of a student of pharmacy. In none of these cases had the individual used musk. In the first two cases the urine had a very marked odour of musk. Submitted to distillation, it furnished an aromatic liquor possessing the odour of both urine and musk. The former disappeared at the end of a few days, leaving the latter alone perceptible. This odour continued for several months. In the third case, the individual found occasionally that his urine had a light agreeable odour, which he compared to that of musk. This occurred in various circumstances, but especially after exercise. In these cases the urine possessed more odour in the evening than in the morning, and making water was preceded by rather acute pains in the kidneys. The patient had never swallowed musk, and he had not touched it while the phenomena appeared. M. Chevallier has met with the odour of musk in a small uric acid *calculus* examined by him; but this is the only instance in which he has met with it in upwards of 200 calculi which he has examined.

It is probable that musk may, in certain cases, be produced in the animal economy, in consequence of morbid alterations. The doorn of this principle has already been recognized in the bile, and some of the other products of

animal nature; and it is probable that it is further produced in other circumstances.

It may be here observed, that cow-houses almost invariably exhale a musky odour; and that it is not at all improbable that this depends on the presence of some musk-like principle in the urine of the cow.

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5. *New method of preparing Creosote.* By M. Calderini, *Apothecary at Milan.*—The essential oil obtained by the destructive distillation of wood is to be put into an iron vessel, and exposed to a gentle heat. The vessel is then to be taken from the fire, and slaked and sifted lime to be poured into it little by little, and with continual agitation, until the effervescence ceases, and the mixture becomes a hard mass, which is to be allowed to cool, and then powdered. A cast iron retort is to be two-thirds filled with this powder, and placed in a reverberatory furnace. A receiver is to be fitted to the retort at the moment when the white vapours which first come over become yellowish. The distilled liquid is to be placed in a filter of paper moistened with water, to permit only the aqueous part to pass, and the oil left is to be washed with pure water which is to be allowed to filter. The oil thus washed is to be placed in an iron vessel and *aqua potassæ* of sp. gr. 1.125 is to be added in the proportion of three parts to two of the oil. The mixture is then to be boiled for a moment with a gentle heat, after which it is to be taken from the fire, allowed to cool, filtered and mixed with dilute sulphuric acid, till it becomes slightly acid. The mixture is then to be left at rest, and an oily matter will be found floating on the top, which is impure creosote. This is to be collected, washed on a filter, put into a glass-retort placed in a sand-bath, and distilled. The first portion is to be laid aside, and what comes over afterwards of a pale yellow color when heat is added is creosote. The distillation is to be stopped when the drops become of a deeper color. If the distilled creosote be not sufficiently pure, it is to be dissolved anew in the *aqua potassæ*, and treated as before, always rejecting the first and last parts that come over on distillation, and this process is to be repeated until it becomes perfectly pure. When the creosote is obtained pure it is to be kept in well-stopped bottles. It is known to be pure when it is colorless, transparent, of specific gravity 1.037, and possessed of great refrangibility. If a drop be placed in contact with the white of an egg, it is suddenly coagulated. If it be dissolved in a small quantity of *aqua potassæ*, the solution, when heated in contact with the air, does not assume a brown color, as happens when the creosote is impure, but becomes slightly reddish.—*Edinburgh Medical and Surgical Journal.*

6. *On the structure and Functions of the Skin.* At the sitting of the Royal Academy of Sciences, on the 27th January, M. Breschet read a joint memoir on the skin by himself and Dr. Roussel. The parts of the skin to which these authors called the attention of the Academy were the *dermis*, the nervous *papillæ*, the apparatus for the secretion of the sweat, the absorbents, the organs which produce the horny matter (*appareil keratogene*) and the organs which produce the coloring matter (*appariel chromatogene*). The following are the conclusions which they endeavor to establish. 1. There exists in the skin an apparatus for the secretion of the sweat, composed of a glandular *parenchyma* secreting the liquid, and of canals which open outwards. These excretory canals are disposed in a spiral direction, and open very obliquely under the scales of the *epidermis*. 2. The organs of absorption differ in some respects from the lymphatic vessels, with which they seem to communicate. These organs appear in the form of transparent canals, of great fragility, branching out, and forming little creeks of communication with each other, on which, however, it is impossible to recognize any orifice,—any terminating mouth, which might serve for absorption; a circumstance which leads the authors to think that this function cannot be executed by a species of secretion, but rather by imbibition, or by a mechanism analogous to that of endosmosis. 3. The medium on which these canals are stretched is a substance highly hygrometical, through which the phenomena of absorption takes place. 4. The papillary bodies are truly nervous, and the nervous filaments which enter into the composition of each papilla do not terminate by forming a pencil (*pinceau*) where each fibre would be free and isolated, but the nervous ramuscles appear to form terminal arches. 5. These papillæ are enveloped in a peculiar membrane, and in a layer furnished by the epidermic horny substance. 6. Bloodvessels penetrate also the *papillæ*, but their volume is less than that of the nervous filaments. 7. The different horny epidermic layers constitute a peculiar apparatus, composed of an organ of secretion, and, of a product disposed in fibres at first perpendicular to the dermis, but afterwards becoming horizontal. These fibres or little stalks result from the superposition of minute scales, and the *epidermis*, properly so called, is only that part of those stalks which is the farthest removed from the skin. 8. In this epidermal substance formed of scaly layers, the absorbing canals and nervous *papillæ* found are spread out. 9. Independently of the apparatus for the secretion of the epidermic horny substance, there exists in the integuments towards the external surface of the *derma* a small apparatus for the secretion of the colouring matter.—*Ibid.*

MEDICAL INTELLIGENCE.

1. *Ligature of the Internal Iliac Artery.*—It gives us pleasure to say that this difficult and rare operation has within a short time been performed by Prof. Mott, of this City, for a gluteal aneurism. The patient has thus far done well, and 26 days have now elapsed since the date of the operation. This vessel, as is known to our readers, has been five times before included in a ligature; successfully by Drs. Stevens of Santa Cruz, by a Surgeon in the Russian army, and by Dr. S. P. White of this City: unsuccessfully, by a Mr. Atkinson of York, England, and by Mr. Thompson of Barbadoes. Dr. Mott's case is thus the 6th on record; and we hope to be enabled to lay the details of it before the profession, in a future number.

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2. *To the Editor of the Jamaica Physical Journal.*

Dear Sir,

If the following communication of the qualities of the Cassada plant, is of any service, I beg your acceptance; but if it is not, I trust you will pardon this intrusion. Having in early youth been very fond of Oatmeal, (which fondness I still retain,) and well knowing its nutritious qualities, I was induced to look for a substitute; for my young family, who were fond of arrow-root, made into pap, and that article being always in demand in Kingston, I was, from motives of economy, some years back, determined to try if the Cassada would not make a good substitute for both. I therefore took and cut into thin slices, several bushel-baskets of the sweet cassada, (as it is called amongst the negroes, to distinguish it from the other kind,) and spread it on sheets for several days in the sun, until it was perfectly dry. It was then pounded in a mortar, sifted, and fit for use, either for cakes in the morning, or pap at night, with milk and sugar. In that way, the children preferred it to arrow-root, because it is more substantial; their expression was, that it was not so watery. Now, it could not be that, because arrow-root could be made as thick as the cassada; but the reason is, I am convinced, from many years trial, that cassada has more nutriment than arrow-root, for it is the same that Tapioca is made from, which is only the cassada grated and dried over the fire, upon a stone or otherwise, therefore, if it is made into pap, we have all the qualities that the Tapioca has; but if it is made into cakes we have the quality and much of the taste of the oaten cake, which enabled our ancestors to carry in the time of war, 5 days provision in a small bag, viz. oat meal. I have had some of this cassada flour more than half a year in the house, and perfectly good. Some I have kept in a flour barrel, not pounded, but as it was wanted, and I think it keeps equally as well, if not better in that way. The manner in which it should be planted is in square patches, in order to preserve it from the rats, as they are uncommonly fond of it; for if the cassada is planted on ridges, which is the usual way I believe, the rats are sure to find every root.

Hence the (I take it to be) reason that the African negro has abandoned the cultivation, for at the time it is most wanted, say April, May, and June, the rats are more destructive than at any other time, otherwise the Angola Negro would never be without it, as a most intoxicating liquor in that country is made from the cassada, and great corn, to obtain which, thousands sell themselves for slaves; or it is the cause of their being sold; for to obtain the liquor, they will part with every thing they have, so they inform me. Last year being rather short of ground provisions, I gave my people liberty to dig a little cassada, for which I received many thanks, for the rats had destroyed theirs in the manner related above.

Requesting again your indulgence,
I remain, Dear Sir,
Yours, respectfully,
WM. ABRAM.

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3. *Manual of Chemistry by* Lewis C. Beck, M. D. (*Second Edition, revised and enlarged.*) The first edition of this work was published in 1831. The appearance of a second edition after so short an interval, furnishes we think a satisfactory evidence of the favor with which it has been received by the public. An additional proof of this is offered by the fact that it has been adopted as a text book in several of our most respectable Institutions.

A work of this kind obviously does not admit of any detailed analysis.—Our notice of it therefore shall be general, and of course brief. So far as the mere *facts* are concerned every work of Science must be to a greater or less extent a compilation. In the present instance however, the general plan of the work is peculiar; and it is this which we think renders it more suitable as a text book than any other with which we are acquainted. The subjects treated of are distinctly arranged under separate heads. The general characters of each substance are first briefly given—after this the more important of these are again stated and more fully illustrated. Another valuable feature of this work is the mass of reference which is given under each article to more extensive memoirs, treatises and volumes; presenting in this way a sort of digest of Modern Chemistry. Not merely to the student but to the more advanced chemist, this part of the work must prove exceedingly valuable.

In the present edition the improvements which have been made in the science of Chemistry since the publication of the first edition

have been carefully introduced. Other views of the continental chemists on the subject of atomic numbers and symbols have also been adopted, but in such a manner as to occasion no embarrassment to the student; and as they are placed at the head of each article and so arranged that their meaning will at once be understood.

The work contains also the results of several original investigations, and especially on the subjects of the formation of Phosphuretted Hydrogen—the nature of the disinfecting liquid of Labarraque—commercial potash and pearlash—the varieties of salt manufactured in this State—together with an important investigation on the subject of Wines and other fermented liquors. On this latter subject we extract the following:

TABLE *of the proportion of Alcohol per cent.* BY MEASURE, *contained in several kinds of Wine and other Liquors; the specific gravity of the standard Alcohol being* 0.825 *at the temperature of* 60° F.

Kind of Liquor.	Proportion of Alcohol pr. ct. by measure.	*Kind of Liquor.*	Proportion of Alcohol, pr. ct. by measure.
1. Madeira (common,)	25.27	21. Torres Vedras,	20.51
2. Do. (imported from the house of Robt. Seal,)	23.11	22. Sauterne,	13.00
3. Do. (common,	22.41	23. Claret, (Chateau Margeaux.(	11.80
4. Do. (imported from the house of Houghton and Co.)	22.25	24. Do. (Palmer Margeaux,)	11.04
5. Do. ("Farquar," in bottle 40 years,)	21.79	Average,	11.42
6. Do. (20 years old,)	21.45		
7. Do. ("Edgar,")	21.30	25. Ameriean Wine, (2 years old,)	11.25
8. Do. ("Brammin,")	20.91	26. Metheglin, 20 years in bottle,	10.57
9. Do. (common,)	20.72		
10. Do. ("Wanderer,")	20.70	27. Ale, (Albany, in bottle 2 years,)	10.67
11. Do. ("Blackburn," old,)	20.68	28. Do. (Albany, in barrel,)	7.38
12. Do. (said to be the pure juice, 28 years old,)	19.30		
13. Sercial Madeira,	25.18	29. Cider, (in bottle,)	4.80
14. Do. Do.	18.96	30. Do. (in barrel, 6 months,)	4.84
Average of 14 kinds,	21.75	31. Do. (in barrel,)	4.41
		Average,	4.68
15. London Particular,	22.10		
16. Bucellas,	18.80	32, Irish Whiskey, (imported in 1825,)	73.70
17. Brown Sherry,	18.03	33. Gin, (genuine "Hollands,")	55.44
18. Port, (7 years in bottle,)	22.87	34. Brandy, (common,)	51.01
19. Do.	22.35	35. Whiskey, common,)	42.95
20. Do.	21.98	36. Spirits of Wine, (obtained at the druggists,)	93.27
Average,	22.60	37. Do.	95.33

The results in the above table agree generally with those of Mr. Brande. In all cases where the difference was marked, the trials were repeated several times, and the mean of these is stated. This was particularly so with Nos. 13 & 14, 22, 23 & 24. The ale, No. 27, contains more alcohol than any put down in the table of Mr. Brande as ordinarily published; but in the Journal of Science and the Arts, (*Vol. 5, p.* 124,) he states that Lincolnshire Ale, brewed by Sir Joseph Banks, contained 10.84 per cent. of Alcohol. Our cider it would seem contains less Alcohol than the lowest average of the specimens examined by Mr. Brande, which is 5-21 per cent.

We are pleased to see a full table of contents and a copious index—matters of no mean importance to those for whom the work is intended, and in which most of our American works are shamefully deficient. Upon the whole we look upon this work as highly creditable to the talents and science of its author —and we confess that we are not the less pleased with it as being the produce of our own State and of one of our native born citizens.

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4. *To the Editor of the Jamaica Physical Journal.*

Sir,—Permit me to tender you my portion of thanks for the spirit you have evinced in producing under your auspices, a Journal for the purpose of recording medical and other scientific facts, as also for the correction of existing abuses; this will be a task I am satisfied you will find accompanied with extreme difficulty, and not easily to be accomplished in a community situated as ours, where the generality of the medical profession are ever ready to regard every liberal minded man with the jaundiced eye of jealousy, and ascribe to all his actions motives sinister to his intentions. I am afraid you will experience this, but too often in your attempts at reforming any of the imperfections or rottenness of a system, that has already too long existed here; and that too many will be found capable of attributing your exposures to the mere desire of your own aggrandizement, and not for the credit or benefit of the profession generally. For my part, I at once disclaim any ideas of this description, and do most sincerely congratulate the Public of Jamaica on the appearance of such a work; for what can be regarded a greater boon to science, than to have the means of eliciting inquiry open to all her votaries through the channel of an independent and talented Journal.

My inducement for addressing you so early on the subject of medical abuses, is, the hope of exciting by exposure, the attention of medical practitioners of this city, to a most gross abuse that has already existed too long, and is now increasing daily to that extent, as to be of most injurious consequences to all general practitioners. The abuse, Sir, to which I would call the attention of my fellow-practitioners, exists in the *derogatory* system practised by some of our so called *Pure Physician's*, in contracting for the annual medical attendance of families, for a sum so pitifully low and valueless, that any general practitioner of respectability would scout at. This I am sure you will admit to be far, very far indeed below the dignity or character of a physician, and could only have been adopted as the means of obtaining practice at the sacrifice of character, respectability, and every other honourable consideration, ill becoming the collegiate, or talented man; the injury this system is creating, becomes daily more and more evinced, for unless a general practitioner now immediately consents to the unsatiable demands of every discontented patient, the threat is directly made of loss of practice, and, "giving it to Dr. so and so; who attends and prescribes as a *physician* whenever required, for *half* the sum annually, while at very little additional cost, his prescriptions can be prepared at a druggist, and by these means long doctor's bills will be avoided;" of course, no person of rational mind can or would condemn the propriety of every man in these times, being as frugal as possible; but is it not shameful that a physician should so degrade and lesson the high rank which it was expected he would maintain when he took upon himself the responsibility of that situation, and have not employed that rank to the injury and cost of his fellow practitioners. I will ask you, Sir, whether such an attempt to obtain practice would have been approved of or sanctioned in Europe? Would not the person daring to make the attempt have been shunned by every liberal minded man, and left to follow his dastardly pursuits, unnoticed and unrespected? Would any physician or general practitioner of character, ever condescend to meet in consultation or otherwise, a person that had so forgotten the dignity and respect which is so essentially necessary to support the character of a *true* physician? Then, why should this community, (I speak of the medical,) wherein many talented practitioners are to be found fully capable of following their professional pursuits with credit and honor to themselves, and equal satisfaction to all. Why, I ask, should these gentlemen longer submit to this injury and insult? Why not cast off from our body, those who are adopting this practice? Why, not discard them from our private intercourse. Why ever meet them at the bed-side of the sick, or sanction by our presence their admission to any case? I hope there is still some little public spirit existing among the medical fraternity, so as to induce them to follow the dictates of their honor, and rise with an united voice to express their determination no longer to yield as they have hitherto done to the support of any of these interlopers, but show by their conduct how despicable they look upon those, who can in this manner degrade, and deteriorate the character of a liberal profession.

I am, Sir, your obedient servant,
——— ALPHA.

5. *Prevention of Baldness.*—Is it true, as a correspondent intimates, that rubbing the head once or twice a day with the cut surface of a raw onion, till the roots of the hair become moistened with it, will effectually prevent the hair from falling off? As the remedy is very simple, and the number who are suffering from approaching baldness numerous enough to make a thorough trial, it is important to collect the experience of any who may have been benefited by the application.—*Boston Medical and Surgical Journal.*

6. *Annual Bill of Mortality.*—From the Annual Report of the City Inspector submitted to the Board of Aldermen on Monday evening, it appears that the whole number of deaths in this city in 1834 was 9,082; including 1471 by Consumption, 971 by Cholera, 418 by Scarlet Fever, 233 by Small Pox, and 106 by Typhus Fever. Of the whole number, 4745 (more than one half,) were under the age of 10 years.

In 1833 the whole number of deaths was 5746. In 1832, when the Cholera prevailed with so much fatality, 10,359; or only 1277 more than in 1834. In 1831, 6363; which is a greater number than ever before occurred in any one year.

The number of deaths by *Cholera* in 1834, as before stated, was 971. Deducting these from 9032, the whole number, and there remains for other diseases, 8111. In 1832 the deaths by Cholera were 3513; which deducting from 10,359, the whole number in that year, leaves for other diseases, 6846. Consequently, the number of deaths last year by diseases other than Cholera, was greater by 1265 than in 1832; i. e. greater than any former year.

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7. *School of Medicine, at Woodstock, Vermont. (Connected with Middlebury College.)*—The annual Course of Lectures at this Institution will commence on the second Thursday (12th day) of March next, and continue thirteen weeks.

Theory and Practice of Medicine, by H. H. Childs, M. D.
Chemistry and Natural History, by John D'Wolfe, Jr. A. M.
Anatomy, Physiology and Surgery, by W. Parker, M. D.
Obstetrics and Materia Medica, by David Palmer, M. D.
Legal Medicine, by W. P. Russell, M. D.
Demonstrator of Anatomy, B. R. Palmer, M. D.

The usual number of Lectures will be *five*, daily—besides the demonstrations on Anatomy, and occasional evening examinations.

Fees for the course, $45. Graduation, $18. For those who have attended two courses, but do not graduate, $10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to David Pierce, Esq., Treasurer of the Institution. Board is usually furnished at from $1,50 to $2,00 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study.

Degrees will be conferred at the close of the Lecture term by the President of Middlebury College; a permanent connection for that purpose having been formed by an act of the College Corporation, bearing date Aug 21, 1834.

Examinations will be conducted by the Medical Faculty, in the presence of a delegation from the College. Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two Courses of public Lectures, one of which must have been at this Institution; and that he shall have attained the age of 21 years. For particulars relating to private instruction, students are referred to the annual catologues of the School.

By order of the Board of Trustees,
E. HUTCHINSON, *Secretary.*
Woodstock. October 1, 1834.

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8. *Medical School of Maine.*—The Medical Lectures at Bowdoin College, will commence on Monday, the 16th day of February, 1835.

Anatomy and Surgery, by Reuben D. Mussey, M. D.
Theory and Practice of Physic, by Henry H. Childs, M. D.
Obstetrics and Medical Jurisprudence, by James McKeen, M. D.
Chemistry and Materia Medica, by Parker Cleaveland, M. D.

The Anatomical Cabinet and the Library are annually increasing.

Every person becoming a member of this Institution, is required *previously* to present *satisfactory* evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures is $50. Graduating fee, including Diploma, $10. The Lectures continue three months.

Degrees are conferred at the close of the Lecture term in May, and at the following Commencement of the College in September.

Boarding may be obtained in the Commons Hall at a very reasonable price.

P. CLEAVELAND, *Secretary.*
Brunswick, Nov. 1834.

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9. *Medical Society, D. C.*—At a meeting of the Society, held at the Medical College, on the 5th instant, the following gentlemen were elected officers for the present year:

Dr. F. MAY, President.
Dr. H. HUNTT, } Vice-Presidents.
Dr. A. McWILLIAMS, }
Dr. N. P. CAUSIN, Corresponding Secretary
Dr. R. JOHNSON, Recording Secretary.
Dr. H. LINSLEY, Treasurer.
Dr. TH. MILLER, Librarian.
Dr. THOS. SEWALL, }
Dr. J. LOVELL, }
Dr. B. WASHINGTON, } Examiners
Dr. N. W. WORTHINGTON, }
Dr. J. REILLY. }

R. JOHNSON,
Secretary.

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TO READERS AND CORRESPONDENTS.

Doctor ——, is respectfully informed that his communication on medical abuses, and unprofessional conduct, is before us. We have given it serious attention, and on mature reflection, must decline its publication, unless we have permission to leave out the names mentioned. We are decidedly of opinion the affair ought to be exposed, and unless some satisfactory explanation is made by the aggressors, we advise Dr. —— to bring it before the Medical Society, (where, by the by, we think all grievances ought to be presented,) when it will become a public matter. We should then be willing to publish the proceedings, if we think they would have a tendency to better the condition, and support the equal rights of the profession. We know we might lose some subscribers, and offend others, by such a course; but our path of duty is plain, and we shall use our best endeavors to elevate the medical character, and to hold up to merited reprobation the ungentlemanly and unprofessional conduct of those who forget the rights, and wantonly sport with the character of their professional brethren.

For want of room, we are compelled to omit much interesting matter from foreign Medical Journals, which shall appear in our next.

Several communications have been received, which shall also appear in our next.

☞ *James Webster, the Publishing Agent of this Journal, being much absent from the city, all Communications concerning the same may be addressed,* (post paid) *to him, Post-office, New-York.*

THE

UNITED STATES

MEDICAL AND SURGICAL JOURNAL.

No. VII.

FEBRUARY, 1835.

ART. I.—*Gastro Enteritis, "Translated from the Nouveaux Elémens de Pathologie Medico-Chirurgicale" of MM. Roche and Sanson.* By JOHN W. STERLING, M.D. &c.

By *gastro-enteritis*, is understood the inflammation of the mucous membrane of the stomach and small intestines. It is presented under the forms of *acute, chronic, continued, and intermittent gastro-enteritis.**

1. *Continued Acute Gastro-Enteritis.*—Of all the inflammations which afflict the human species, acute gastro-enteritis, though one of those which has remained unknown for the longest period, is the most common. We may indeed affirm that out of one hundred patients attacked with acute diseases, at least sixty labor under this phlegmasia, existing either in its simple form, or complicating those of other organs. Its numerous causes, its varied symptoms, the diversified forms under which it presents itself, its frequent alliance with inflammation of other organs, and of some in particular, the diverse traces which it presents on autopsic examinations, and the protracted discussions to which it has of late given rise, render its history, though tedious and intricate, a very interesting subject of investigation. In pursuing this investigation we will endeavor to avoid any omissions of importance.

Causes.—All ages, both sexes, and every temperament, are nearly equally disposed to contract it; but these circumstances and some others which we will notice in the sequel, impress upon it certain modifications which are also to be considered. Atmosphere, heat, especially when attended with humidity, insolation, the abuse of hot and especially of vapor baths; constant residence in a warm and close atmosphere, in the midst of emanations from hospitals, camps, and prisons, vessels, and filthy cities; from all great assemblages of people, near marshes and stagnant waters; the abuse of generous wines and of alcoholic liquors; excesses of the table; the use of acrid, salted, smoked, and spiced aliments difficult of digestion or bad in their quality; the sudden suppression of an exanthema or of an issue or habitual hæmorrhage; violent exercises; deep study; prolonged watchings; the depressing passions, and violent paroxysms of anger, are its most usual predisposing and frequently occasional causes. The following produce it most promptly, some of them even instantaneously, and the most of them almost necessarily. These are the injudicious administration of emetics, cathartics, and other irritating medicines; the ingestion of poisonous substances or aliments, in which the putrid fermentation has already commenced; a draught of iced water, when the body is in a state of perspiration, or immediately after a violent paroxysm of anger; miasmata, proceeding from animal substances in a state of putrefaction, or emanating from individuals already attacked with an acute gastro-enteritis, and confined in small apartments; the combined action of these two species of miasmata; certain agents diffused in the atmosphere, and of which the nature is as yet unknown; acute inflammations of the skin, cellular tissue of the muscles or articulations; extensive burns; cutaneous eruptions, accompanied with much irritation and painful; the carbon, malignant pustule, anthrax, fractures of the limbs, attended with much disorganization; luxations of the great joints, with laceration or rupture of the ligaments, capsules, &c.; finally, large wounds and severe operations on the members.

* Consult Boisseau, *Pyretologie physiologique, etc.* 1 Vol. 8vo. third edition. Rayer, *article Gastro-Enterite* du *Dictionnaire de Medecine in* 18 Volumes. Goupil, *Expositions des principes de la Nouvelle Doctrine Médicale.*

All these causes, either directly or through the medium of the sympathies, excite an irritating effect upon the mucous membrane of the digestive passages.

1. *Symptoms, progress, diagnosis, duration, terminations, and prognosis.*—According as one or several of the causes just enumerated, act with more or less intensity, the individuals attacked are more or less irritable, sanguineous in their temperament or lymphatic, or the gastro-enteritis simple or complicated, so are the symptoms more or less numerous, diversified, and intense. Hence arise those infinite differences in the aspect under which gastro-enteritis presents itself; differences so great, that frequently do they seem to superficial observers to be diseases of a very opposite character, and which have been described by authors under different names, and as so many distinct affections. For this reason it becomes indispensable for us, in order that we may render our descriptions intelligible to those writers and physicians, who, even at the present day, speak their language, to describe separately the most of the varieties of gastro-enteritis, of which they have made as many distinct diseases.

2. *Of gastro-enteritis of moderate intensity in a plethoric subject.*—A particular disease has been made of that slight gastro-intestinal inflammation which attacks sanguineous and plethoric individuals, and which is presented by the following symptoms:—loss of appetite, thirst, heat, sometimes weight and more rarely tenderness at the epigastrium; the tongue red at the point and borders, white in its centre; the pulse full and frequent; skin warm and damp; the face red and turgid; the cheeks colored, with injection of the eyes; throbbing of the temporal arteries; obtuse cephalalgia; spontaneous lassitude; and red urine depositing a great abundance of brick-like sediment.

This group of symptoms has received the names of *inflammatory*, *synochal*, or *ephemeral* fever, and when it continues but a day, of *continent* and *angiotenic*. Most generally it is produced by the abuse of strong wines, too large a quantity, or too substantial a quality of food, a sharp and dry atmosphere, hot baths, and the suppression of an hæmorrhage, or an habitual discharge of blood. It is only observed in adults and plethoric individuals; as it denotes merely a slight inflammation of the digestive passages, the prognosis is favorable. A spontaneous hæmorrhage from the nose often effects the cure.

3. *Acute gastro-enteritis, with bilious supersecretion; gastro-duodenitis.*—Burning sensation at the epigastrium, which is often tense and painful; the tongue red at its point and edges, and coated yellow in its centre; loss of appetite; anorexia; bitter taste in the mouth; ardent thirst; desire for cold and acidulated drinks; nausea; vomiting of a green or yellow bile; constipation; pulse small, contracted, frequent and hard; yellow color of the face, and especially of the conjunctiva, alæ of the nose, and circumference of the lips, sometimes icterus, supra and orbital cephalalgia, and dull pains in the limbs; such are the symptoms of this form of gastro-enteritis.

This group of symptoms has been designated by the names of *gastric, ardent, mesenteric, choleric, bilious, and meningo-gastric fever.* It is principally observed in warm climates and seasons; in persons of a dark complexion; those addicted to spirituous liquors and high-seasoned aliments. But no country, season, or temperament are exempt from it. Usually sporadic, sometimes epidemic; it never occasions death unless followed by one of the group of symptoms to which the names of *adynamic* and *ataxic* fevers have been applied, or has been prolonged into a chronic state. It indicates a gastro-intestinal inflammation of but moderate intensity, which is confined to the stomach and duodenum, and provokes the sympathetic irritation of the liver.

4. *Gastro-entero-colitis, very intense, with bilious supersecretion, occasioned by excessive heat conjoined with humidity, or by saline purgatives or acrid poisons.*—We recognise this form of gastro-enteritis by the following symptoms:—acute, intolerable pain at the epigastrium, sometimes extending to the whole abdominal region; profuse vomitings, at first of mucosities and undigested aliments, next of brown, blackish, green, and porraceous substances; dejections of the same characters; eructations; nausea, and discharges of wind from the anus in the interval of the vomitings; insatiable thirst, attended with the impossibility of swallowing the smallest quantity of even the mildest fluid without its immediate rejection; desire for iced waters; disgust for aliments, and burning heat of the skin. Sometimes the contractions of the heart are enchained by the pain, and then the pulse, although small, seems of its natural rhythm; but most generally it is frequent, small, contracted, hard, and again irregular and intermittent. The respiration is short and attended with sighing; hiccough sometimes supervenes; the countenance, at first animated, soon becomes decomposed, pale, and covered with a cold sweat; the anxiety is extreme; the prostration considerable, and the patient experiences cramps in the limbs, which are excessively painful.

Such is the *cholera*-morbus of authors. It is very evidently an inflammation of the gastro-intestinal membrane throughout its whole extent. The liver in this inflammation always participates in the irritation of the digestive passages; but the excitation of this organ is subordinate to the latter, of which it is always sympathetic and seldom becomes the source of any special indication. This inflammation rarely presents itself in our climates, but it is often epidemic in very warm countries, as in India, especially during the summer. It terminates promptly either by resolution or death. The prognosis of it is always very grave.

5. *Gastro-enteritis, with abundant secretion of mucosities.* This form of gastro-enteritis presents the following symptoms: sensation of weight and tumefaction at the epigastrium; sensibility of the abdomen on pressure; loss of appetite; sour and disagreeable taste, and pasty state of the mouth; tongue covered with a greyish white or lemon-like coat, and slightly red at its apex and margins; aphthæ in the mouth, moderate thirst, acid and nidorous eructations, fetid breath, tormina, sometimes followed by mucous stools, and occasionally containing intestinal worms; diarrhœa, if the phlegmasia extends to the colon (*gastro-entero-colitis*;) pulse feeble, small, and frequent; heat of skin moderate; partial and usually acid perspirations; general pallor, debility, depression, wandering pains in the limbs, urine thick, turbid, white or reddish, with a grayish or brick-like sediment.

To these symptoms, *pneumonitis* is very often superadded, known by a full pulse, dyspnœa, cough, abundant expectoration, and obtuse sound of the chest, which is also covered with sweat (*gastro-entero-pneumonitis*); or *coryza*, denoted by pruritus of the nostrils, pain at the root of the nose, discharge of mucus from the nostrils succeeding dryness of the nasal fossæ; frequent sneezing and lachrymation. Hence complications of these phlegmasiæ.

Such is the *mesenteric*, *pituitous* or *serous*, the *slow nervous*, *glutinous*, *mucous*, *adeno-meningeal fever* of authors, and *verminous fever*, when attended with the expulsion of intestinal worms, which is not an unfrequent occurrence in children. It is usually developed in those countries and seasons in which humidity prevails, and attacks especially individuals of a lymphatic temperament. Its most common causes are, cold and damp weather, uncleanliness, the use of food of a bad quality, the abuse of farinaceous food, of acid and unripe fruits, and of turbid water for an habitual drink. The duration of this grade of phlegmasia of the digestive passages is always pretty long; so that it frequently disorganizes the tissue which it occupies, and death is more apt to ensue than one from its slight degree of intensity would be led to suppose. Its frequent complication with pneumonitis also adds to its severity.

6. *Very intense gastro-enteritis.* When gastro-enteritis has acquired a high degree of intensity, whether it has commenced by one of the preceding forms, or from the violence of its causes has been intense from the commencement, it usually presents the following symptoms: burning sensation at the epigastrium, which is sometimes painful on pressure; often insensible; anorexia; aversion to food, especially animal food; extreme repugnance to strong drinks; great desire for cold and acidulated drinks, or for pure water; insatiable thirst; dry, black, horny, fuliginous tongue; the lips, gums, and teeth covered with sordes; nausea, vomiting, constipation, if the inflammation does not extend beyond the small intestines; diarrhœa, (gastro-entero-colitis), if it attacks the colon, in which case there is often an involuntary excretion of fœcal matter; pulse of an extreme frequency; dry and pungent heat of skin; fetid odour of the whole body, especially in those rare cases in which there is a slight degree of moisture; face very much decomposed; obtuse cephalalgia; mild delirium; somnolency; decubitus dorsalis; extreme prostration of strength; scanty, red, and acrid urine, which sometimes is entirely retained, and again escapes involuntarily.

This group of symptoms has been named, by authors, *putrid fever*, *adynamic fever*. At the present day it is admitted by every body that it appertains to a very intense form of gastro-enteritis. It often succeeds to groups of symptoms called *inflammatory*, *bilious*, and *mucous fevers*, especially when their removal has been attempted by incendiary medicines; which may readily be conceived, since the latter is only a lesser degree of that inflammation of which the former is the maximum. All the causes which we have assigned to gastro-enteritis consequently appertain to it. In hospitals, camps, prisons, wherever indeed individuals are collected in great numbers, and where the air is vitiated, this form of gastro-intestinal inflammation reigns epidemically. Occasionally it is sporadic, and it is always grave. Nevertheless, since its nature has been ascertained, it has become much less frequent and dangerous.

Mr. Scoultetten has very recently communicated to the Academy of Medicine a memoir, in which he strives to prove, by numerous experiments on animals, and researches in pathological anatomy, that the *inflammatory* and *bilious* forms of gastro-enteritis depend on an inflammation of the villosities of the mucous membrane, whilst the form called *mucous* corresponds to the inflammation of its follicles, and that the *adynamic* is the effect of a violent and simultaneous inflammation of the villosities and follicles. These opinions, and the facts on which they rest, deserve the strict attention of pathologists.

7. *Very intense gastro-enteritis with cerebral phenomena.* This form presents the symptoms of the preceding group with the following differences: pulse quick, and at the same time very frequent; tongue dry, cracked, tremulous, and sometimes red as if steeped in blood; eyes piercing, sparkling; violent cephalalgia; exaltation or diminution of the sensibilities of the senses; delirium, sometimes furious, cries, vociferations, insomnium, constant agitation, subsultus tendinum, rigidity and flexion of the fore-arm upon the arm. These symptoms indicate the complication of a cerebral irritation with gastro-intestinal inflammation.

This is the *malignant*, *nervous*, *putrid malignant*, *cerebral*, *ataxic fever* of authors. In this form of gastro-enteritis, the cerebral irri-

tation is sympathic, and it is often subdued by merely combating and destroying the gastro-intestinal inflammation; frequently, however, it must be attacked directly. This phlegmasia is occasioned by the same circumstances and the same causes as the preceding; but especially is it observed in women and children, and in all those individuals in whom the sympathies between the stomach and encephalon are very active, those particularly in whom this latter part is very irritable; finally, we also observe it, when the gastro-intestinal inflammation is excessively painful, as happens whenever it is caused by the ingestion of a corrosive poison, or when this poison, from its nature, especially if it is narcotic, acts at the same time on the digestive passages and the cerebral organs. In the latter case, it is true, the phlegmasia of the encephalon ceases to be sympathic; it complicates that of the digestive passages. This phlegmasia terminates by resolution, the transition to the chronic state, or death: it is always grave.

In children it is not even necessary that the gastro-enteritis should be intense, in order to lead to cerebral phenomena of a very aggravated character, such as lethargy, coma, grinding of the teeth, drawing up of the globe of the eye under the vault of the orbit, twitchings of the tendons, and even convulsions. An indigestion is even sufficient, in infancy, to produce these symptoms. It is then difficult to determine whether the encephalitis or gastro-enteritis predominates. If the heat of skin is intense, the pulse very frequent, thirst great, the tongue very red and the epigastrium painful, and especially if these symptoms have been initiatory, it is very probable that those of the encephalon are sympathetic, and *vice versa*. There is one means of investigation which often throws the greatest light upon the real seat of the disease, it is the pressure on the epigastrium. If this region is painful, we see, at the moment we produce this compression, all the cerebral symptoms, if suppressed, rekindled, or aggravated, should they still exist: then there will be no doubt that the gastro-intestinal phlegmasia is the principal cause of the disorder. Should any uncertainty remain, we must combat the two irritations, as described under the article of treatment.

8. *Gastro-enteritis of warm climates, with icterus and hæmorrhages from the inflamed surfaces, often complicated with nephritis, sometimes with arachnoiditis, and produced by the two-fold influence of a principle of infection or contagion and heat. Hæmorrhagic and icteric gastro-enteritis.*

Symptoms of the most formidable nature accompany this form of gastro-enteritis. Such are: epigastrium successively tense, oppressed as if with a heavy load, and painful; loss of appetite; insatiable and ardent thirst; tongue more or less loaded, red at its edges, sometimes brown and dry in the middle, or red and dry throughout its whole extent; nausea, vomiting of yellow or greenish matters, approaching to a claret color, afterwards similar to coffee grounds, and at length quite black, excited either by the smallest quantity of fluids swallowed, or the slightest movements of the patient; burning heat of the throat, œsophagus, and stomach; constipation or diarrhœa, according as the colon participates or not in the inflammation of the other portions of the digestive tube; hæmorrhage from the nose, mouth, œsophagus, or anus, and in some rare cases, from the skin, eyelids, and intermuscular spaces; dry, pungent, and acrid heat of the skin; countenance at first red and shining; conjunctiva injected; eyes brilliant, and dry or humid; and, at a more advanced period, yellowness of all these parts, and of the skin of the whole body; respiration free and easy, if the inflammation is but slight; small and frequent, if this inflammation is very intense; frontal cephalalgia; soreness of the limbs; extreme anxiety; continual agitation; insomnium; sometimes lethargy; pains in the loins; the urine red and scanty. These symptoms are almost always divided into two distinct periods. In the first, which continues three or four days, black vomitings have not yet commenced; the symptoms seem to subside, and the patient anticipates a speedy cure, when suddenly all the symptoms are rekindled, the vomitings reappear, and are immediately formed of black blood. This calm, which separates the two points, seems to us to have been referred, by Mons. Scoultetten, to its true cause, when he attributed it to a diminution of the gastro-intestinal inflammation, a diminution produced by hæmorrhage. But the hæmorrhage ceases, the phlegmasia returns, and with it the vomitings, which at this time are necessarily of a back color.*

All individuals attacked with this violent phlegmasia do not necessarily present all the symptoms just enumerated. (This remark equally applies to the various groups which we have previously traced.) It is not rare, for example, to observe some who have neither yellowness nor black vomitings, in which case their gastro-enteritis scarcely differs from that of our own climate. Others, on the contrary, present some peculiar symptoms: thus the pain of the loins often becomes intolerable; the urine is very scanty, red, and scalding, sometimes almost suppressed, in which case there is a complication of *nephritis* with the gastro-enteritis. Sometimes the headach is atrocious; the patient delirious; there are twitchings of the tendons, convulsive retractions of the members, especially of the superior limbs; then the gastro-enteritis is complicated with *arachnoiditis*, or more rarely with *cerebritis*. These are the ordinary complications of this phlegmasia; the first is very frequent, the second more rare, and the third

* See Annales de la Medecine physiologique. July, 1824, page 60, *et seq.*

still less frequent. But, simple as well as complicated, authors have always described it under the name of *yellow fever*; we should not therefore be astonished that they have never been able to agree respecting the nature of it.

This phlegmasia most commonly reigns as an epidemic; it is endemic at the Antilles, raging particularly among individuals who have not become acclimated, and may arise in them from the influence of heat alone. When it is epidemic it attacks all individuals indiscriminately; a principle of infection, and sometimes, but rarely, of contagion, then conjoins its action with that of the temperature. The vicinity to the sea is one of the conditions most conducive to its developement; we seldom see it propagated in the interior, and when so, it almost immediately becomes extinguished.

Is it transportable, by means of a miasma, to great distances? Is it communicable by contagion? These questions are not yet completely solved: the most plausible opinion is: 1st, that it arises by infection in sea-ports, under the influence of heat and miasmata resulting from the decomposition of matters by putrefaction; 2d, that it is developed in the same manner and from the same causes in the holds of vessels containing water and putrescible substances; 3d, that it is very rarely communicated by contagion from individual to individual; 4th, that the miasmata which produced it may impregnate certain materials, such as woollens, silks, &c. and are thereby susceptible of being transported to great distances, if these bodies have been deprived of the contact of air; 5th, that these bodies thus impregnated may, at the moment when these bodies are exposed to the air, and still saturated, so to say, with these miasmata, give rise to the disease in individuals who respire the gas which is disengaged from it; 6th, that the exposure of suspected merchandise to the open air and free ventilation would suffice to free them from infection, and would prevent their bad effects more efficaciously than quarantines; 7th, that the miasmata which provoke it are not transportable by individuals; 8th, that consequently quarantines, lazarettos and sanatory cordons are useless with respect to individuals, and as it regards merchandise their place might be beneficially supplied by hygienic processes, such as lotions with the chlorures of the oxyde of sodium of Labarraque diluted with water. When these merchandise are not liable to damage from its use, the spontaneous evaporation of these chlorures in solution, free exposure to the air and ventilation: at least such is our opinion on this important subject.*

This form of gastro-enteritis terminates in a few days by resolution or death. It is always very grave.

9. *Miasmatic gastro-entero-encephalitis, always accompanied with cutaneous eruption.* All authors who have treated of the affection we are about to describe, have divided it into periods. Without attaching any importance to these artificial divisions, so arbitrary that those of one author rarely correspond with those of another, so inaccurate that we never find them distinct by the bed-side of the patient, and succeeding one another as described in books, we will nevertheless adopt them in order to facilitate the detail of the symptoms.

First period. The symptoms of this period are; weight and contraction of the epigastric region, thirst, loss of appetite, alternation of chills and flushes of heat, a frequent and full pulse, sadness, lightness, trembling of the hands, vertigo, pains in the limbs, sleep disturbed and agitated.

Second period. In this we observe, nausea, vomiting, ardent thirst, desire for cold and acidulated drinks, halituous heat of the skin, appetite and epigastrium as in the first period, eyes brilliant and injected; very acute cephalalgia, depression, discouragement, indifference, sensation of intoxication, invincible repugnance to motion, tinkling and buzzing in the ears, coma.

The symptoms of the *third period* are; cholics, meteorism, frequent liquid and fætid stools; dry, blackish and contracted tongue, difficult deglutition, nasal cavities obstructed by dried mucus or blood, dry and pungent heat of skin, small and frequent pulse, gastric symptoms more intense than in the first and second stages; and, with respect to the cerebral symptoms, stupor, vertigo, dimness of vision, deafness, difficult enunciation, responses slow though correct, taciturn and obscure delirium, reveries without sleep, a fixed and dominant idea on which the delirium generally hinges, gesticulations.

Finally, in the *fourth period* there exists; burning heat in the bowels, abdominal sensibility on pressure, pulse extremely accelerated, and besides, the preceding gastric and the subsequent cerebral symptoms: burning head, subsultus tendinum, cramps, convulsions and delirium ferox.

General sinking, agony, death.

Towards the third or fourth day, there appears on the skin, and especially on the chest, back, upper part of the arms and thighs, an eruption of petechiæ resembling the bites of fleas, or small miliary pustules, which disappear after three or four days and are followed by desquamation of the epidermis, or leave no traces. Frequently the parotids engorge, inflame and suppurate towards the termination

* See Recherches sur la Contagion de la Fièvre Jaune, &c. par M. M. Bouneau and Eug. Sulpicy, Paris, 1823. Costa, De la Non-contagion de la Fièvre Jaune, &c. in 8vo. Paris, 1826. Chervin, Examen des Principes de l'Administration en Manière Sanitaire, Paris, Juillet, 1827. Contancian, Rapport Fait au nom d'une Commission a l'Académie de Medicine sur les Documens de M. Chervin, &c. in 4to. Paris, 1827.

of the disease, and when the tumefaction of these glands commences, the symptoms always become greatly diminished, even gradually disappear in proportion as the parotideal inflammation, which is then called *critical*, runs through its periods; and again, they are frequently rekindled with increased violence, when this inflammation has reached its maximum.

Such are the morbid phenomena to which in their connection have been given the names of *typhus*, *petechial* and *spotted fever*. It is easy to perceive that they depend on inflammation of the mucous membrane of the digestive passages and of the encephalon, and this is confirmed by the autopsy. Occasionally inflammation of the aerial passages arises to complicate this two-fold phlegmasia, and then cough, impeded respiration, flushing of the cheeks, mucous and sanguinolent expectoration, are superadded to the double series of symptoms just enumerated. Finally, it also happens sometimes that the pleura participates in the inflammatory state, which also augments the number and variety of the morbid phenomena and the embarrassment of observers not conversant with true medical analysis, and it is to this that we attribute all the discrepancies published about this disease.

The order in which we have related the symptoms of typhus, is, as we have already said, far from being constant; hence authors who were desirous of presenting this order as the type of this affection, have been obliged to introduce an *irregular typhus*. But is it not evident that the progress and connexion of the symptoms must vary according as the invasion is slow or sudden, the inflammation of the *encephalon* or that of the gastric passages predominant; as there exists or not a concomitant phlegmasia of the lung or pleura, and finally, are not variations produced by a multitude of other circumstances which we cannot now take into consideration? Hence the attentive reader of the cases of pretended *irregular typhus* will soon learn that it is to some circumstance of this kind that the supposed irregularity must be attributed. Consequently we do not admit this unfounded and useless distinction.

On opening the bodies of individuals who have died of *typhus*, the digestive passages, the meninges and brain are found inflamed in a very great number of cases. It is very probable that at the present day, as we better understand how to recognise inflammation of the organs, we would meet these alterations in all dead bodies. The study of the symptoms does not even permit a doubt on this subject. Traces of pulmonary and pleural inflammations have also been found, especially when symptoms indicative of these inflammations existed during life. It is in consequence of neglecting a truly philosophical analysis of the diverse symptoms observed in patients attacked with typhus and their bearing upon the numerous lesions which are presented in the dead body, that so much has been written and discussed in relation to this fatal disease, without having thrown any light on its history. Finally, a last source of error, and one which is common to all diseases which attack a great number of individuals at the same time, such as *plague*, *yellow fever*, &c., consists in not taking into consideration the previous state of the health of individuals who become the subjects of the attack. Yet if we reflect a moment on what must happen when a violent epidemic rages among a great mass of individuals; how many already the subject of chronic phlegmasiæ of different organs are attacked by it, and how many fall victims either to the recent affection or that which has been of old standing, but now become suddenly exasperated, we will readily perceive how much uncertainty will thereby be thrown upon the results derived from the autopsy of the victims. Now what historian of epidemics has, until the present day, attributed to this important consideration, the omission of which besets with difficulties the anatomico-pathological study of these great scourges of humanity.

This complicated phlegmasia, which we have thought proper to study with those of the digestive passages, because the gastro-intestinal inflammation predominates at the commencement over that part of the encephalon, and in many cases opens the scene,—this phlegmasia rarely appears in the sporadic form. It is almost always epidemic, is transmitted by contagion, and is developed in the midst of large assemblies of men, in consequence of bad regimen, of forced marches and depressing moral affections, as in armies on the retreat, for example. It has not been observed in southern countries; it seems to appertain to the north and temperate climates. Its ravages are terrific. It terminates rapidly by resolution or death.

10. *Gastro-entero-meningitis attended with gangrenous buboes and petechiæ.* Three orders of symptoms exist in this complicated phlegmasia; the first are related to the gastric passages, the second to the arachnoid, and the third to the skin.

The first consists of epigastric pain, nausea, vomitings of bilious, greenish, blackish and sometimes sanguinolent matters; a diarrhœa of the same matter and very fetid; loss of appetite and excessive thirst; the tongue is dry, the heat of the skin acrid and burning, the sweat and breath are fetid, the pulse is frequent, often very small and sometimes intermittent; the urine is frequently natural, often red and turbid, sometimes bloody. The second consists of restlessness, extreme anxiety, terror, cephalalgia, delirium, subsultus tendinum and even slight contractions of the limbs, convulsions, insomnium or stupor, starting from sleep with despair, dimness of vision, ringing in the ears, deafness, the eyes glistening, reddish, wandering, sometimes fixed, precipitate speech which is rarely slow and plaintive, and vertigo. Finally, in the third, purple,

black, violet or red spots appear over the whole body, and buboes in the groins, under the axillæ, in the neck and of the parotids, frequently pass into the state of gangrene.

Degrees of this affection, less intense than that which we have thus described, sometimes exist. In some, for example, the symptoms of irritation of the heart and gastric passages are slight, there are neither delirium nor buboes; in others, buboes and delirium are present, but the symptoms are slighter than in the highest degree which has been traced above. We can readily conceive also of many other degrees which we cannot describe at present.

The name of *plague* has been given to this triple series of symptoms. It would be superfluous to attempt to demonstrate that for the most part they announce the two-fold inflammation of the mucous membrane of the gastric passages and arachnoid in the greater number of cases, and that of the digestive tube alone in certain others. Their analogy with those of typhus, their particular examination, which connects them all, without effort and without hypothesis, to lesions of the digestive and cerebral functions, and certain autopsies, prove sufficiently that this is the seat of this terrible malady. But, it is asked, is its nature purely inflammatory, and whether the gangrenous patches of the skin do not denote a morbid state analagous to the interior. Let us in the first place notice what the facts respond: 1st. The petechiæ and glandular engorgements do not always manifest themselves; 2d. the latter are frequently purely inflammatory and suppurative; 3d. they are as frequently gangrenous, and in these cases, but these only, the internal lesions present a similar aspect. Now, it would seem natural to conclude from thence: 1st. that the inflammation of the digestive passages and arachnoid, which constitute the essence of the plague, frequently differ in nothing from other inflammations; 2nd. that often, doubtless in consequence of the nature and intensity of the cause and the idiosyncrasy of individuals, this inflammation passes rapidly into the state of gangrene; 3d. that the cause is occasionally so violent as to strike immediately with gangrene the parts which it attacks, as also happens, when still more violent, it kills almost instantaneously. It remains then to determine under which of these forms it is most frequently observed, which as yet has not been done. We may add that all the causes of uncertainty and error noted when speaking of *typhus* are equally applicable with regard to the plague.

The cause of this disease seems to be an extremely active agent. Some suppose that it is a miasm produced by the annual dessication of the lakes of Ethiopia, for this affection is endemic in Egypt; but with regard to this opinion the data are not positive. It is highly contagious; the agent which produces it is transferable to great distances; all bodies may become impregnated with it, especially wool, cotton and feathers. From the observations of M. Desgenettes* it would seem that men addicted to the use of spiritous liquors and to women, are more severely affected by it than others, and that it is more liable to attack robust men and certain artisans, such as blacksmiths, cooks, bakers, &c. than women, children and persons engaged in other professions. Among the latter, on the other hand, carpenters and oil-carriers are almost exempt from it. Almost all patients affected in the first degree, says the excellent observer already cited, are easily and promptly cured, many also in the second; but the cures are very few in those labouring under the third degree of the disease. The prognostic then of the plague is always grave.

We have connected the history of the plague with that of gastro-enteritis rather than arachnitis, because the symptoms of the former being those which are uniformly present in this affection, it is evident that, in its greatest state of simplicity, it is nothing more than an inflammation of the digestive passages.

11. *Gastro-enteritis from poisoning.* They do not differ from those which we have just described. They are either simple gastro-enteritis, or gastro-entero-meningitis or cerebritis, &c., according as the action of the poisonous substance has been limited to the digestive organs, or, being absorbed, has produced inflammation of the arachnoid membrane, brain, &c. There is one species only to which we must devote a special paragraph; it is that which is produced by lead.

[To be concluded in our next.]

Art. II.—*Observations on Fistula Lachrymalis, with an Account of a New Operation for its Cure, by* Horatio G. Jameson, *M. D.* of Baltimore.

Every experienced surgeon must be aware of the many difficulties, and the uncertainty of all remedies that have been employed in the treatment of fistula lachrymalis, to say nothing of the painful and protracted courses of treatment generally in use.

Indeed, as far as my own observation goes, I have never succeeded much to my satisfaction in treating this affection in the old way. In its incipiency, I have faithfully employed the probe, as lately recommended by different surgeons; also, the injections into the duct; and, although I have sometimes succeeded in giving partial temporary relief, the disease has always recurred. In the more protracted state of this affection I have employed the stile, and have seen a good deal of it in the practice of others, and although I have now and then seen some improvement, yet, I must say, that I have never seen a perfect cure effected. In many cases the stiles were attended with considerable suffering and were worn for years.

* Histoire Medicale de l'Armée de l'Orient. Paris, 1802.

In the year 1830, while sorely afflicted by sea-sickness, during a rough passage to Sweden, by the western coast of Scotland, *I was totally deprived of the pleasure of reading, owing to every effort to do so being attended with immediate and severe sickness at stomach.* During this time my mind was particularly active, and among other subjects those of a surgical character occupied my attention. I mention this as a curious and isolated fact; I mean as regards my present object, but sufficiently interesting to require a passing notice.

At the time mentioned, reviewing all the plans and their results, and hoping that something better might be devised for the treatment of fistula lachrymalis, I resolved that since the disease, as it had come under my notice, was most frequently attended with swelling or thickening of the lining of the lachrymal sac, which renders it almost impossible ever to restore its proper cavity; and, believing that so long as the sac did not perform its office well, the nasal duct would constantly tend to close as a consequence; I was led to hope, that by the removal of the sac entirely, together with its cellular attachments, that a depository might be formed to receive the tears; and a tube worn to carry it into the nose. I, therefore, determined to make the experiment, in the first proper case that presented itself.

In the month of April, 1832, a gentleman from Virginia consulted me, who had been suffering severely for several years from this disease; and being in a country place, where he might not be able to have his stile cleaned, and adjusted from time to time, I concluded to try the method of removal.

The tumid, enlarged and inflamed sac was taken on the point of a small fine pointed tenaculum, and holding it thus firmly, the sac, with its swollen envelope, was speedily dissected out, taking care to carry the point of the scalpel, (a very small one) down to the entrance of the duct into the bone. In this way an open space was obtained behind the inner corner of the lower eye-lid, in which I could bury the head of a hollow stile.

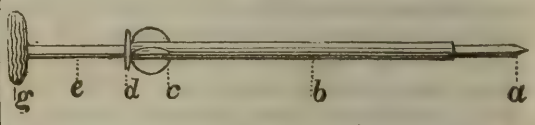
This stile being made of pretty pure gold, was intended to be left in as long as it occasioned no inconvenience.

The inflammation was pretty considerable, but not more than frequently attends the introduction of the stile. It subsided in a few days, and my patient went home well pleased. Many months afterwards, I received a letter in which he represented himself as much relieved, but wished to know whether the stile might be removed? In answer he was desired to wear it as long as he could, that it was our intention it should remain. I have not seen this gentleman for the last eighteen months; but having inquired for him of an acquaintance, (a neighbor,) I was assured, that "he was perfectly well, and much pleased with the favorable result of the operation."

It has not fallen in my way to try this operation since, but I have the fullest confidence in it. Such has been the general want of success, that many persons affected with the disease in question submit patiently, believing that the usual remedies, to say the least, are no better than the disease.

The stile or trochar which I used has a tube of the usual calibre and length. The head, the size of a small pea, is made of fine wire, which is soldered to the end of the tube, and rises up in six branches which end in a very small ring at the top. In this way the head is quite open, so as to admit any fluid present, and presents a surface free from cutting edges, which might fret adjacent parts. The head readily settles down behind the lower *lid*, and is not seen at all, neither is there any deformity whatever. It will readily occur to the reader that the *lid* is not to be cut, and it may be remarked that in using the sharp pointed trochar, I do not stop to search for the foramen in the bone, but pass the tube by means of the stile directly through the os unguis.

a represents the point of the stile, (made of silver,) and having a triangular point—*b* the tube of gold—*c* small wire rising up in six branches, and curved so as to form an open head the size of a small pea—*d* represents the small wire ring at the upper end of the canula, which being placed in the middle of the head, and opposite the open end of the tube admits the stile to pass through it and then down through the tube—*e* the hilt or upper end of the stile, which must have a little shoulder to prevent it from passing too far into the tube—*g* represents a little button, by means of which the trochar, (for it is a small trochar,) is made to put the canula in place.



Art. III.—*Case of Cerebral Disease.* By Samuel Hayes, M. D. of Newark, N. J.

A.L. B. æt. 43, the subject of the following case of cerebral disease, was bred to a laborious and active business, which he afterwards abandoned, and for the last few years has led a very sedentary life. He was of a full habit of body and temperate (in the strictest sense) in the use of spirituous and fermented liquors. His health was good, having been free from complaint for several years. Early in August he was attacked with slight head-ache, which excited but little attention as it was easily relieved by simple means. In the course of a fortnight it increased to such a degree as to induce him to apply for advice. Notwithstanding repeated venesection, both general and local, depletion by cathartics, and enemata and local ap-

plications of cold water and blistering, the disease continued to increase until the 11th September, being attended with obstinate costiveness, nausea and vomiting daily, skin cool, pulse slow (48), and occasionally intermitting. Sensibility of sight and hearing greatly augmented; tongue white; surface cool; urine loaded with mucus, letting fall a red deposit; severe pain in the head and back of the neck, which is tender on pressure; pupil of one eye dilated. On the 12th the severity of his symptoms were so much abated that he expressed himself as comfortable; leeched on the back of the head; until 16 he remained comfortable; had nausea and vomiting usually once every day, but without much effort or pain in the head; skin warmer; pulse 64 18th, Was greatly oppressed with heat in the night, which was relieved by an enema, and passed last night comfortably, enjoying quiet sleep of sufficient duration; on awakening had an effort to vomit; his attendants have observed a weakness of the left arm and occasionally a tremor in it; complains of great heaviness in the head, "it pressing on the pillow as with half a ton weight;" and of more pain in the back of the neck. 19. Had no vomiting yesterday; sleeps quite well; pulse intermitting; in attempting to get up this morning had a slight convulsion. 21st, After a comfortable day and night was awaked this morning with a sensation of coldness in his lower extremities, moving up in columns, and centering in his stomach, producing faintness and great debility; friction for a little time relieved this symptom. Until Oct. 4 remained with little variation, having daily two or three paroxysms of pain in the head, which were relieved by cold water; bears light and noise better; put on the use of cathartics of calomel and jalap. Oct. 4, Headach increased both in degree and duration, is located in the forehead, between the eyes, extending down the nose to the teeth. 5. Passed an uncomfortable night; has paroxysms of severe pain extending from the back of the neck to the forehead, which have in two or three instances terminated in numbness of the extremities and difficulty of articulating, which have passed off in a few minutes; intellect disturbed in the course of the day; pulse 72; urine clear from mucus and red deposit. 9. Remained much the same until noon to-day, when he was taken with vomiting, preceded by numbness and prickling in his extremities, and fell into a state of insensibility succeeded by restlessness, wandering of mind and incoherence of speech. The same train of symptoms were repeated in two hours, and again after the same interval. Similar symptoms daily recurred until the 14th, when after the operation of an enema his situation was apparently improved; had more appetite, less pain, and less heat in the head; from this time cold applications to the head, which had been uniformly successful, became painful; bears light better; tongue furred; pulse 60. 23d. On 17th, was put on the use of the Pil. hydrag. c. cal. and a seton inserted in the back of the neck; complains very much of the seton throbbing and being painful; pulse 82; has had several bilious evacuations; is more inclined to dose. From this time to Nov. 5th, had daily repeated convulsions from five minutes to half an hour's duration, succeeded sometimes by vomiting, and attended with stupor and stertorous respiration, slow pulse, feeble and variable in volume; speech altered and incoherent; mental functions impaired; countenance flushed. In the intervals, intellect, appetite and general strength good; disposition to somnolence increases. 5. Somnolence increases; shows great reluctance to be moved; simply answers when spoken to; has daily repetitions of convulsions, &c.; restless, wandering of mind; prostration of strength, and dimness of vision, and, on one occasion, an illusion of sight; for a few days has lost the command of the sphincter vesicæ; appetite failing. 10th. A gradual and regular progression in the symptoms of the disease; pupils permanently dilated and vision very indistinct in a strong light; pulse 80 and irregular in volume; bowels moved naturally once in two days. On the 14th had a succession of convulsions; face flushed during the paroxysms; neck much swollen. From this time the pulse increased in frequency without any other material alteration until the evening of the 20th, when having sat up half an hour, he was put to bed and fell into a state of coma with hurried respiration; was bathed in perspiration a considerable portion of the night. 21st. Skin moist and warm; pulse 112; respiration laborious and short. Died at eight in the evening.

Dissection.—On examination after death it was found that firm adhesion was formed between the dura-mater and the bone immediately over the anterior lobe of the left hemisphere of the cerebrum, which required some force to detach it. At every other point the dura-mater appeared natural; the tunica arachnoidea presented no unusual appearances, the lateral ventricles, and all other parts of the brain, were in perfect condition, excepting immediately under the point of attachment of the dura-mater, where a large tumor, nearly the size of a hen's egg, surrounded by ramollisement, or softening of the adjacent parts, was found to occupy a large portion of the anterior lobe of the left hemisphere.

Art. IV.—*Cases occurring in the New-York Hospital. Reported* by John Watson, M.D. of New-York.

Case 1. Gonorrhœa, Mercurial Treatment, Secondary Affection, Fracture.—The statement given in this case, in relation to the primary affection, rests wholly on the

patient's account of himself; he is a man of family, and appears to be worthy of credence.

Thomas McGrah, of Ireland, æt. 40, a seaman, entered July 21, 1832. About fifteen months before, he contracted, for the first time in his life, a venereal affection, which he states to have been a *simple running*, without either chancre or any abrasion of the skin. For the cure of this he took a white mixture, the nature of which could not be ascertained, together with two boxes of pills, which made his mouth sore. The running at length subsided, and *he had never after any sore of any sort on his privates*. On the subsidence of the gonorrhœa he went to sea, and continued healthy for six months, when *an ulcer* made its appearance on the upper part *of his scalp*, over the site of the anterior fontanel. At the time of his admission, this had been open better than a month. The sore was not larger than half a dollar, but uneven in the centre, and livid at the edges. He was after the use of some preparatory laxative, put upon the use of Plummer's pills, three daily, with syrup and decoction as usually directed, (four ounces of the former, and a black porter bottle-full of the latter, amounting to nearly three half-pints daily), and had occasionally a warm bath. He continued the pills for six weeks, and the preparations of sarsaparilla until November 20; with the exception of the decoction, which was at times intermitted. The sore on his head progressively healed at the upper edge, and ulcerated at the anterior and lower, until it had reached as far as the bridge of the nose, and eaten nearly into the eyelids on both sides, when it became stationary, and at length cicatrized. It was dressed for the most part during its progress with red precipitate ointment. Before it healed another had broken out on the right side of the forehead, which gradually enlarged, and became as large as a dollar. This also cicatrized, and was healed by the first of November. It had been dressed with the same ointment. Just before this last healed, others of similar nature appeared on his limbs, and one also on his left cheek, which was covered with a dry yellowish scab, nearly half an inch in thickness.

Two weeks after admission, he began to complain of pains in his knees; they became swelled, and were acutely attacked with inflammation, which affected the left joint most severely. They were cupped, poulticed, and moistened with evaporating lotions, and blistered repeatedly. After three month's antiphlogistic treatment, the inflammation was subdued; but the knees, particularly the left, remained much enlarged and very rigid. Nodes also arose on the shins, which were repressed by blistering, and even until his dismissal others were appearing.

November 12th. While attempting to turn himself in bed, he *fractured* his *right humerus* at the middle of the shaft. The accident occurred simply by attempting to turn, while he partially propped his body up in bed with his arms. Little or no inflammation followed the injury, and the arm was set in a few days. The patient, since the 6th of November, has been on the use of nitric acid ʒij. to water eight ounces, of which he took half a dram three or four times daily in some decoction of sarsaparilla. His general health is exceedingly deranged; he is restless, and subject to frequent qualms of faintness; his appetite is poor; he is greatly emaciated, and requires anodynes to obtain sleep at night; pulse weak, and at times scarcely to be detected at the wrist. His diet for some time previous to the first of November, had been generous, and he had a pint of porter daily. Nov. 6th, he was ordered half a pint of wine daily, which he took in gruel. He continued from this time until November 20, without any material change; but his four months having now expired, he was transferred to the Sailor's Retreat, where he completely recovered his health on the use of syrup of sarsaparilla, May 1st.

Case 2. Papular Eruption, (Lichen-Lividus, of Batemen.)—*James Martin*, of Ireland, a laborer, aged 30, entered, Nov. 12, 1832, with a chronic affection of his skin, of four months duration. The eruption was diffused over his arms, back, abdomen, and lower extremities, but most thickly set on his back and the calves of the legs; little or none appeared about his face; but on the palms of the hands and soles of his feet, it broke forth between the rete mucosum and the thick and callous cuticle, and appeared like little grains of sand deeply seated, and causing in these parts much smarting and irritation. On his back and legs it appeared in small irregular blotches, slightly approaching to a livid or copper color, and somewhat resembling ringworm. There were neither pustules nor vesicles in any part of his body; but at the side of the popliteal spaces, there had been abrasion of the cuticle from scratching, and the sores were covered with dry thick scabs.

He was at first put upon the use of warm bath twice a week, and mild laxatives. But he had not remained more than a week, when he was directed to have the perchloride of mercury according to the following formula.

Syrup of sarsaparilla, ℥viii.
Perchloride of mercury, gr. ii. M.

Of this he took half an ounce thrice daily; and every morning and evening spunged his body and limbs with a nitro-muriatic wash, composed of nitric acid ℥j. muriatic acid ℥ij. rain water ℥v.; one table-spoonful of which was put into a pint of rain water. This wash produced considerable smarting; and by December 18th, the patient was cured.

Case 3. Vesicular Eruption, Eczema.—*John Davidson*, of Denmark, aged 63, a barber, entered November 27th, with an eruption on his skin of three months' continuance,

and having the characters of eczema, as described by Bateman. Has been a temperate man, and has taken nothing for the cure of the affection. On his upper lip he has a sore of longer standing covered with a porous yellow scab, and having the appearance of *sycosis*.—Treatment: After having his bowels freely opened, he was put upon the use of the perchloride of mercury, three-eighths of a grain daily in syrup of sarsaparilla. Externally, as a general wash, he used the nitro-muriatic acid mixture.

Nitric acid	℥j.
Muriatic acid	℥ij.
Rain water	℥v.

Of this he took half an ounce to the pint of rain water, and afterwards increased it to twice the strength. Its effect was a tingling sensation all over his skin. The sore on his upper lip was dressed with the red precipitate ointment. Soon after the commencement of the treatment, the general eruption began to decline. But the affection of his lip was more obstinate. He smeared it with the ointment above noted, and over this he wore a poultice constantly. About the 15th of December, it was healed over, but still had a hardened feel, and looked red. The affection of the general surface had now almost entirely disappeared, excepting a few spots on the legs, which had been irritated, and degenerated into ulcers. These, however, were also rapidly healing, and on the 24th of December, the patient by request was discharged.

Case 4. Disease of the Prostate Gland.—*John Gardiner*, of Pennsylvania, æt. 45, a seaman, entered October 19th, with retention of urine. Has had some difficulty in the course of the urethra for several years, occurring at intervals; has lately been drinking to excess, and at his entrance the disease was taken for a chronic stricture. The patient was put into a warm bath, and took antinomial solution, in order to relax him so much, that a catheter might be introduced. Notwithstanding all these means, much difficulty was experienced in introducing the instrument; but Dr. Cheesman at last succeeded in drawing off the urine. The catheter was left in the passage until the next day. The patient now appeared to be in a febrile condition; bowels constipated; pulse small and hard, and tongue covered with a dark fur. In this condition he remained for several days, his bowels in the interval scarcely ever moved without the use of medicine. His strength became greatly exhausted; he complained of great distress about the lower part of his abdomen, and still made water with difficulty. He took from November 6th,—Calomel gr. x. with Dover's powder, gr. xv. every other evening, and followed the medicine next morning with castor oil. He was allowed cremor tartar water as a drink. The febrile symptoms subsided, and about the 12th of November, left him in a very exhausted condition. Much pain about the neck of the bladder, urine voided with pain, small in quantity, and mixed with a thick and glairy slime. He was now allowed half a pint of wine daily, and ordered flaxseed tea as an ordinary drink, and twenty grains of the bi-carbonate of potass in solution daily.

Nov. 16th. He states that the peculiar glairy substance that is observed in his urine, but unmixed with it, is always voided by itself, and before the flow of the natural urinary secretion. The soda, after a few days, was changed for dilute sulphuric acid; but neither of these articles appeared to have any definite action upon the disorder.

Nov. 20th. The patient states, that when the abnormal fluid is not regularly voided, he has the greatest difficulty in making water, and the greatest pain in the perineum and lower part of the abdomen; has to rise several times in the night to void it; sometimes there will be nearly half a pint of it in his chamber pot, without a single drop of urine.

On examination *per anum*, the *prostate* was found *enlarged* and exceedingly *tender*. The unnatural secretion was now referred to this organ. The patient was put upon the use of pills of rhubarb and soda, three daily, every pill containing three grains of each article. His diet was not restricted, and he was allowed a pint of cider daily. It was observed that so long as he could have his bowels freely open, he had little or no uneasiness about the neck of the bladder; but by neglecting himself in that respect, his distress was invariably increased. His water became at length more copious, and was voided with comparative ease, and the unnatural secretion appeared only at intervals and in small quantity.

Dec. 24th. Dismissed by request.

Case 5. Pulmonary Phthisis and Irritability of the Rectum.—*Sarah Hartman*, of New-York, æt. 23, a woman of questionable character, entered the hospital, Nov. 21, 1832, stating that she had hæmorrhois. On examination, nothing of this sort could be discovered. A small caruncle, probably a venereal wart, was observed at the verge of the anus, and the rectum was remarkably tender, and gave great pain on her going to stool. She has a constant cough, is much emaciated, and complains of pain in her chest on the upper and right side. Little or no expectoration. For her cough she was directed low diet and antimonial solution. To the anus she applied the yellow wash. The affection in the last mentioned situation soon subsided, but her pulmonary difficulty was increased.

Dec. 1st. The antimonial solution given in alternation with tinct. sanguin. It is needless further to trace the progress of a case to which there are but too many similar ones. Suffice it to state that after the first of December, she had daily hectic paroxysms; her bowels continued mostly regular; her expec-

toration was not very copious, but of the truly purulent cast.

Dec. 29th. She expired.

Post mortem.—Both lungs almost totally destroyed by tubercular disease. Not a square inch of either from which purulent matter might not be seen oozing; very few incipient tubercles except on the pleura; a cicatrix of small extent in one of the lungs, and numerous ulcerated excavations in all parts of both.

Case 6. Hydrops Genu.—*Wm. Pritchet*, of Maryland, æt. 34, a seaman of temperate habits, entered Nov. 19, 1832, with inflammation of the right knee joint, and effusion into its cavity. The patient, a few days before admission, had a chill, followed soon after by an exacerbation of heat; and as this subsided, his knee began to swell, and give him great pain. The joint, when first examined, was much enlarged, very hot; the veins running along the skin turgid; surface of a natural color, but shining. Along the lower part of the calf of the leg, however, there was a florid blush, indicating incipient *erysipelas*. Patient suffering acute pain; pulse frequent; tongue dry, rough, and red. Treatment: Calomel gr. x. with Dover's powder gr. xv. The knee involved in a large poultice.

Next morning the part was freely cupped, and poultice reapplied. Towards evening the erysipelas began to extend along the limb, on which account the leg was kept constantly moistened with a mixture of equal parts of laudanum, proof spirit, and water.

22d. The erysipelas now diffused itself in patches along the leg; a blister was applied a short distance above the knee. The part below moistened as before. Tongue not so dry as at first.

24th. Inflammation still extensive, yet not evidently on the increase; free scarifications with a lancet made along the calf of the leg. These bled freely, and put a stop to the further spreading of the inflammation. As the erysipelas subsided, the poultices were resumed to the knee. About the first of December, after the swelling had been repeatedly cupped, and the preternatural heat for the most part subsided, he was directed to rub the knee every two hours with a liniment composed of

Tinct. iodine ℥ss.
Lin. Saponis ℥viiss. M.

Nothing further was employed, except that he made occasional use of a poultice to relieve the erythema and smarting produced by the liniment; and on the 31st of December, the patient was discharged cured.

Case 7. Injury of the Neck.—*Oliver Hendrickson*, of New-York, æt. 33, a farmer, entered the hospital Dec. 10, 1832. Had recently been knocked down by a cart, by which his neck was injured on the posterior part.

When admitted, he was unable to hold his head erect; chin directed downwards, and slightly towards the left breast. Unable to open his mouth to any great extent without much pain. Neck evidently crooked and swelled posteriorly; painful when touched. Patient can flex and extend the head a little, and also turn it slightly from one side to the other; but both these motions are performed with caution, as if the effort were distressing. Tongue furred; pulse full; skin hot. The patient took an eccoprotic, and had his neck freely cupped. Next morning, on requiring him to shake his head, a cricking sound was heard very distinctly, and appeared to proceed from the upper portion of the vertebral column. Patient after this for a day or two had slight disposition to delirium tremens; he was treated by mild laxatives, and with Dover's powder at night, and this affection gave no further trouble. The cricking noise continued very distinct for two days, and afterwards was no more noticed. The patient had his neck forcibly stretched by Dr. J. Kearny Rodgers, and afterwards cupped, poulticed, and rubbed with stimulating liniment. The pain finally subsided, but the neck never became perfectly straight, though he had the command of the ordinary motions of the head.

Dec. 31st. Discharged, not to be called perfectly cured, but in such a condition that he might without inconvenience attend to his ordinary occupation.

Case 8. Hydrops Genu, Scabies.—*Ludwig Myer*, of Germany, æt. 23, a carpenter, entered, November 16th, with injury of his knee joint of recent occurrence. No abrasion, but the joint is much swelled, very painful, not discolored, elastic to the touch; patella very movable. Treatment: purgatives frequently repeated; low diet; poultice to the knee, followed by cupping; stimulating liniment, and finally the iodine liniment.

Tinct. iodine ℥ss.
Soap liniment ℥viiss. M.

By these means the knee was cured. He complained for some time of *pain in the breast*, and had a dry, harsh *cough*. For this affection he was put upon the antimonial solution.

Tart. ant. gr. ij.
Mucilage g. a. ℥ij.
Water ℥vi. M.

of which he took a table-spoonful every two hours. By this, and the use of a blister to his breast, the pulmonary difficulty subsided. The affection on his skin at the time of admission yielded to the sulphur ointment.

Sulphur.
Simple cerate, equal parts. M.

This he rubbed in while warm, and at the same time he used mild laxatives of sulphur and cremor tartar. Dismissed cured of all his complaints, except a slight remnant of the eruption, on the 31st of December, 1832.

Case 9. Fracture of the Skull. *Wm. Rorick*, of Pennsylvania, æt. 25, a shoemaker, entered the New-York hospital, December

25, 1832, some time after dark, with a wound on the left side of the scalp reaching from the commencement of the hair on the front, backwards and outwards about two inches, or perhaps a little more; both eyes swelled and discolored; patient apparently intoxicated; much jactitation; irritability of stomach with vomiting of blood every few minutes; pulse 120, skin colder than natural; patient shivering and anxious to be covered up; could give no account of his injury; and in asking him his name, he gave at first a wrong christian name, appeared bewildered rather than stupified. Those who brought him stated that he had been injured in a riot somewhere about the Five Points not long before he was brought to the hospital, and that he had been sent here from the watchhouse. He was ordered warm gruel, a portion of which he ejected almost as soon as it was swallowed. His head was shaved in the neighbourhood of the injury, (to this process he made considerable opposition, but at last consented to its accomplishment), and the wound was dressed with lint and adhesive plaster.

Next morning, when sober, he gave no signs either of concussion or compression of the brain; but could give no account of the manner in which he was injured; knew not that he had been at the Five Points, yet acknowledged that he had been intemperate the day preceding. He was kept on an antiphlogistic regimen, with an occasional purgative; this day he had an eccoprotic of rhubarb and magnesia, (if I recollect right, the medicine did not operate, and was followed by castor oil); the other purgatives, of which he took several, consisted chiefly of sulphate of magnesia. He complained of no uneasiness or bruises on any part, and for several days, even the cut on the head appeared to be doing well. The discoloration, from the effusion of blood into the cellular membrane of the eyelids, began to disappear, and the patient for a week or more bade fair to recover. His wound was dressed (if I am not mistaken) on New-Year's day by Dr. King, who reported favorably of its appearance. But in a day or two afterwards, he began to complain of pain all over the injured side of his head; and on Thursday evening, (Jan. 3d) this had so increased, that it was thought proper by Dr. J. L. Vandervoort, (during my absence in the evening) to undo the dressings. This pain still continued for several days longer; the wound was dressed with simple salve, and he had a cooling lotion applied to the head. His eyelids again began to swell, as if from the effusion of serum, and on Sunday (January 5th) after having been one day on the use of an eye-wash of acetate of lead in solution, he was cupped on both temples. Next day the œdema of the eyelids had subsided a little, and finally it disappeared.

Jan. 9th. I observed for the first time that his mind was somewhat affected; he answered questions properly, yet had a sort of inane expression about him.

Jan. 10. Partial loss of voice; vacancy of expression; body emaciating.

Jan. 12. Same symptoms, with inability to swallow; tongue dry and rough; pulse not counted, but appeared to be about natural.

Jan. 13. Pulse 60 in a minute; skin dry; tongue also dry and rough; chin fallen; the alæ of his ears appeared to be turned inwards, and the Hippocratic cast of countenance was noted and spoken of at the time. His mind appeared to be gone, his eyes were half-closed, and the eyeballs turned upwards. Bowels had not been moved on the day preceding; he was therefore ordered an injection, which did not operate. At noon a portion of bread was placed in his mouth by the inmates of the ward; but it continued there for several hours without being either swallowed or ejected. At half-past ten o'clock at night, his skin appeared cold, pulse slow and feeble; warm bottles were ordered to his feet, and sinapisms to the calves of the legs. I did not see him living after this. And his death was reported to have taken place a little before 10 o'clock on the morning of the 14th of January.

It should have been stated, that when admitted he had, besides the principal cut, a small bruise of the scalp on the left side and towards the posterior part; but this was so slight, that it disappeared in a few days. In the course of treatment, I should also have stated, that on January 10th, a blister was applied to the back of his neck, and in the morning he was ordered a solution of tart. ant. gr. ii. to water ℥viii. Another blister was applied to the back part of his head on the following evening; and on the evening of the 12th, his whole head was shaved, and covered with a blister. None of these applications appeared to give him pain, although they drew sufficiently well.

Post mort.—In examining the body between four and five hours after death, it was still a little warm; and through the wound of the scalp, which had now somewhat contracted, I could discover that there was a fracture of the cranium. On turning down the capillitium, vascularity and signs of inflammation were traced along the left portion of the pericranium in the course of the fracture, and more extensive towards the posterior part. The skull was next examined, and a fracture discovered; this extended completely through the whole of the orbital process of the os frontis on the left side, upwards through the body of the same bone, backwards through the whole length of the left parietal bone, and terminated at the suture that unites this last mentioned bone with the os occipitis. On exposing the encephalon, the dura mater was observed to be discolored on the injured side; the affected part of this membrane was of a dark livid cast on both sides; the line of separation between the sound and the affected part was hard and distinct. But the discoloration did not extend quite through the membrane, for it could easily be scraped off with

the finger nail, and beneath it the membrane was of its natural color.

Under the dura mater on the left side was a collection of pus, amounting probably to between four and six ounces. The pus lay immediately under the dura mater, covering the greater portion of the upper surface of the left hemisphere of the brain; it did not appear to reach the base of the brain, nor to extend beyond the longitudinal sinus. The pressure of this matter against the upper part of the brain had rendered the anfractuosities of the left side flatter than those on the right. The inner surface of the dura mater in some places appeared either to be covered with lymph, or with this matter in a thickened condition. The base of the skull was sound, (a fracture afterwards discovered through the sphenoid bone), as was also the substance of the brain.

The only other part examined with reference to the cause of death, was the stomach, which was empty and contracted. The inner surface had a mottled, red, or flesh color shade, and the mucous coat was so soft as to be rubbed off by passing the finger nail gently over any part of it.

Case 10. Caries of the Sternum. Secondary Syphilis.—*John Murray*, of Ireland, æt. 18, a baker, entered October 16th, 1832.

About nine months before, he had had sores on the corona glandis; these were cured, and were followed by a bubo in each groin, and subsequently by pain in the head, with eruptions scattered through the hair. During this time he took a few mercurial pills. In June last, he entered the hospital for the first time with pain in his breast and left leg. He remained here seven weeks, and was treated with sarsaparilla and blue pills. Three weeks after leaving the house, an abscess formed on his breast, which was opened by an incision with a lancet; much matter was evacuated, and the sore has continued open ever since. For this and the pains in his left knee and ankle, he entered the house the second time, and became a patient on the surgical side; and since admission, he has been on the use of Plummer's pills, with the preparation of sarsaparilla. On this treatment he continued about a month, without the least benefit. The ulcer on the breast was as large as half a dollar, extended deep even through the body of the sternum, and the pulsation of the heart produced an evident fluctuation in the purulent matter that covered the bottom of the opening. The knee affected swelled and was exceedingly painful. Suppuration took place, and an opening was made; much matter discharged; and by the use of a probe, the abscess was found to be deep, and even to extend round the lower portion of the shaft of the femur. Another abscess of the same character opened at the right elbow, involving the lower part of the shaft of the humerus. The drain from these three outlets was very great; the patient rapidly emaciated; had night sweats, alternating with diarrhœa. His strength was somewhat supported by tonics, as bitter infusion, nitric acid, porter, port wine, and quinine; but finding that the abscesses still continued to discharge, it was thought advisable to put him again on the use of mercury. He was accordingly, Feb. 1st, 1833, put upon the perchloride of mercury in syrup, gr. ⅛ daily, as usually directed; using, at the same time, port wine and quinine as tonics. The knee and arm were kept poulticed, and the ulcer on the breast was filled with lint, moistened with a weak solution of argent. nitrat. The friends of the patient, seeing him improve but slowly, thought proper to remove him; and accordingly he was discharged by request, Feb. 6th, 1833; the ulcer on his breast at the time showing a disposition to heal.

P.S. *Died* about one month after leaving the hospital.

Case 11. Constipation from Tumors in the Rectum.—*Francis Campbell*, of Ireland, æt. 32, a musician, entered Feb. 10, 1833, complaining of excessive costiveness, stating that for the two last weeks he had voided little or nothing per anum, and that he was much oppressed with swelling and pain in his bowels.

For a year past he has been of a costive habit, and the difficulty has been gradually increasing. At his reception he was taken as a medical patient. On informing the house physician that he could discover, by introducing his finger, something like a stricture within the rectum, he was, on the second day, transferred to the surgical side of the house. In the mean time, he had been taking several doses of purgative medicine, but had voided nothing of any consequence; the contents of his bowels seeming to stop at the seat of stricture.

In examining per anum, I found that about an inch and a half within the rectum, and on the prostatic side, there was a large, round, and somewhat pendulous swelling, at least as large as a black walnut—the surface of which appeared hard and rough to the feel. Just above this there was also another of similar character; but the finger could not be introduced far enough to trace its full boundary. Considering that these swellings were the whole cause of difficulty, I introduced into the rectum a sperm mould candle, tapered off at the upper extremity. At first it gave some pain; but after remaining a few minutes, this subsided, and the instrument was kept in place (about five inches within the rectum) by a T bandage.

It had not remained more than an hour, when the patient desiring to go to stool, it was withdrawn, and his bowels were freely moved, and before the next morning he had several other evacuations. The patient has since made use of the instrument himself, and has had no further trouble from the swellings. He

was also slightly affected with hæmorrhoids, for which he has used the gall ointment with benefit. Discharged by request, Feb. 18th.

Case 12. Singular and Extensive Disease affecting the Soft Parts about the Pelvis, &c.—*Matthew Gormley*, of Ireland, æt. 30, a laborer, entered Oct. 23, 1832, with an affection of his right hip, taken by Dr. Stevens for morbus coxarius. Three years ago, the patient states that he had swelling of the right testicle, unconnected with any venereal affection. The tumor burst, and continued to discharge purulent matter for six weeks; and as the abscess closed, it was followed by a bubo in the right groin; this also suppurated, and continued open eight or nine months, and as this cicatrized, it was in turn followed by pain in the right hip-joint, which had now lasted for five or six months. There was no external sign of disease; but the patient was not able to walk without a stick, and the pain in the hip he described as being constant and severe. Several blisters had been applied, but without any beneficial result. A few days after his reception, the actual cautery was applied over his affected hip. The burn was extensive, but not in all parts so severe as to destroy the cutis. A poultice was applied over the part, and the patient kept on low diet, with laxatives and occasional anodyne sudorifics. For several weeks after the application of the cautery, the patient complained of no deep-seated pain in the hip; but as the burnt surface cicatrized, the deep pain again returned, not however so severe as before, for the patient was now confined to bed, and had not the means of exciting the pain by exercise. Six or seven weeks after the application of the heated irons, and when the burn had almost entirely healed, a swelling of the *left* portion of the scrotum appeared. There appeared to be a fluid deposition between the tunica vaginalis and the integuments. The part was punctured with a lancet, and a vast quantity of purulent matter was evacuated; a second opening occurred spontaneously not long after, and from both openings there was a constant drain, which reduced the patient considerably. The matter evacuated was at first healthy-looking pus, but at length assumed a gleety character. As the discharge from these two openings became less copious, another swelling appeared near the external ring, and still another farther up in the inguinal region. The discharge from the scrotum was now of no importance, but from the upper openings, it was more copious, and always of a gleety character. The patient also complained of pain in the right hip, especially when at any time he attempted to walk. During the greater part of the time that he remained in the hospital, he was on the use of sarsaparilla, with the occasional use of tonics. He left the house, March 7, 1833, at which time his strength was nearly as great as when he was admitted. There was now no discharge from the openings in the scrotum; one of these had cicatrized. All the others, however, remained; and that in the inguinal region still continued to discharge. His hip was not so painful as at the time of his admission, but he was still unable to walk without the use of his stick.

Quere—What was the real nature of this case? Was it a diffuse abscess, involving only the soft parts? or was it originally a *caries* of some portion of the bones of the pelvis—the disease of the bone producing disease of the soft parts, and keeping up the constant discharge from the openings about the groin and scrotum? Judging from the continuance of the disease, the affection of the hip, and the character of the discharge through the openings, I am led to think that there was some disease of the bones of the pelvis, and that this was the primary disorder.

Case 13. Pernio.—*Mitchell Cantwell*, of Maryland, æt. 36, a seaman, entered January 15th, with slight frost of his fingers and toes; skin broken or raised in blisters on three of his fingers. Injured three weeks before admission. Took internally calomel and Dover's powder, followed by castor oil. Dover's powder in small doses was repeated for several evenings to allay pain and allow the patient repose. Yeast poultice was at first applied to the injured parts, but this was soon changed for the stimulating liniment of the house, which as prepared, consists of

Soap liniment, four parts.
Aqua ammoniæ, 1⅓.
Tinct. littæ, 1⅓.
Tinct. camph. 1⅓. M.

This he used as a lavement, until discharged cured, January 30th.

Art. V.—*On the use of the Lancet in Difficult Labor.* By Samuel White, M.D. of Hudson, N. Y.

From the cradle to the grave man is subject to disease and to accident. Hence the importance of the healing art, to arrest the one and repair the other. Also, to mitigate, in a degree, that decree of the Almighty—"in sorrow thou shalt bring forth," is the incumbent duty of every physician. We will take, therefore, one of the earliest orders of nature and attempt to show the *power of the lancet* in difficult parturition.

It has long been a maxim with me, that the balance of suffering in the parturient mother, was greater in the yielding of the circular fibres of the os tincæ, before the longitudinal ones of the uterus could be brought to propelling action, than the adaptation of the fœtal

cranium to the dimensions of the maternal pelvis.

Having, in early life, received instructions from an able accoucheur, I was led to the free use of the lancet in these trying emergencies. In some four thousand cases, embracing every presentation that can be named, I can truly say that I have never been foiled, and, with very few exceptions, have I found any other instrument necessary. In no condition in life will the female constitution bear such abstraction of blood. Nor should this be surprising, when we admit plethora as the natural attendant of gestation. I do not wish to be understood as adopting, in this, or any other branch of the practice, venesection indiscriminately. Such charlatan practice may be well coupled with the quack remedies of the day. So beneficial have been the results, and so well established is the practice in this city, that I often find the bandage and the bowl made ready for my arrival. To wait till the powers of nature are exhausted before adopting efficient means, is as futile, as prescribing a *ptisan*, or the thousandth part of nothing, at the approach of some formidable disease. It is my rule, therefore, when constitution and pulse shall indicate, to abstract a liberal quantity of blood in the incipient stage of labor. By this process the congestive state of the uterine organs is not only removed, but the surest guard reared against the most to be apprehended occurrence after delivery, hæmorrhage. Should this last symptom, however, require additional attention, it may be gained by a free use of ipecacuanha, which no sooner excites the coats of the stomach, than equilibrium of the circulation and general warmth are restored. We readily admit that such a course of practice should be predicated upon a discriminating knowledge of constitution and pulse. Without due attention to such acquirements we should prove ourselves unworthy pretenders. What physician of any experience, founded upon knowledge, but admits, the marked distinction between the free and flowing and the depressed pulse from venous congestion. So fruitful are the sources of medical information, at the present day, that the sin of ignorance is not to be winked at.

Thus far we have intended to apply our remarks to the first stage of labor; which, with lenient auxiliaries, are all we deem necessary. Should the patient, however, on taking her bed, in the second stage of labor, be found still making fruitless efforts from the continued rigidity of the os uteri, we are safe in the farther abstraction of blood, till an evident relaxation of that organ shall follow. No female was ever delivered till this process of nature was fulfilled, if not naturally, it must be by exhaustion or depletory means. Under such circumstances I would rather encounter direct than indirect debility. I will now close this communication with a brief exemplification of a few prominent cases.

Case I. Mrs. ——, of nervous temperament, with the first child, had been in labor about twenty-four hours when I was first called. I found two physicians in attendance and under great apprehension of a speedy dissolution. Futile attempts had been made to apply the forceps. I soon ascertained that the uterus had not sufficiently dilated, nor dare they use the lancet for fear of exhaustion! twenty ounces of blood were instantly taken, and in thirty minutes more, by the propelling powers of nature, a living son was the only restorative the mother needed.

Case 2. Mrs. ——, of masculine frame, and with the first child. Her attending physician being ill, I was called in the second stage of labor, found her writhing under severe but fruitless efforts, the uterus only dilated to the size of a crown piece, with the walls very rigid and thick. In three hours I bled her three times, in all, took one gallon of blood before the uterus yielded—she was soon after delivered of a large healthy child, and speedily recovered without any untoward symptoms.

Case 3. Mrs. ——, of full habit and good constitution, was removed to this neighborhood some two months prior to her accouchment, at which time I was pre-engaged to attend her, and warned to prepare for a trying scene, as she had barely escaped with her life in two former labors. As her health was good, I declined all preparatory treatment. The anxious night arrived, and I was hastened to her assistance. Found her laboring with severe throes, as one at the critical juncture of delivery. To my astonishment discovered the os uteri dilated to only about the size of a cent, of cartilaginous hardness and at least one inch in thickness. I ascertained from her that her former physicians had not thought it prudent to bleed her, though compelled to use the forceps in both labors, with the loss of the first child. She, however, assured me that she would readily submit to any course of treatment I might judge advisable: I bled to the quantity of three pints, then directed an emollient enema, while I retired for an hour. On returning to her assistance I found no material alteration in the state of her uterus, but continued and great suffering. I started a full stream of blood from her arm as she lay upon the bed, into a wash-hand bowl, which was held by a female attendant, while I took my seat and placing my finger within and to the side of the os uteri, did not rise till, with the loss of two quarts of blood, I followed it rapidly reflecting over the head of the fœtus. I then dressed her arm hastily, and had barely time to regain my seat for the reception of a ten-pound boy, whose stentorian cries gave no proof of exhaustion. I never witnessed a more rapid recovery. When the mother inquired, with strong emphasis, how is it possible to account for the mitigation of suffering, between this and my former labors? my answer was, ascribe it all to the *power of the lancet.*

ART. VI.—*Report of Cases communicated to the Anatomical Society of Edinburgh.* Edited by JOHN G. M. BURT and ROBERT SPITTAL, Fellow of the Royal College of Physicians, Edinburgh, Secretaries.*

1. CASE OF TUMOR IN THE LEFT HEMISPHERE OF THE BRAIN. Dr. Moir exhibited a portion of diseased brain taken from the subject of the following case. On the 20th April 1833, Mrs. P. aged about 60, complained of pain in the region of the stomach, nausea, and occasionally of slight headach and anorexia. Her tongue was foul, and bowels rather constipated. Pulse natural. Some improvement took place in the latter symptoms; but the headach and nausea continued much in the same state until the 4th of May, when she was attacked with partial paralysis of the right side. From this time she gradually lost the faculty of expressing her ideas in proper language; using sometimes words conveying a meaning quite different from what she intended, at other times being totally at a loss for the word she wanted. She was at the same time quite aware of the defect, and seemed pleased when any of her friends discovered what she wished. She did not possess the power of speech for the last three days of her life, but seemed aware of what was going on around her, and knew her friends. She died on the 26th of May. On examination after death, the upper and middle part of the left hemisphere of the brain was soft, and communicated the feeling of fluctuation to the fingers. Upon being cut into at this part, a cavity was found close to the surface, containing cerebral matter softened down to the consistence of pus; and projecting upwards from the cavity, a tumor of the size of a large cherry, of a dark dull-red colour, and of firm consistence. The cerebral mass forming the walls of the cavity was in a state of ramollissement. A similar tumor and cavity were found at the posterior and under surface of the posterior lobe of the same side.

On this case Dr. Moir remarked, that it has been supposed by many that there is an intimate connection between the anterior lobe of the brain and the faculty of language. In the Lancet of June 8, 1833, Mr. Browne adduced in support of this opinion, from various authors, the proofs obtained from pathological anatomy. These he divides, 1*st*, into those cases in which the faculty of language was impaired in consequence of external injuries involving this part of the brain alone; and 2*dly*, into those in which similar effects followed internal disease seated in the nervous tissue. The present case, however, and that of the boy Watt, noticed above,* seem to lead to very different conclusions, or, at least, to show that the said connection does not hold good in all cases. In the case of the boy Watt, notwithstanding the external injury and subsequent very extensive internal disease of the anterior lobe of the brain, he retained the faculty of language to within two days of his death, and repeatedly named individuals who came to see him. Again, Mrs. P. lost the faculty of expressing her ideas, though not of speech, and could not mention the names of her friends though she knew them. In her case there was no diseased structure in the anterior lobes; but, on the contrary, of the superior part of the hemisphere and posterior lobe of the brain.

2. TUMOR IN THE RIGHT CORPUS STRIATUM. Dr. Spittal exhibited the portion of brain containing the morbid mass taken from the subject of the following case. A. M., a boy aged 2½ years, reported to have been in a very healthy state during the first nine or ten months of his life. Since that period, however, according to the account of his mother, he had been always a weakly child. He has never been able to articulate above one or two words, his usual method of expressing his wishes having been by a species of muttering, which his relations by-and-by came partially to understand. On inquiring concerning his intelligence, his mother remarked, that he was "very quick;" indeed, according to her account, sometimes "too quick," in understanding what was said or done. This statement, however, may have been dictated somewhat by prejudice, and in contrast to his bodily infirmities, although it was stated, that he was so when compared with others of the same family who were in good health when at the same period of life.

He was able to walk with some assistance, but was observed to use his right lower extremity as one whose limb is partially paralytic, throwing it down as it were. He was not subject to "fits" of any kind; nor did he make any particular complaint until within a few weeks previous to death. About this time he began to lose flesh, and was unable to sit up; his sleep became disturbed, with moaning, starting, and screaming; and he was frequently observed to put his hands to his head, as if he felt uneasiness there. He also had occasional vomiting, and other febrile indications. These symptoms continued to increase until within a few days of his death, when he was seized with severe and frequent convulsions of the right, upper, and lower extremities, particularly the former, in which, during these, the *extensors* of the wrist were in very strong action, so that the back of the hand was much drawn over towards the arm. About this time he ceased to "speak," as his muttering was

¶ The Anatomical Society of Edinburgh, was formed in March 1833 for the reception and discussion of such cases of morbid anatomy, and of such rare and anomalous cases of healthy anatomy, either of the animal or vegetable kingdoms, as might occur in the experience of any of its members. Its meetings are held once a fortnight; and the following report contains a portion of the cases communicated.

¶ See first Article of Analecta.

termed. He was somewhat comatose, and his intelligence was nearly gone. The right pupil was very much dilated, the left only partially so; and neither were affected by the light. The convulsions continued, the coma became complete, and he died, the latter symptoms having lasted about five days. His head was somewhat larger than usual, and considerable superficial veins were observed in the scalp. The skull was ossified, with the exception of the anterior fontanelle.

Sectio Cadaveris thirty-seven hours after death.—*Head.*—The upper surface of the brain was much drier than usual, and the convolutions were very much flattened. On the lower surface this was not so much observed; and over the surface of the *cerebellum* there was a thin layer of a purulent-looking fluid, as if that body had been dipt in pus. The arachnoid membrane and subcellular tissue in the neighbourhood of the optic commissure were thickened and firm. About four ounces of serous fluid were found in the lateral ventricles; and on the arachnoid membrane lining them there was a minute granular layer of lymph firmly adherent. A tumour of a tubercular character was observed to project into the right lateral ventricle. It was imbedded in the anterior part of the right *corpus striatum*, was of a firm texture, of a yellowish hue, and about the size of a walnut. The substance of the brain around was quite of the usual appearance, and not softened.

It should have been mentioned above, that the bones of the upper part of the skull were not united at their sutures, and that the sagittal was nearly a quarter of an inch in breadth, and filled up by a fibrous membrane.

April 22, 1833.—The head alone was allowed to be examined.

3. Case of Apoplexy. Dr. A. D Maclagan showed a portion of the brain of a woman, aged 64. The right *corpus striatum* was completely broken up, with about two ounces of coagulated blood in the anterior cornua of the ventricles. The coats of the cerebral arteries were diseased.

The patient was of temperate habits, and not plethoric, and had been seen by Dr. Maclagan some months before death, on account of the slight derangement of the bowels. About four days before death, Dr. Maclagan was again called, and found, that while moving across the room she had fallen down in a fit, and was totally insensible; the pupils were closely contracted and immoveable. Her breathing was slow, but without stertor; and the pulse slow, labouring, and full. She had not much distortion of the face, but it was quite perceptible; and she had complete hemiplegia of the left side. She occasionally lifted her sound arm to her head, as if she had suffered pain there. She was treated in the usual way, and died without convulsions, having survived the attack four days.

4. Injury of Brain from perforation of Orbital Plate. Dr. Moir exhibited a portion of the orbital plate and *dura mater* of the boy Watt, showing the perforation which had taken place in these parts, consequent upon thrusting a scavenger's broom into the boy's face. For an account of this case, see Dr. Scott's paper. page 363, where, for the sake of arrangement, it is published by permission of Dr. Moir, and the consent of the Society.

5. Caries of Temporal Bone. Dr. Reid exhibited a temporal bone in which *caries* had broken up the whole of the cavity of the tympanum, part of the mastoid cells, and had begun to encroach on the labyrinth. A portion of the posterior surface of the *dura mater*, equal at least in size to a sixpence, and nearly half an inch of the *portio dura* nerve, where the Vidian joins it, were exposed to the contact of the external air, which of course passed freely into this excavation made by the disease, and yet both these parts and the brain appeared perfectly healthy. Symptoms unknown.

6. Disease of the Heart. 1. Dr. Henderson exhibited a specimen, in which there was great eccentric hypertrophy affecting principally the ventricles, with narrowing of both orifices on the left side of the organ,—a state of disease which was detected readily several months before the patient's death. Under the influence of repose, depletion and spare diet, the *bruit de soufflet*, which attended the ventricular contraction, and the violent impulse against the parieties of the chest, had *completely subsided* many weeks before death. The only symptoms which remained were slight dyspnœa, hydrothorax of right side, and irregular pulse.

2. Dr. Henderson also showed a specimen in which there was considerable dilatation of all the cavities of the heart, with hypertrophy of the left auricle and ventricle. The left auriculo-ventricular opening was so much contracted from cartilaginous degeneration and adhesion of the portions of the mitral valve, as barely to admit the point of the finger. The pulse, as is usual in such disease of the mitral valve, had been extremely small and very irregular. The sounds of the heart's action had been surprisingly perfect, having been only slightly diminished in intensity, and unattended by the least approach to morbid bruit.

3. Dr Henderson exhibited another specimen with a state of general disease of the heart, nearly similar to the last case, but with less narrowing of the left auriculo-ventricular opening. This case was remarkable from having been totally free from morbid sound.

4. Dr. Henderson likewise showed a heart

in which there existed dilatation of both ventricles, from a middle-aged female. The pericardium adhered firmly to nearly the whole surface of the auricles, and a considerable space in the vicinity of the adhesion was covered with rough patches of hard granular-like lymph, apparently of no recent date. Dr. Henderson stated, that, about five months before death, she had been affected by the symptoms usually attributed to pericarditis, which were removed in the course of two or three days by general and local bleeding. She continued subject, however, to difficulty of breathing, to which she had been previously liable after any unusual exertion; and for some weeks before her death, the dyspnœa had been excessive, and the organic disease described sufficiently obvious. During the attack of pericarditis,—the existence of which, at a considerable distance of time before death, the subsequent inspection placed beyond doubt,—there was not the least approach to the rough sound or the *craquement du cuir* mentioned by M. Collin and Dr. Stokes; a circumstance not explicable, on the supposition that accumulation of fluid had occurred in the pericardium, for no extended dullness of percussion could be detected, nor any morbid phenomenon in the region of the heart indicative of the existence of fluid; but probably arising from the inflammatory deposition having been confined to the region of the auricles, in which situation friction, on which the above morbid sounds are presumed to depend, during the ventricular action, must be very trifling, if, indeed, there exist any.

Dr. Reid exhibited the *heart of a pig* in which a rounded *fibrinous tumour*, about the size of a small strawberry, occupied the left auriculo-ventricular opening. It adhered to the valve and upper part of the ventricle, and projected upwards into the auricle, reducing the auriculo-ventricular opening to a mere slit, overlapped by a valvular portion of the tumour. The left auricle was greatly dilated, and much thickened. The animal was only four months old, and had been affected with cough and difficulty of breathing for nearly a month.

Dr. Reid also exhibited a specimen in which there existed *obliteration of the vena cava superior*, as it entered the auricle in the human heart. The manner in which the blood from the head and superior extremities reached the heart was indicated by the increased size of the intercostal veins and the *vena azygos*, which had evidently served to transmit the fluid, whose proper channel had been obliterated. The patient died of disease of the kidneys with dropsy. There were no symptoms indicating disturbance of the circulation, for several weeks at least, before death.

7. Effusion of Lymph in Larynx, Trachea, &c.—Dr. Henderson presented a larynx, trachea, and portions of the bronchia taken from a man, aged 27, who had died during the eruptive stage of small-pox. The mucous membrane even of the minute ramifications of the bronchia, as well as of the more considerable parts mentioned, were covered with coagulable lymph, easily scraped off with the scalpel, and disposed in irregular areolar patches. The lungs were thickly studded with small apoplectic-like masses, and generally engorged with blood. Copious bleeding from the arm had been practised before the eruption appeared, but without apparently checking the extent or the violence of the pulmonary oppression. He had not been vaccinated.

8. Cases of Phthisis. 1. Dr. J. H. Balfour exhibited a lung studded with tubercles, taken from a child aged 6 years, who had for several months been affected with the usual symptoms of phthisis. Both lungs were studded with tubercles. The spleen, which was also shown, was full of tubercles. The bronchial glands from the same patient were greatly enlarged, and contained tubercular matter. The mesenteric glands were also much enlarged, and the surface of the liver was covered with tubercular deposits. The kidneys were healthy.

2. Dr. Malcolm showed a portion of the lungs, spleen, liver, and enlarged mesenteric glands of a child aged 4 years, who was reported to have laboured for about eight weeks under infantile remittent fever. When Dr. Malcolm first saw the child, it was in a very emaciated condition, and suffering from bronchitis. From this it was somewhat relieved, but gradually sunk and died.

Examination after death. The *pleura pulmonalis* was entirely covered with miliary tubercles, and the whole parenchymatous structure was found studded with these bodies; and this was the case not only in the upper part, but also in every other part of these organs.

The mucous membrane lining the bronchial tubes was of a vivid red colour, and a purulent-looking fluid issued from the bronchiæ. Several small tubercles were scattered over the peritoneal covering of the liver, some of which were in a soft state as though they had been recently deposited. These could easily be scraped off, leaving a small indentation. The internal structure of the liver was healthy.

The spleen was thickly studded with tubercles.

The mesenteric glands were enlarged. A few small ulcers were found in the colon, and cicatrices of others were observed.

The kidneys exhibited a mottled appearance,—having several white patches over their surface. There did not appear to be any change of structure, however, the white marks on the surface not extending into the substance of these glands.

There was much dilatation of the left ventricle, but its walls had retained their usual thickness. The heart was otherwise healthy. The obstruction to the free passage of the blood through the lungs would have led us to expect dilatation of the right ventricle of the heart rather than the left. The fact of the semilunar valves and other portions of the aorta being sound, render this occurrence more remarkable.

3. Dr. Spittal exhibited a lung containing a very large tubercular cavity, in which the amphoric resonance had been very distinctly perceived during life. For the following history of the case, Dr. Spittal stated he was indebted to the kindness of Dr. P. S. K. Newbigging, with whom he had visited the patient during his last illness.

David Paterson, aged 36, was attacked in March 1832 with symptoms of pneumonia, from which, however, he recovered, and under moderately full diet, &c. was rapidly gaining strength, when, about the end of August, whilst training a young horse, he felt something give way in upper part of the right side of the chest, which was followed by expectoration of blood, repeated at intervals of some hours for two or three days, but which was subdued by copious blood-letting. About the latter end of September, his symptoms were as follow, viz. freqent cough, with pituitous expectoration ; slight pain in right side on coughing, and cannot lie on that side ; at the upper part, and indeed throughout the whole of right side, percussion emits a dull sound. Respiratory murmur is absent on right side ; natural on left ; pulse 90 ; appetite good ; tongue and bowels natural ; sweats little ; is emaciated and weak.

19th November. Continues easy ; cavernous rale heard below the right clavicle to the fourth or fifth rib extending into the axilla. Pectoriloquism is also distinct ; expectoration mixed with pus; and feels a sensation as of its issuing from the upper part of right lung.

29th December. Continues free from uneasiness ; appetite good ; pulse 96 ; tongue and bowels natural ; sound on percussion rather clearer below the right clavicle, dull in lower part of chest; cavernous gurgling heard lower down ; a peculiar buzzing or amphoric sound is heard between the fourth and sixth ribs, at the anterior part of the chest: expectoration copious and purulent.

Februrary 1st, 1833. Cough less urgent otherwise the same as before. On applying the stethoscope, the peculiar sound before mentioned was at once discovered, especially after coughing, when it imparted to the cavernous rale an amphoric character, arising from the bursting of air-bubbles in a very large cavity.

March 21st. Died this morning after a violent fit of dyspnoea, and difficulty of lying in the horizontal posture. The amphoric sound could not be heard during the fifteen or sixteen days previous to death.

Examination after Death.—The whole of the upper part of right lung was adhering, by means of its pleura, to that of the parietes of the chest ; the unattached surface was covered by a deposition of soft lymph, easily separated. A very large cavity existed in the upper part of the right lung capable of containing from a pint and a half to two pints of fluid, and when cut into contained between two and three ounces of purulent fluid. The walls of this cavity were generally smooth* There was extensive deposition of tubercles in the lower lobes of this lung, and tubercles in different stages existed in the left lung. The heart was sound, with the exception of the right ventricle, which was slightly hypertrophied. The pericardium contained three ounces of serum.

The liver was large, pale and softer than usual. The other viscera were healthy.

9. Perforations of Stomach. Dr. Ormond exhibited a *diseased stomach*, in which *perforations* had occurred in two places, the one a circular opening with the surrounding mucous tissue slightly ulcerated, the other was of irregular form, the edges of the aperture being thickened and hard. The patient was a middle-aged female, who had suffered long from stomach complaints. No severe illness had occurred before the fatal attack, which was attended with fainting sickness and pain referred to the spot. The nature of the disease was conjectured before death, which took place in twelve hours.

10 Solution of Stomach.—Dr. A. D. Maclagan exhibited the stomach and lung taken from the subject of the following case. The patient was a child, 18 months old, who had for some time laboured under symptoms hydrocephalus. By an imprudent exposure to cold, pleuritis was induced, which proved fatal.

Examination after Death.—There was a considerable effusion of serum below the arachnoid, on the surface of the brain, filling up the spaces between the convolutions, also a little in the ventricles. The *pleura pulmonalis* of the right side was covered with an effusion of recent lymph. In the cavity of the left pleura there was a considerable quantity of a dark-coloured fluid, the nature and source of which could not be at first ascertained ; but an explanation was obtained on continuing the dissection farther. The cardiac end of the stomach and the termination of the œsophagus were destroyed, and in the diaphragm, towards the left side, there was a round hole larger than a shilling, with soft ragged edges, through which the fluid, which manifestly had been the contents of the stomach, had made its way into the cavity of the left pleura. The serous membrane was removed from the lungs and thoracic parietes as if by a corrosive fluid.

¶ This specimen is now in the museum of the Royal College of Surgeons of Edinburgh.

11. Enlarged Gastric Glands.—Dr. Allen Thomson showed the stomach of a young man who had died after a short illness subsequent to a surgical operation, in which the small prominences called gastric glands were much enlarged and more numerous than usual. These glands occupied principally the portion of the stomach surrounding the cardiac opening and the small curvature. They presented to the naked eye the appearance of a number of thickly set eminences on the surface of the mucous membrane, each having a red point in the centre. On examining them with a magnifying glass, each gland was found to have six or eight openings on the most prominent part, disposed in a radiated manner and the red point seemed to be produced by the colour of the blood in the subjacent cellular texture being seen through the openings of each gland.

12. Excessive Prolapsus Ani.—Dr. Taylor exhibited a specimen of *prolapsus ani* occurring in a boy six years of age, of a scrofulous habit of body, very much deformed, and who, it was said, had been from infancy liable to slight attacks of prolapsus, but which, till this last, had been easily reduced. When first seen by Dr. Taylor, February 20, 1834, there was a protrusion of about six inches of gut, of a bright cherry-red colour, much swollen and œdematous. It had prolapsed six days previously, and the patient had been suffering for ten days under severe diarrhœa, which still continued, with frequent slimy discharges, and much tenesmus. The skin was dry and hot; pulse quick; tongue furred; no pain of abdomen. Any at empts to reduce the intestine were unavailing, both owing to its great swelling. and the severe straining of the boy, who complained much, and said he felt a great desire to go to stool whenever the gut was handled; besides, the very relaxed and distended condition of the sphincter gave little hope, even if the gut could have been reduced, of its being retained; more especially, as long as what appeared to be the exciting cause, viz. the diarrhœa, continued. In the hope of checking this, the usual remedies were prescribed. Next day the diarrhœa was unabated; rather more intestine protruded, very much swollen, and of a dark-red colour.—22d. Bowel complaint much the same, and there is now fully nine inches of gut down; appearance much as yesterday.—24th. Intestine more swollen, and here and there ash-grey coloured sloughs. From this period no more intestine protruded; the sloughs extended; several dropping off, discovered a dark livid base. The boy was now evidently sinking, and he died on the 29th.

Sectio.—On opening the abdomen, the small intestines appeared in their natural position, but on laying these aside, the cœcum was discovered dragged out of its natural situation and towards the left side. The colon was very much contracted and thickened, and on tracing it, no sigmoid flexure could be perceived, the whole of it seeming to have passed through the rectum, which was itself completely everted, not a vestige of it being within the anus. The mesenteric glands were also much diseased. Dr. Taylor having placed the preparation at the disposal of the Society, it was presented to the museum of the Royal College of Surgeons.

13. Hydatids.—Dr. Balfour exhibited the left kidney of a shoemaker, aged 62, who had for a long time been affected with pain and difficulty of micturition, and who ultimately died comatose, having recently laboured under suppression of urine, combined with slight peritonitis. The kidney contained numerous hydatiform cysts filled with a serous fluid, some of them of the size of a small orange. The right kidney also presented similar cysts of smaller size.

14. Ulceration of the Bladder.—Dr. Taylor exhibited a specimen of ulceration of the bladder, taken from the subject of the following case. Robert Proven, æt 4 1-2, much emaciated. An opening about the size of a large pin head was observed just behind the scrotum, where it joins the perineum, and close by the raphe. On introducing a probe into this opening, it passed about an inch in all directions; he was reported to have been voiding his urine from this opening for the last three weeks, as well as by the urethra; while passing it, he appeared to suffer much pain. On pressing with the fingers in the neighbourhood of the above-mentioned opening, a clear fluid resembling urine can be squeezed out. It is also stated that a small tumour sometimes formed there, but disappeared again after the urine was voided.

This child was first seen about six months ago, on account of severe and frequent attacks of convulsions; from these he recovered in a short time; but a tumour then began to appear in the perineum, which gradually increased in size, and was soon discovered to contain matter. An opening was made into it, and a good deal of pus discharged. In the course of a week the discharge had almost ceased, and the child appeared to be doing well. After a lapse of some time, Dr. Taylor was again called, when the appearances above-mentioned presented themselves. On inquiry, he found that the discharge from the abscess had, although nearly, never entirely ceased; and that it was about three weeks previous to Dr. Taylor's again seeing him that a watery fluid was first seen to issue from the aperture. For about four weeks he continued much in the same state; but at the end of that period, the urine ceased to flow from the urethra, and passed en-

tirely by the opening in the perineum, till the time of his death, which took place about three weeks thereafter.

On dissection, the bladder, a portion of the penis, and the parts occupied by the abscess, were removed from the body. The cavity of the abscess presented a rough ulcerated appearance and involved the membranous portion of the urethra, which was almost completely destroyed. The neck of the bladder was one mass of ulceration; and the fundus was almost entirely covered with patches of ulceration of an oblong shape, varying in size from about a quarter of an inch to an inch in length, with raised, ragged, and highly vascular edges. The urethra was pervious, and a catheter passed from it into the abscess and from that directly into the bladder.

It seems very probable that ulceration had taken place from the original abscess into the urethra. Whether the great ulceration in the bladder was only consequent to that, or had begun previous to it, is difficult to say. No distinct account of the case from the friends of the child could be obtained, except that he had been always weakly, and that they had never remarked any symptoms of disease of the urinary organs.

15. Polypus uteri —Dr. Moir exhibited a specimen of *Polypus uteri*, removed from a lady, aged about 45, who underwent the same operation six or seven years ago. The polypus then removed was of a very soft consistence. Her health since has been tolerably good. On examination through the parietes of the abdomen, the uterus was felt enlarged to the size of more than two fists. For some time previous to the present operation, she had suffered much from hemorrhage from the surface of of the polypus, which protruded from the uterus into the vagina. A silver wire was placed round it as high as possible, and tightened every day for eight days, when the tumor dropped off. The hemorrhage has not returned, and she enjoys her usual health. Before operation, it was supposed that the polypus was of a malignant nature, but upon laying it open it was found to be of a fibrous vascular nature, and fleshy consistence. The surface from which the blood had escaped was rough. The part cut through by the ligature was about an inch and half in diameter.

Dr. Moir likewise exhibited two *ovaries*, obtained from a woman who died in the General Lying-in Hospital in June 1834, of an epidemic fever, with which only three were seized, all of whom died;—the fever, was similar in every respect to one that occurred in the latter end of 1832, when sixteen patients died in the course of a few weeks. Shivering generally preceded the attack; after which the pulse rose to 120, 140, or 150, but weak. Pain of the abdomen existed, principally in one or both iliac regions; and vomiting towards the termination of the complaint, with anxiety of countenance, and in breathing. Such were the principal symptoms. There was occasional headach; and in most cases the lochia continued

The morbid appearances were generally some of the effects of inflammation of the peritoneal coat of the intestines. Effusion of sero-purulent fluid, to a greater or less extent; in every case the result of much inflammation of the uterine appendages, sometimes in one, but oftener in both sides, was observed. Sometimes the ovaries were covered by a deposition of lymph, and, except in one or two cases they were enlarged and much softened; occasionally to such a degree, that on the least handling they broke down. On cutting into the broad ligaments, at the side of the uterus, purulent fluid was discovered; which, upon more minute examination, was found to be in the lymphatics of the broad ligaments.

Some plates have lately been published in Paris by M. Cruveilhier, taken from the appearances observed in La Maternite, in patients who died of a similar epidemic (in 1830 and 1831?), and which represent most exactly the appearances described above. All methods of treatment seem to have been equally unsuccessful in that hospital as in Edinburgh Lying-in Hospital.

16. Displacement of one of the semilunar Cartilages of the Knee-Joint. —Dr. Reid exhibited a specimen of displacement which seemed to correspond to the affection of the knee joint described by Mr. Hey, under the title of Internal Derangement of the Knee-Joint, and by Sir Astley Cooper, in his Surgical Essays, under that of Partial Luxation of the Thigh-Bone from the Semilunar Cartilages; but no dissections are given by either of these two surgeons.

The fibrous tissue connecting the outer margin of the external semilunar cartilage to the edge of the head of the tibia was torn through in its anterior half, and the semilunar cartilage was found thrown inward, and backwards, and placed between the spine of the tibia, posterior crucial ligament, and posterior ligament of Winslow. The transverse ligament was entire. The cartilage itself was considerably flattened and broader, and the remaining portion of the fibrous tissue, connecting its outer margin to the tibia, was much thickened, and had assumed somewhat of a fibro cartilaginous appearance The cartilage of incrustation on the anterior part of the tibia, which had been exposed to the free motion of the condyle of the femur, had become rough. The motions of the articulations seemed sufficiently free, as far as could be judged of in the dead body; but it can be easily perceived that when the connecting parts are less extensively torn than in the present case, or when the posterior ligament has been rendered tense by the action of the muscles in walking, that the cartilage may be forced between the condyle

and spine of the tibia, producing the same effects as the presence of a loose cartilage within the joint. The history of the case could not be traced. The man died in the Infirmary, and while there never complained of his knee, nor did the nurse remember to have observed any limp in his walk.

17. Case of general Alopecia.—Dr. Spittal introduced to the notice of the Society a man, aged 40, who had been under treatment for *cynanche tonsillaris*, which ran its course rapidly to suppuration. This individual, about two years previously, had entirely lost the hair of his whole body, it having gradually fallen out during the space of six months, without any concomitant disease, and he has since enjoyed good general health. He was of fair complexion, with blue eyes, and the father of a numerous family, the youngest of whom was little more than a year old. Professor Frank relates a somewhat similar case, referred to by Dr. Mason Good.

18. Malformations.—Mr. Liddell exhibited a specimen of a remarkably *malformed chicken*, which had been hatched in the usual way, but was dead when discovered. The head, neck, and dorsal part of the vetebral column of this animal were single, the lumbar and posterior part of the vertebral column, the wings, pelvis, and legs were double. Both sets of extremities appeared equally perfect. On opening the animal, the heart, liver, stomach, and a small part of the duodenum, were found single; the genito-urinary organs, and the rest of the intestine, completely double.

Dr. Allen Thomson exhibited some other specimens illustrative of the various degrees in which similar *duplex malformations* are found.

1. The skeleton of a *kitten*, in which the malformation was very nearly to the same extent as in the instance just mentioned. The vertebral column, from the back downwards, the pelvis, and posterior extremities, were completely double; and between the shoulders there projected upwards the rudiments of two supernumerary anterior extremities conjoined into one.

2. The skeleton of a *chicken*, with the conjoined rudiments of the posterior extremities projecting upwards from the sacrum.

3. Another specimen of deformity of the same nature in a full grown *goose*, which Dr. Thomson had dissected in the recent condition, and which presented a remarkable instance of curvature of the spine.

Dr. Thomson mentioned another instance very similar to No. 3. occurring in a full-grown domestic cock, which he had also dissected in the recent state. In this case, there was a double anus, and three *cæca* attached to the lower gut, instead of two as usual.

The bones of the supernumerary part were considerably more perfect in the cock than in the goose, but were not furnished with so many or powerful muscles. The blood-vessels and nerves were large in both.

Dr. Thomson then exhibited a very rare and interesting preparation of the double embryo of a goose at a very early period of fœtal developement. This embryo is about a third of an inch long. The head, spinal column, and rudiments of the anterior and posterior extremities of each embryo may be distinctly seen with a magnifying glass. The embryos lie across one another, and in the angle between them is situated the heart, which appears to be single They were situated on a single yolk, and are preserved, attached to a common vascular area, in which there are omphalo mesenteric arteries belonging to each fœtus, but only one *sinus circularis*.

REVIEWS.

Art. I. *A Plain and Practical Treatise on the* Epidemic Cholera, *as it prevailed in the City of New-York, in the summer of* 1832; *including its nature, causes, treatment and prevention. Designed for popular Instruction. To which is added, by way of appendix, A brief essay on the* Medical use of Ardent Spirits; *being an attempt to show, that Alcohol is as unnecessary and mischievous in sickness as in health.* By David Meredith Reese, M.D. Connor & Cooke, New-York, 1833. 8vo. pp. 178.

This Treatise is divided into four parts or sections:—I. On the *Nature* of the disease; II. On its *Causes;* III. On its *Treatment;* and IV. On the means of its prevention.

Under the first head, on the *Nature* of the Epidemic Cholera, Dr. Reese states as his opinion, that "The consternation among the community, and the blunders of the faculty, as well as the ill success which has proverbially attended its treatment, may be chiefly traced to the mistake of supposing it to be *a new disease.*" And he then judiciously observes, "If physicians would treat it according to the symptoms, and seem not to know what to call it, instead of prescribing for the *name* of this strange destroyer, we should soon find, among the enlightened and scientific, a uniform and successful system of practice." He then gives briefly the views of the different writers who concur in tracing *three distinct stages* in the Cholera;

and, after some appropriate observations on the want of just grounds for such views, he thus clearly states the results at which he had arrived.

"I conceive the essence of cholera to consist of a retirement of the circulating mass of the blood from the external surface of the body, and its consequent accumulation in the larger and internal vessels. This is the first symptom in all cases, whether with or without observation, and indeed it is the only diagnostic which is uniform and infallible in the early period of the disease. Indeed, a coldness of the skin is often complained of, either before or at the commencement of the diarrhœa, regarded as the first stage of the disease, and arises from the absence of the blood from the capillary vessels. This loss of balance between the external and internal circulation soon results in an inverted excitement, during which the insensible perspiration from the skin ceases, and in bad cases the exhalations from the lungs are partially or altogether suppressed; and hence the voice is so strangely altered, even before asphyxia has supervened. In many instances, nature is successful in expelling the morbid impression by the diarrhœa, especially if vomiting be superinduced early in its course, either spontaneously, or by the salt and water or mustard emetic, as was frequently and judiciously exhibited."

"The prostration of the nervous system, by the epidemic influence, is not only found to accompany the premonitory diarrhæa, but is sensibly felt by those who, by judicious means of prevention, avoid the exciting causes, and entirely escape the disease. A sense of exhaustion, however, if it be accompanied by a coldness of the skin, and intestinal evacuations of a watery character, which are large and frequent, will, unless speedily relieved, develope the alarming characteristics of Cholera." p. 17. 18.

Dr. Reese denies that the *premonitory* diarrhœa is *universal*, and cites in proof the testimony of Dr. Johnson as to the disease in India, and the suddenness with which patients in France were "struck" with it,—"frappe comme d'un coup de baton." Yet he admits, that "most generally" in this country, "the onset of the disease has been preceded by diarrhœa of some hours and frequently of some days duration." And he urges a caution, in regard to its being checked by art, or suffered to cease spontaneously, —alleging, that in all such cases, an attack of cholera, properly so called, will supervene.

On the *causes* of the disease, our author gives no countenance to its contagiousness, not even that "contingent contagion," in which the imaginations of some have detected the fatal source of the dread malady.

"The particular locations," he observes, "in which the Cholera exhibited its most appalling features, and resulted in the most signal fatality, in every city where it prevailed, demonstrated very clearly, that its origin was to be traced altogether to local causes. Witness the localities of the Five Points, Corlaer's Hook, Laurens-street, Harlem, &c. in New-York; and similar facts were exhibited in the neighborhood of the brick-yards at Philadelphia; Ruxton-lane in Baltimore; and on the line of the canal, near Washington, D.C. Witness also the memorable mortality at the alms-house at Poughkeepsie, Bellevue in New-York, and the Arch-street prison, Philadelphia. All these are so many clear and convincing arguments, in favor of the fact, that the exhalations from filthy and ill ventilated streets, alleys, and houses, and those from crowded apartments where personal cleanliness or wholesome fare is neglected, absolutely originated the malady, and also gave it its alarming character." p. 31.

Dr. Reese then proceeds to mention what he considers the chief of the exciting causes of the disease; and gives a tabular view of the particular articles of food and drink, which in New-York, "were distinctly observed to excite the attacks of Cholera in individual cases among the pre-disposed." The articles enumerated are placed, in this table, "as nearly as possible in the order in which they were observed to produce the result." p. 33.

DRINKS.

Ardent Spirit,
Beer and Ale,
Wine.

FOOD.

Pork, fresh and salt,	Peaches and Pears,
Lobsters and Crabs,	Blackberries,
Green Corn,	Cherries,
Clams and Oysters,	Most other fruits,
Watermelons,	Beans and Peas,
Cucumbers,	Cabbage & greens,
Strawberries,	Cheese.

MEDICINES.

Every form of spirituous liquors and fermented drinks,
Opium in any form,
Rhubarb, Jalap, and other drastic cathartics,
Nostrums of all kinds.

To the *Treatment* of the disease, our author devotes the third section of his book. He describes the following rules to all persons exposed to the influence of the Epidemic.

1st. Let care be taken, to avoid all unnecessary exposure, especially to the night air; let the feet be kept dry and warm, and the skin protected by flannel, changed twice at least in the week.

"2d. Let an entire change be adopted in

the *quantity* of food taken into the stomach, as well as its quality. The articles eaten should be such as are easy of digestion, and all of these very moderately. A full meal will often bring on an attack, whatever be the kind of food taken.

"3d. Avoid all undue excitement, whether physical or mental; any exercise long continued, and especially to fatigue, will frequently prove an exciting cause. Hard labor, close study, or an indulgence of the exciting passions of the mind, must be carefully abstained from.

4th. Above all things, take no medicines as preventives, by whomsoever recommended; and especially no vinous, spirituous, or malt liquors. Any stimulant of whatever kind, habitually used, even in moderation, is found to give a predisposition to all epidemic diseases, and especially to Cholera, frequently becoming the exciting cause of the most desperate and unmanageable attacks.

"5th. Preserve a calm composure of mind, as far as possible, and indulge a confident security of immunity from an attack while you thus avoid the exciting causes. The depressing passion of fear, when cultivated, often excites the disease."

On those who are attacked with "premonitory symptoms," Dr. R. enjoins, in the strongest terms, not to interrupt or suppress this salutary process by astringents, tonics, or stimulants of any kind.

"If there be any considerable nausea or vomiting," says he, "at the commencement of the diarrhœa, or if these precede it, drink half a pint of salt and water, go to bed, apply a bottle of hot water to your feet, and promote a gentle perspiration. The effect of the salt and water will be, that you will vomit the contents of your stomach, and a slight purgation will follow. If you are not then entirely relieved, you may find it necessary to take fifteen grains of calomel, and perhaps follow it in four hours with an ounce of castor oil. If, in the mean time, you eat nothing, and drink *cold water* only, your premonitory symptoms will be over, and all hazard of an attack is removed." p. 39.

If the patient has been living abstemiously, Dr. R.'s prescription would be 12 to 20 grs. of calomel at once, and alone. If with the diarrhœa, there be tightness in the chest on breathing, or any increase of the spasmodic twitching of the muscles, especially if the calomel has not produced its due effect. and the characteristic discharges continue, he would have recourse to *bleeding*.

"My own experience," he says, "has fully tested the propriety of this course. Nor do I recollect a single case treated by me in the premonitory symptoms by bleeding and calomel, which was my usual practice, which afterward suffered an attack of the disease, although many of them had been neglected, and were violent when I saw them."

"I have several times," he adds, "heard the patient say, I am getting warmer while the blood flows." From various considerations he maintains the propriety of this mode of treatment, and cites the corroborative authority of Drs. Johnson, Annesley, and Scott, to prove the advantages of extensive depletion, even in the cold, collapsed, or blue stage. He is no advocate for the external friction by hot chalk, lumps of ice, flowers of sulphur, cayenne pepper, cantharides, the moxa, &c. &c.; of the "camphor practice" he speaks in no very laudatory terms, and the brandy and opium treatment he condemns *toto cælo*.

On the *means of prevention*, which is the subject of the concluding section of the treatise, Dr. R. dwells with great earnestness,—urging cleanliness, ventilation, the draining of marshes and ponds, the abolition of ardent spirits, strict attention to diet and regimen, and prompt recourse to medical counsel, on the first appearance of what may be deemed premonitions of the malady. But the mastermaxim of Dr. Reese is MODERATE EATING and TOTAL ABSTINENCE from stimulants.

To this subject of Total Abstinence he devotes the "Brief Essay," which constitutes his APPENDIX. He advances the position, that Alcohol *even as a medicine* is unnecessary and injurious; "every well educated physician knows," says he, "that our art has resources adequate to meet any possible emergency, if the art of distillation, with all its products, were annihilated forever." p. 85.* In his condemnation of alcohol, Dr. R. includes wine and beer, and all modifications of distilled and fermented liquors.

The important subject of total abstinence from ardent spirit, is fairly before the public eye. It is not our purpose, now to enter on the discussion of its merits. But we cannot leave our author and his book, without commending to the serious consideration of all our medical friends, a remark which fell from one of the patriarchs of the profession, who declined administering his prescriptions in spirituous liquors: "No man shall look me in the face in the day of judgment, and say, Dr. Rush made me a drunkard."

SIGMA.

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* We regard Dr. Reese as an enthusiast in the cause of temperance, and whilst we disagree with him in his views on this subject, we mean as regards the utility of alcohol in medicine, we cheerfully present his opinion before the profession. Sweeping denunciation and wholesale condemnation should not be the weapons of philanthropy, and we have often looked with profound regret upon the *intoxicating effects* produced upon individuals whilst addressing assembled multitudes, when a clear detail of facts, a cool and dispassionate appeal, and sound and incontrovertible arguments, would have had more effect upon the minds of the hearers, and have done more in behalf of one of the most interesting topics which can possibly engage the attention of the philanthropist.—*Eds. U. S. Journal.*

ANALYSIS OF MEDICAL JOURNALS.

ART. I.—*American Journal of the Medical Sciences*, No. XXVIII.

1. TIC DOLOREUX.—The first article of the present number is a disquisition on *tic doloreux*, by Dr. Chapman, the distinguished professor of physic in the university of Pennsylvania. We shall enrich our pages by extracts from it.

"As immediately precursory of an actual digression in this shape, some sense of chilliness, with slight disorder of stomach, and palor of skin are often to be noticed, or without such marked affections, a general uneasiness is experienced—and I have known it to be preceded for months by a slight thrill or creeping sensation, like formication, or the aura epileptica, passing with great rapidity in the direction of a nerve and its ramifications. Yet in as many cases preliminary indications are wanting, and the paroxysm is ushered in by an ache in the part, soon aggravated to intense, poignant, darting pain from the incipient point along the nerve and its distributions.

"The direction of the pain is influenced by the course of the nerve affected. It may be seated in the second branch of the fifth pair or in the superior maxillary nerve, and here it will be found over the cheek bone, just beneath the orbit of the eye, or in the alæ of the nose, upper lip, gums and teeth. Displayed in the forehead, temple, inner canthus of the eye or the globe itself, the ophthalmic branch of the fifth pair is affected, and when there is a copious effusion of tears, which sometimes happens, it is not improbable it arises from a twig of the ophthalmic, which goes to the lachrymal duct. Extending to the lower jaw or tongue, the third branch of the fifth pair is also implicated. As frequently, perhaps, more so, with the pain already described, do we find it in the ear, the mastoid process of the temporal bone and the angle of the lower jaw. This being the case, the recurrent branch of the fifth, and the portio dura are both concerned: but so intimate is the connexion of most of these nerves, that in a large proportion of instances of any length of persistence, the whole of them are apt in some degree to be involved. The agony is sometimes so extreme, as scarcely to be borne, inducing even a distracted or phrensied state of mind. Commonly, however, the suffering is not so great, and between the transient paroxysms there are remissions bringing with them comparative ease. The part is so exquisitely sensitive that the slightest touch cannot be tolerated, even less than firm pressure, and never fails to renew the excruciating dartings. Cases of recent origin particularly, are said sometimes to be attended by turgescency of the vessels of the affected part with some rubescence, or as is affirmed, by actual phlogosis, which, however, I have never seen—and occasionally, there is spasm, or at least twitchings or vellications of the adjacent or remoter muscles. The circulation undergoes no material change, or not greater than might be supposed from the mere pain or the stimulating remedies usually employed. Decided fever, perhaps, never takes place. The duration of the attack is very indifinite, from one or two hours to several days, and its recurrence or exacerbation is alike in the day and night. Going off by gradual abatement, it leaves the part for some time afterwards either very tender or moderately sore, and without any further suffering or inconvenience.

"Equally uncertain is the period of its return. As intimated, its revisitations are sometimes as regular as those of intermittents. But such instances are rare, and the interval may be a week, a month, a year or more, much depending in this respect on the nature of the cause, whether permanent or otherwise, or the degree of exposure to the excitements of an attack, or the case being acute or chronic, in which latter state the affection ultimately becomes nearly continued."

"The treatment of the disease in every nosological plan, must divide itself into what is proper to mitigate the anguish of the paroxysm, and in the interval, with the intention of a radical cure. Many palliatives have been proposed, as venesection, leeching, counter-irritants, blisters or caustics—lead plaisters—lotions of a solution of the extract of belladonna or opium—the endermic application of the acetate of morphia—steaming, and emollient poultices—acupuncturation—compression by a tight bandage—the internal exhibition of opiates, colchicum, &c. &c. It were easy to collect proof of the occasional efficacy of each of these remedies, though the whole as frequently have proved impotent to any useful purpose. The reason of the failure of the topical means, is probably to be imputed, in part, to their being not always placed at the root of the affection, which is commonly remote from the seat of the pain. It is not easy, indeed, in any other way to reach an explanation of such opposite results as are reported of the same remedies. But there is a choice in the measures of mitigation. General blood-letting is only useful when plethora exits, or a phlogistic condition has been superinduced by cold or other causes reviving with exasperation the neuralgia, sometimes presenting a sort of mixture of rheumatism, and especially so when the large organs, or the great centres of the nervous system, are directly assailed. Leeching proves more ge-

nerally beneficial, and cannot be dispensed with on some occasions, of the inflammation of the nurilema or of the nerve, and is one of the most effectual expedients in exacerbations of spinal irritation. Caustics are preferable to epispastics, particularly in neuralgia facialis, put behind the ears. By steaming the part, if there be exquisite tenderness, it may be assuaged. The only case to which acupuncturation is fitted, is where large muscles are involved, as those of the loins or hips, occurring mostly in rheumatic or gouty habits. The effect of the internal exhibition of opiates, is varied by the position of the affection. Nearly useless in neuralgia facialis, it is of the greatest service in that of the ganglionic system, and above all, in the attacks of the alimentary canal. Yet it is not without considerable power over the irritations of the spinal nerves. From the external application of morphine, I have known some success. Great relief may sometimes be expected from colchicum liberally prescribed. But what on the whole will be found as certainly as any thing else to abate the intensity, and indeed sometimes to break down the paroxysm, is to nauseate the stomach for several hours by the tartarized antimony, or preferable, by the sulphate of copper, or by the smoking of a cigar, where the individual is not accustomed to the practice, or judging from a single instance, active vomiting, which I saw on a recent occasion most prompt and decisive. Nausea exercises an extraordinary control over pain—it will suspend or even subdue the agony of a paronychia, and puking is admitted to be one of the best means in several of the affections, as odontalgia, hemicrania, &c. not altogether dissimilar to neuralgia, which analogies led me to this extension of the practice.

"It is proper further to mention, that very lately the application of a magnet of enormous power has proved, according to European reports, wonderfully effectual in alleviating, or more decidedly controlling the disease. Trials of it have just begun in this city, and though by some it is favorably appreciated, I suspect the preponderance of evidence is against it, and that it will soon turn out to be one of those delusions so often imposed upon us, and which for a season commands too general confidence."

"Connected as this disease commonly is, with constitutional disturbance, there is forced upon us the value of regimen, and some other analogous means of cure, among which is a resort to our mineral springs, and particularly to the thermal waters of Virginia. Miraculous almost in the relief they afford to arthritic, rheumatic, and the affections generally having a resemblance to neuralgia, it is presumable that they would also act favorably in it. Combined with a bath of unequalled excellence, they offer the perfection of climate as regards alike comfort and salubrity, with every social advantage, elegance of entertainment, and delightful recreation for body and mind. These are strong recommendatory considerations, not heedlessly to be disregarded."

2. Paralysis.—Dr. J. H. Miller, physician to the Baltimore alms-house, reports two cases cured by galvanism.

Case 1. Michael Mullen, æt. 26, was admitted 12th June with paraphlegia. He says that until about a year since, when he was attacked with fever and ague, and the subsequent paralysis, his health had always been good. There is a considerable distortion of the spine presenting the appearance of a well defined tumor of three inches diameter at the base and about an inch and half in height. This tumor existed as long as he can remember.

"Having exhausted all the ordinary resources of art, and still believing that if by any agency the nervous power could be reinstated or determined to flow in its former channels, locomotive life might be restored to the paralysed limbs, and knowing the effects produced by galvanasm in many physiological experiments, and that it had been suggested as a remedy in affections of this kind, we prepared for its administration.

"September 6th. Having during the night procured vesication to the desired extent upon the back of the neck and on one of his legs, the galvanic apparatus was applied.

"The mode of application, though not new, may not perhaps be familiar to all. It is this: remove a portion of the cuticle by means of a blister from two portions of the body on which it is designed to act, sufficiently large to afford a basis on which to place the piles; these are composed of a flat piece of sponge, an equal portion of fresh muscle, of beef, mutton, pork or other butcher's meat, and the metallic plates, one made of silver and the other of zinc. These plates are elliptical, the ordinary diameter about two inches, the conjugate about one and a half, they are made button fashion with an eye in the centre, for the convenience of attaching the connecting silver wire. On the denuded surface place the sponge saturated with a solution of common salt in water, over the sponge place the layer of muscle, and upon the muscle place the plate, into the eye of the plate fasten one end of the wire, then confine the whole firmly upon the part by bandages or adhesive strips. The silver plate is to be placed nearest to the origin, and the zinc one at the termination of the nerve.

"In a very few minutes after the adjustment of the apparatus, we were gratified with the observation of a remarkable alteration in the state of the circulation, and the temperature of the paralysed limbs. The pulse, which had fluctuated between 96 and 112, became pretty stationary about 88." The patient recovered.

Case 2. A black boy, about sixteen years old, an apprentice to a barber, was admitted with general paralysis of several months dura-

tion. A blister was applied to the neck, and cathartics prescribed.

"In a few days he exhibited evident symptoms of amendment. His pulse became more natural, and some mobility returned to his limbs. In this condition he continued stationary for a time, when finding that he could not be made to progress by any of the older remedies, and encouraged by the experience gained in the former case, we determined to have resort to the galvanic process. Accordingly, on the 11th of December, the apparatus was adjusted to his neck and one leg.

14th. After a lapse of only three days he is so much benefited that he is able to sit erect in the bed, and when taken out, and placed upon his feet, can stand alone.

23. He continues to increase in strength and mobility. There still existing a great tendency to constipation, occasional aperients are from time to time exhibited, but without interrupting the galvanic process

28th. He is so far recovered that he is regaining confidence in his own powers, and has asked for crutches to aid him in hobbling about the room. Treatment continued.

January 1st, 1834. Improvement gradually and rapidly advancing.

13th. So well that the treatment is discontinued.

February.—Has been reclaimed by his master, and has gone home."

3. Pneumonia of Children.—Dr. Gerhard has not been idle during his stay at Paris. We have already noticed two papers on the cerebral affections of children, drawn up with much industry. The present subject is executed in a similar manner. We believe that his labors will be properly appreciated.

4. Elephantiasis.—During a visit to Paris in 1832 the attention of Dr. Pennock was directed to the investigation of cutaneous diseases, under Biett at the "Hopitâl St. Louis." He proposes selecting from his observations such as may exemplify the practice of that eminent pathologist. Elephantiasis, a disease of very rare occurrence in our country, has been studiously investigated. We recommend to those of our fellow practitioners, about to sail for Europe, to imitate the laudable example of Drs. Gerhard and Pennock.

5. Belladonna in Pertussis, by Dr. Jackson, of Northumberland, Pa.

"Belladonna having been so highly extolled by various Physicians in Europe, for its antispasmodic virtues in this disease, we were therefore induced, in the winter of 1831, to make some experiments with it in our own practice."

"Our second child, a girl in her ninth year, had high fever, and her cough was so violent, that the blood streamed from her nose at almost every paroxysm. This too was the mere catarrhal cough that precedes the spasmodic and more distressing form of the disease. She was bled once, purged gently, took tartar emetic in nauseating doses, with an abundance of linseed tea; thus the fever was soon reduced, and the characteristic cough began to be developed. We then commenced with an extract of belladonna, giving it simply triturated with water, in what doses we do not recollect, but it was given freely till the pupils were greatly dilated, and her vision so confused, that she could not read large print. To reach this point did not require more than two days, when the complaint being plainly mitigated, the medicine was for the present omitted. In about twenty-four hours the pupils began to contract, and vision to become more distinct; the belladonna was therefore resumed, and given in larger doses than before. How long she took it, or how large were the doses, we do not recollect; nor is this point material to our present purpose, as we shall treat of it particularly towards the end; but we do very distinctly recollect that the relief was altogether unexpected and incredible, for in a few days, certainly not more than ten from the time she began the belladonna, the child was totally cured. We do not presume to say, that she coughed none, but we do say, that her fever was gone; her appetite ravenous; that she was able to attend to all her lessons, and that her cough, if she had any, would have passed unnoticed in any family.

"The other four children were soon attacked, and two of them with great severity, as regards the mere cough. They were all treated, as was the first, with the single exception of bleeding, and they all recovered with the same facility. They had no relapses from cold, though they all rode out frequently, and many miles too in the depth of winter; nay, they appeared to have suffered none from either the disease or its remedy."

The families of two brothers, Henry and George Snyder, were attacked with hooping-cough. George's children were first affected; the belladonna was prescribed, but it produced alarming symptoms, and was given up in a panic.

Henry's children took the disease from George's. He used the belladonna until some dilatation of the pupil had taken place. He became discouraged, but was urged to resume the medicine. "The effect produced after some days perseverance was astonishing. The children seldom coughed unless when they exerted themselves too much; when the excitement produced a mild fit of coughing. In the space of five or six weeks from the commencement of the disease they were entirely cured.

"If any one then shall condescend to try this method of curing hooping-cough, let him first remove the greater part of the inflammation by bleeding, laxatives, low diet, nauseating doses of tartar emetic, and an abundance of milk-warm linseed tea. Bleeding and blistering may be necessary at the onset, and

even in the progress, if inflammation supervene, as it is very apt to do upon weak or unsound lungs. Leeching or cupping may often be more suitable, nor can it require much medical acumen to determine upon this point. But many cases will occur in which the belladonna may be given almost from the first, at the same time that the above-mentioned antiphlogistics are in use.

"The next point is to ascertain whether your medicine is really belladonna, or some vile imposition. A year ago we sent to a friend in Philadelphia to procure us an ounce of belladonna, and one of hyosciamus. He did not go whither he was directed to procure them, and thus it did happen that both parcels were nothing but hyosciamus. Our olfactory organs are remarkably obtuse, and hence, upon first smelling one bottle, and then the next, the deception was not apparent. Well! we applied some of the supposed belladonna to a gentleman's eye for the purpose of tearing open the pupil, contracted by an iritis, but it was all in vain—no effect was produced on the eye, but a sad disappointment and vexation to the poor gentleman's mind."

We believe that it would be "all in vain" to tear open a pupil contracted by *iritis* by the application of belladonna, and we can sympathise with the unfortunate gentleman who experienced the sad disappointment and vexation of mind.

In order to prove the quality of the medicine, Dr. J. recommends a few drops of the solution to be put into the eye of some idle person. He has tried the experiment different times upon his own eyes; an example that we do not advise our readers to imitate, as the confusion of vision thus produced sometimes remains for several days.

"Suppose that the system is well prepared for the belladonna, and that you have some which is certainly of good quality; let the extract be triturated with water, to which, in order to prevent fermentation, add a suitable proportion of proof spirit; give this to a child three months old in such doses every three hours, from sunrise till bed-time, that each dose shall contain one-sixth of a grain of the extract; to a child of two years old a full grain may be given; to one four years a grain and a half, and from these data the medium dose for any age can be easily ascertained. But with respect to the dose, it is certain that we know but little, as our experience has been very limited, and the strength of extracts is very uncertain."

"As soon as the system begins to rise from under its influence, which may be known in the infant by the state of the pupil, let it be resumed, and given in larger doses than before, so as to make a strong impression. It is now that its powers become apparent, but the dose must be increased, for, like conium, its effects on the system diminish most wonderfully in proportion to the doses administered. The disease will now begin to yield, and how much longer the medicine is to be continued, or what coadjuvants may or ought to be used, let every judicious physician determine for himself, when the case with all its necessities are before him. We are not writing a treatise on the subject of pertussis, but merely endeavouring to show the great and almost incredible power of a single medicine therein."

6. Ununited Fracture treated by Friction. By Dr. Isaac Parish.—S. Sapp, a stout athletic man, æt. 27, one of the deck hands of a steam boat, was dragged overboard, and in attempting to save himself by seizing the railing, his left humerus was fractured.

The fragments were adjusted and retained by splints, but at the end of some months there was no improvement.

"On a careful examination of the parts, we found an unusual obliquity in the fractured portions, the surfaces exposed being not less than three inches in extent, the edges of these surfaces, the rounded extremities of the fragments, and the crevice separating the opposing surfaces of the fracture, could be distinctly traced by the fingers. This examination was rendered peculiarly satisfactory, in consequence of the emaciation and flaccidity of the limb."

"The limb being placed in that position, which we found upon trial effected a perfect coäptation of the parts, the upper and lower portions of the broken bone were grasped by the hands, and a firm, gliding motion communicated, so that the surfaces could be felt rubbing upon each other. This process was continued for several minutes, and the limb was then secured in this position by light dressings in an angular box—a piece of thin board being firmly bound over the seat of fracture.

"This process was repeated for several successive mornings, and was performed by Dr. Ashmead or myself: the few first trials excited but little sensation in the fractured surfaces, though the force used was as great as we could command. In a few days, however, the patient began to feel pain, which increased at every repetition of the process, until it became acute. The fractured ends were less moveable, heat and action were re-established in the limb, and we were obliged to diminish the frequency and severity of the friction.

"In about a month, bony union became evident at the lower extremity of the fracture, which proceeded rapidly, and so agglutinated the lower portion as to prevent the necessity of the box: shooting pains were frequently experienced in the limb, and any attempt to disturb it produced considerable suffering. Under these circumstances we declined interfering with the salutary operations of nature, which proceeded most happily. In about two months after the commencement of the practice, we had the satisfaction of observing that a firm bed of callus was thrown out over the whole surface of this extensive fracture.

"The muscles soon acquired their accustomed volume and force, and the man has since been pursuing his laborious occupation."

7. Hypertrophy of the Mammæ. By Dr. Huston.—The left breast of a colored girl, at the age of puberty, was observed to enlarge, and after she had completed her fourteenth year, it had attained a formidable size. The unnatural developement of both mammæ became steadily progressive for a time. Their growth then received a new impulse and they rapidly enlarged to enormous dimensions. The health suffered but little derangement. She menstruated but once, and then the quantity was scanty.

About the end of her sixteenth year she received a bruise. The whole surface of the mammæ soon exhibited a disposition to sphacelus, and she died eight days after she was admitted to treatment.

Autopsy. There was a mere hypertrophy of the organs without structural disease. The left breast weighed twenty pounds, the right breast twelve pounds. The uterus did not exceed the ordinary size of that of females at her age, but two-thirds of its inner surface was coated with a dense covering of coagulable lymph.

"But for the early termination of this case, we might perhaps have been enabled to add an account of the successful extirpation of the mammæ. Diseased masses of nearly equal weight and dimensions have been removed without impairing the health or engendering a single bad symptom. From the healthy structure of these tumours, there is every reason to believe an operation would have been crowned with success, had an opportunity presented before the mammæ had begun to ulcerate, or the constitution of the patient been shattered by disease."

8. Cholera on Folly Island.—In a late number of this journal we extracted certain facts published by Dr. Dickson to prove the communicability of cholera. Dr. Keckley, from the same facts, endeavors to show that the cholera which existed in Folly Island neither arose from nor was propagated by contagion. The facts and inferences to be drawn from them we have already stated.

9. Lithotomy.—Dr. Finlay suggests that instead of compelling the patient to retain his urine previous to the operation, and thus producing febrile excitement, a mucilaginous liquor should be injected into the bladder.

"To protect the edges of the wound from the roughness of the calculus, should be another important consideration; otherwise, an incised may be converted into a lacerated wound. This, in the majority of cases, may be effected by the use of an instrument invented, I think, by Dr. Gibson, professor of surgery in the university of Pennsylvania; it consists of a small sac, attached to a handle of six or eight inches in length; the mouth of the sac is composed of a firm, elastic substance, which may be expanded or contracted at pleasure, by a simple mechanical contrivance in the handle. The sac, in a state of contraction may be introduced through the wound into the bladder, then the mouth being permitted to expand, it may be used as a scoop if it is found necessary to break the stone, or the calculus being seized by the forceps may be placed within the sac, and the mouth being thus closed, the instrument may be withdrawn, presenting only the soft texture of the bag to the edges of the wound. It is supposed, that by adopting the above measures, inflammation of the bladder and of the peritoneum, the most fruitful sources of the fatality consequent to this operation, will be in a great measure prevented."

10. Neuralgia.—Of eight cases treated by Dr. Harris, with the galvanic agent, five have been entirely relieved.

"In every case in which the disease was located in the cerebral nerves, this simple and apparently feeble galvanic apparatus has accomplished cures. On the contrary, where this disease was diffused throughout the body, or located in the spinal nerves, it has failed."

11. Destruction of the Uterus and Rectum, with Recovery. By Dr. Swett.—

"A woman, aged thirty years, of robust constitution, was delivered of her first child on the 28th day of June, 1830, full-grown after thirty-six hours severe labor. During this preternatural labor blood was abstracted, and three or four doses of opium administered; forceps of a bad construction were unsuccessfully applied by a physician little acquainted with the use of instruments; the parturient pains immediately ceased, palsy and weakness of the lower extremities ensued, with pain in the back and hips. The patient was left in this situation, by her attending accoucheurs, several hours, whilst they reposed on their beds! The child was born with little manual assistance, and without any effort of the parent."

"On the 13th it was found that the fundus uteri had passed into the vagina, and out at the os externum: by a little assistance of the nurse the whole uterine system separated, leaving its destined place of abode.

"15th. The rectum parted a few inches above the pubes, and was discovered sliding down and passing out between the labia pudendorum: the nurse in my presence took hold of and gently extracted it, the lower end easily separating from the sphincter ani, and without pain to the woman."

In the month of November the pelvis was healed. In January the mammæ began to perform the office of secretion, and health returned with bloom and vigor.

Art. II.—*The North American Archives of Medical and Surgical Science.* Nos. III. and IV.

1. Muscularity of the Uterus denied.—Dr. S. B. Smith, of the U. S. Army, we think unsucessfully, endeavors to prove, that the opinions of Sir C. Bell, Richerand, and others, are incorrect in reference to the muscularity of the uterus. The paper is not of a practical character.

2. Surgical Cases.—Several cases are related by Dr. N. R. Smith, the first of lithiasis. A seaman, aged 71, was admitted into the Baltimore Infirmary with stone in the bladder. The operation was determined on after a course of preparatory treatment, and "on visiting the house (says Dr. S.) on the morning of the intended operation, I was informed that my patient had passed a bad night, and was then suffering much. He had been seized with a strong ague, and this had been succeeded by high febrile excitement. I found his skin hot, his tongue much coated, his pulse hurried, thirst urgent; great restlessness; extreme and frequent distress in voiding his water; pain in the region of the bladder; tenesmus; great pain in the glans penis. He was manifestly, therefore, in a condition to forbid the operation, and I immediately announced my determination to postpone it. I caused blood to be taken from his arm, an aperient to be given, and an anodyne enema to be administered. These means were followed with some mitigation of the unpleasant symptoms. The pain in the glans penis, however, continued to be extremely distressing, and on the third day after that appointed for the operation, without any obvious preceding inflammation, gangrene displayed itself in the glans about the orifice of the urethra. His pulse about this time suddenly sunk, and indeed all the symptoms of approaching dissolution supervened. The prompt employment of stimulants and tonics had very little influence in sustaining the powers of life. He died on the day following."

The most interesting and important feature of this case, is, that the principal disorganizing effects of the irritation were not felt in the bladder itself, but were, by continuous sympathy, transfered to the glans penis.

The next, a case of lithotomy, presents no interesting features; the stone was small in comparison to many on record, and the case seems to be introduced with a view of telling us how often the Doctor has operated, and how successful he has been; we will therefore aid him, and say, that he says, he has never failed.

Under the head of "accidents from bleeding with the spring lancet," Dr. S., from his *extensive* experience with this instrument in 1832, when "he used it exclusively *for a few days*"! comes to the sage conclusion, that "it ought to be wholly rejected by the physician and surgeon." The spring lancet is very rarely employed in this city; in Philadelphia it is very generally preferred, and accidents rarely occur from its use. We have tied the brachial artery in two cases for aneurism caused by the improper use of the thumb lancet.

The last is a case of stricture of the urethra attended with symptoms resembling stone in the bladder; it goes to show "that symptoms supposed to indicate stone, are never to be confidently relied upon, and that the sound is the only safe criterion. It shows, too, that not every obstacle which the sound strikes in the bladder is to be regarded as stone."

3. Spinal Irritation.—Dr. Rich. H. Thomas, of Baltimore, relates four interesting cases; we select the following:

"*Rheumatism. Spinal Irritation.*—Aug 24, 1833. Mrs. C. about 40 years old, a fat robust woman, was exposed four days since to a current of air while heated with exercise. She laid on a bed with her back to the window. Next day she experienced pain in the back of the neck and head, attended with stiffness of the neck; the pain and stiffness, with partial paralysis, extended the following day down the left arm and hand. On the 23d, the symptoms continued to increase. On the 24th, I first visited her. The most urgent pain is now in the left arm, of which she has nearly lost the use. Severe pain of the left side of the neck and head, increased by motion; tenderness of the cervical vertebræ on pressure; pulse full, strong, and vibratory. I bled her to twenty ounces with great relief; ordered a brisk purgative immediately, and gr. 15 Dover's powder at night. If the pain should return, to be cupped on the back of the neck.

"Aug. 25th. Some return of pain last night. The pain of the arm with loss of muscular power continues; cervical vertebræ tender; cup the spine to ten ounces; continue the purgative. 26th. Great relief after the cupping yesterday; some fever to-day, and return of pain; this morning the tenderness of the left side of the spine extends downwards to the 4th dorsal vertebra, and darting pains are felt through the left breast. Let her be cupped over the dorsal spine, and continue the other remedies. 27th. She was not cupped yesterday. Six or seven of the dorsal vertebræ are now tender. The pain through the left breast and side is more acute. She has been much annoyed by involuntary jerkings of the extremities. She was cupped to eight ounces over the back with great relief. Let her use a mustard foot bath at night, and apply a mush poultice to the spine. 28th. Entirely relieved from pain; a slight soreness only remains."

4. Tuberculous Degeneration of the Liver.—This case is reported by Mr. S. G. Baker, resident student of the Baltimore Infirmary. We are always rejoiced to see

reports of hospital cases from students of medicine, and wish they would devote more attention to this matter than has been usual. We hope Mr. Baker will continue his labors for the Archives.

C. McMechen, æt. 17, when admitted had been sick two weeks. "She now suffers from irritability of the stomach; tenderness on pressure of the epigastrium; bowels constipated; pulse small and thready; tongue covered with a yellow fur, but red at the point, with a disposition to become dry; skin very hot, and general prostration very great. Cups were applied to the epigastrium. ℞ Protochlo hydrarg. gr. x.; effervescing draught every two hours, and the skin to be freely sponged."

We need not follow the details; she died on the twelfth day after admission, and "on opening the abdomen, the liver was discovered to be very much enlarged, and generally softened. On making an incision into its substance, it was found to be studded with large tubercles, in a state of disorganization. The greater part of that portion of the liver which was not involved in the tuberculous degeneration, was dissolved into a red semi-purulent fluid, which could be pressed from every part of the organ by the hand. The remaining part was very much indurated. There was slight enlargement of the follicles of the duodenum and stomach, with some inflammation, and several portions of the jejunum and ileum, three or four inches in length, were intensely red. There were a few patches of slightly enlarged glands in the lower extremity of the ileum. In the cæcum there was an ulcer, which had perforated its walls, and extended, in the form of an abscess, along the iliac fossa, for about three inches. The adhesion between the coat of the intestine and the internal surface of the walls of the abdomen was very firm and well defined. There was no appearance of inflammation elsewhere in the cæcum or colon."

5. Surgical Cases.—This is the first paper in order, of the fourth number of the work under review, and it is by Dr. N. R. Smith, who relates two cases occupying the first twelve pages.

The first is a case of lithotomy, attended with secondary hæmorrhage on the sixth and eighth days, inflammation of the pleura on the twelfth day, cerebral irritation on the sixteenth day, and death on the twentieth. The second a case of ligature of the brachial artery for aneurism, which, says Dr. Smith, "resulted from an accident in bleeding which had occurred in the hands of a gentleman remarkable for the neatness with which he usually performs phlebotomy." *Qr.* Was it with a *spring* lancet?

6. Salivation from Iodine.—Dr. B. Macall, of Calvert county, Md. relates a case in which iodine was prescribed for enlargement of the spleen.

"In four or five days from the commencement of this course, her tongue became furred; her gums very sore, and a most profuse ptyalism took place, accompanied with strong mercurial fetor. The use of the iodine was suspended for two weeks, in which time the ptyalism ceased entirely. In a few days I resumed the use of the remedy, with the same result; but in a very much slighter degree.

"The opinion which I formed at the time, of the case, was, that the iodine, by increasing the activity of the absorbents, had caused a portion of mercury to be taken up, which had been lying dormant. And I still think that the ptyalism could have been produced only by the absorption of mercury."

7. Chronic Gastritis.—This is an able and valuable paper by the talented editor, Dr. Geddings. It occupies a large space in the journal, and it is not of a nature for analysis. We quote the following, which may enable our readers to form some idea of the views of Dr. Geddings—

"As it may be inferred from the drift of our observations, that we are disposed to refer all cases of dyspepsia to chronic gastritis, we think it proper to remark, that although we are satisfied that the disease, if disease it may be called, is in a very large majority of cases referrible to this cause, there are cases in which no inflammation is present, but where the impaired digestion depends upon a neuropathic state of the stomach either consisting in enfeebled innervation of the organ, or a morbidly exalted state of its nervous susceptibility giving rise to much pain and suffering without being associated with pain or inflammation, or any evidences of hyperæmia of the mucous membrane. Such cases have been described under the appellation of gastralgia, gastrodynia, epigastralgia, gastro-enteralgia, &c. &c. The diagnosis between these affections and chronic gastritis is exceedingly difficult and often impossible. The neuropathic conditions of the stomach, sometimes present many of the characters of acute gastritis also, and under such circumstances the same difficulties of diagnosis exist.

8. Muscularity of the Uterus.—Dr. J. B. McDowell, of Baltimore, makes some judicious remarks upon the paper of Dr. Smith, alluded to above, and in support of the doctrine of the muscularity of the human uterus.

Art. III. *The Medical Magazine.* Edited by J. B. Flint, and A. A. Gould. Boston. December, 1834.

Our readers will recollect that this valuable journal is published every two weeks, and we

may here state that it contains a large proportion of foreign extracts; this will account for the comparatively small amount of original articles, which come properly under our notice in analyzing its contents.

1. Intussusception.—This case is analysed from the Boston Medical and Surgical Journal, by permission of the author, Dr. James Wood, and its history may be found in our last number, page 226. In the magazine it is accompanied with some interesting and instructive observations.

2. Imperforate Hymen.—A case of this description is described by Dr. Wood, in which the patient was entirely relieved of all distressing symptoms by the division of the membrane.

3. Inversion of the Uterus.—Dr. Wood relates a case in which, after the delivery of the child, "the mother complained of great pain and a feeling of faintness, the hand was applied to the abdomen, to ascertain the state of the uterus; it could not be found. This circumstance excited much surprise, and a vaginal examination was immediately instituted, which discovered the uterus partly without the vulva with the placenta closely adherent. It was firmly contracted, and resisted all efforts made to replace it. The patient having previously expressed much anxiety as to the final issue of her present accouchment, some reluctance was felt about acquainting her with the displacement, and the means necessary for restoring the organ to its natural position. It has been said that the placenta is generally attached. This circumstance suggested the adoption of a plan which the peculiarity and exigency of the case seemed to warrant. From the vigor of the woman's constitution, and the rigidity of the womb, it was evident that its reduction would be impossible without recourse to large and speedy depletion. It was conceived that this might be effected by separating a portion of the placenta, without exciting alarm either in the patient or by-standers. One half of the placenta was then cautiously separated from the womb; every thing went on as well as was anticipated; the flow of blood was more copious than it could have been from venesection, the uterine fibre began to relax, and the pulse grew weak. After sufficient relaxation had been produced, the loosened portion of the placenta being replaced and supported by the fingers of the right hand, and the left hand applied above the symphysis pubis, to assist the passage of the uterus upwards, the inverted fundus was gently but firmly carried up through the os tincæ. This was not effected without considerable exertion and great resistance from the rigid os uteri. After two-thirds of the body of the womb, with nearly the whole of the placenta, had passed through the resisting medium, its own resilence suddenly restored it to the natural position. The placenta was then completely separated by the hand from its connexions, and the whole removed. During the operation the patient became extremely faint; as soon as it was completed she had a camphor julap which removed the faintness and composed her to sleep. She had no further difficulty, and her 'getting up' was as favorable as with any of her former children."

ANALECTA.

1. Dr. Moir on Injury of Brain by Perforation of Orbital Plate.—On Friday, 6th June 1834, when some boys were amusing themselves, one of them thrust the birch end of a scavenger's broom two or three times into the face of William Watt, a fine boy, aged 10. He was so stunned as to be obliged to lie down, and was conveyed home in a state of stupor.

On examining the eye immediately after the injury, his father observed a red spot on the conjunctiva of the left eye near the internal angle; but two hours after the accident, when first seen by Dr. Moir, the eyelid was so swelled that it could not be raised to ascertain the nature of the injury. He was moaning much, and complained of violent pain in the eyeball and forehead.

A cold solution of acetate of lead was ordered to the eye, and a drachm of compound powder of jalap, which, with five grains of calomel, was repeated in the evening.

On the 7th the eye was enormously swollen and very livid. He had been delirious and restless during the night, and still continued so. At times he complained much of the pain in the eye and forehead. Face flushed; tongue furred and dry; great thirst; pulse 120, rather sharp, but not full; skin hot. Laxative had operated once very partially.

8th, Sunday. Much in the same state; had violent grinding of the teeth during the night, two of which, it was afterwards found, had been forced out of their sockets and swallowed: right pupil dilated, but sensible to the light

9th, Monday. Still comatose, but capable of being roused; urine and feces passed involuntarily; otherwise as yesterday.

As, since the day of the accident, all other applications to the eye, except warm poultices, rendered him more restless and uneasy, and seemed to increase the swelling, these alone were continued. The head was shaved, and cold lotions constantly applied; a number of leeches were applied to the eye and temples at three different times; laxatives were very frequently repeated, owing to the great torpor of his bowels. During the 7th, 8th, and 9th, besides several enemata and house powders, consisting each of a drachm of compound powder of jalap, he had about one scruple of calomel, as much aloes, one drachm of gamboge, one drachm of scammony, and twelve drops of croton oil. Until the morning of the 9th, the bowels were only once opened, but they then began to give way, and were very freely operated on in the course of the day.

During the 10th and 11th, the general symptoms improved. The ball and vision of the injured eye were found to be perfect; the headach was less severe, but occasionally returned in paroxysms; the swelling of the eyelid was much reduced, and he was becoming more sensible; right eye natural; pulse less frequent, and skin cooler; began to take a little liquid nourishment.

The cold applications to the head, warm poultices to the eye, and strong laxatives were continued.

12th, Thursday. Was rather restless, and complained more of pain in the eye; skin hot, and tongue dry; pulse increased in frequency, but weak. Eight leeches were applied to the temples, and the other remedies continued.

On the 13th and 14th, the symptoms became much aggravated, and the mental faculties were greatly oppressed; the right pupil was much dilated, and its sensibility to light impaired; had much pain in the back and belly, the latter of which was relieved by hot fomentations. Early on the morning of the 14th, he had convulsive motions of the arms, and was very restless, but as the day advanced he became comatose, and was so sunk that he was not expected to survive many hours. The left eyeball was very prominent, and left partially uncovered by the eyelids, and the conjunctiva much injected. As it was evident that matter had formed in the orbit, a bistoury was introduced through the upper eyelid by Mr. Syme, and a considerable quantity of thin matter discharged, containing some flakes of lymph. The abscess was deep, and the bone ascertained by the probe to be denuded, a tent was introduced and withdrawn two or three times daily; small poultices were frequently renewed, and laxatives, and ablution of the surface with tepid vinegar and water, were prescribed.

During the remainder of this day, and the 15th, he gradually improved. The same kind of matter continued to be discharged in very considerable quantity. The coma wore off; the sensibility returned; the right pupil again became sensible to the impression of light, and the vision was restored. A blister was ordered to the nape of the neck, and occiput, in addition to the other remedies, which were continued.

From this time till Friday the 20th, he went on gradually improving. He completely regained the possession of his mental faculties; and said he felt better, and he began to ask for a little nourishment. On the 18th, he lay upon a sofa while his bed was making. On the 19th, the discharge, which had begun rather to diminish, changed its appearance, and poured out in immense quantities, having a most offensive smell. He had some beef tea, and the other remedies continued.

On the 20th, the pain had returned during the night; the countenance was flushed; and he had slight tremors of the superior extremities. He lay generally in a comatose state; but when roused, answered questions distinctly. Right pupil was dilated; but vision still entire. Pulse weak and thready.

On the 21st, all the symptoms became aggravated, but still answered questions put to him; had slight convulsions, and occasionally slight strabismus. A cap blister was applied, and dressed with the *Ungt. Hydrarg.* Calomel, two grains every three hours.

22d. Passed a worse night, with almost continual *stridor dentium.* Though his vision was gone, he was still sensible, and distinguished his schoolmaster and others by their voice. Right pupil was largely dilated; and he was affected with strabismus, general tremors, and floccitation.

Pulse 100, weak. Discharge from the eye as copious and offensive as ever. Ordered by Mr. Syme gt. x. tincture of digitalis every three hours, and calomel was continued.

23d. Had no sleep, and was generally convulsed early in the morning, after which he was quite insensible; had universal tremors, *subsultus tendinum*, and constant motion of the left extremities. No pulse at the wrists, but swallowed anything put into his mouth. At near ten the mucous rattle commenced. At half-past ten hemiplegia of the left side took place, and soon after the power of deglutition ceased. Terrible *stridor dentium* supervened for a few minutes, followed by low moaning, till death relieved him of his suffering, at half-past eleven, seventeen days after the occurrence of the accident.

Inspection.—On removing the scalp and pericranium from the skull, a large quantity of serum, tinged with purulent matter, was found infiltrated under it, connected with the effects of the blister. Nothing peculiar was observed upon the superior surfaces of the membranes of the brain, except that the arachnoid was rather drier than usual, and on the right side there were slight opacity and effusion of lymph at two small spots. Upon raising the brain gently from before backwards,

an adhesion of its substance to the *dura mater* was observed, corresponding to an opening in the left orbital part of the frontal bone, about half an inch posterior to its internal angle. The cerebral matter adhered only round the edge of this opening, forming a communication between the cerebrum and orbit, and when the adhesions were torn across, a quantity of matter escaped from it. There was an extensive deposit of lymph and purulent matter over the centre of the base of the *cerebrum*, enveloping entirely and obscuring the origins of the first, second, third, fifth, sixth, and seventh pairs of nerves; and a considerable quantity of pus issued from the vertebral canal.

The olfactory nerve of the left side was pushed aside towards the mesial line, and at the anterior part of the bulb, was, along with a small part of the brain adjoining to it, dark-colored and softened. The left side of the base of the *cerebrum* was softer and more prominent than the right, and communicated the sense of fluctuation.

An incision was now made into the anterior corner of the left lateral ventricle, extending through the artificial opening before spoken of, and carried backwards. The ventricle thus laid open contained at least three ounces of pus, of a most putrid smell, besides what had been lost previously; and the parts containing it were broken down and disorganized. There were scarcely any remains of the *corpus striatum*. The fornix was entire, but very much softened, and the *plexus choroides* of a dark livid color. The abscess anteriorly was not limited to the ventricle. In the right lateral ventricle there was a small quantity of pus, the contents were somewhat softened, but not disorganized as in the left.

The *dura mater* being now stripped off the left orbital plate, this membrane was found perforated, and around its edges portions of cerebral matter were found adhering, as also a small piece of the orbital plate. A spicula was also partially separated from the orbital plate, and projected upwards.

The orbital plate and superciliary ridge being removed, the upper part of the contents of the orbit was one mass of disorganization, including the *rectus superior* and *obliquus superior* muscles; but on dissecting downwards, the optic nerve and eyeball were untouched and healthy, as likewise all the parts within the orbit not immediately connected with the line of injury, and the consequent fistulous passage for the abscess.

2. Cataract by Extraction.—Says Mr. Munoir the elder, professor of surgery, "On the 6th of October I operated upon the left eye of Mr. Millet, eighty-two years of age. An incision was made in the inferior and external part of the cornea, about two-fifths of its circumference in length; I divided the capsule with a cataract needle, and the lens escaped with a slight rubbing; the pupil remained of a beautiful black color, and unaffected; but the anterior and posterior chambers were empty, the cornea was sunken and wrinkled, some bubbles of air found their way into the anterior chamber, and the patient was unable to see."

"My first impression was very distressing, and I regarded the eye as lost. Immediately after I thought I might refill this cavity; some distilled water was obtained from a neighboring apothecary, which I warmed, and placing the patient on his back, I filled the external orbit of the eye operated upon with this matter, and then opening the eyelid, I raised the glass of the cornea. The water penetrated into all the accessible cavities of the eye, the rugæ of the cornea disappeared, and its convexity was restored. The eye was then shut for some minutes; upon reopening it, I found this organ in the most satisfactory state; my patient had the pleasure of distinguishing very clearly all the objects that were presented to him, as well as the case, after the most successful operation, and the most exempt from every kind of accident. I should observe that after the introduction of the water, the patient experienced a slight pain in the eye, but which in a few seconds was allayed. From this moment the cure met with no obstacle, and when the eye was opened on the eighth day after the operation, I found it exempt from all swelling and inflammation; the reunion of the cornea was perfect, but the pupil a little obscure, the sight feeble, and the patient complained that he did not see quite so well as immediately after the operation. It is now six days since the bandage was removed; the cloudiness of the pupil is much diminished, the sight is daily increasing, and I do not doubt that at the end of a few days Mr. Millet will be able to read printed characters."

The patient had six weeks previously been weakened by the operation for hernia.—*From the Bibliotheque Universelle.*

MEDICAL INTELLIGENCE.

1. University of the State of New-York.—On Tuesday, the 3d of February, the regents of the university conferred the degree of Doctor of Medicine on the following gentlemen, graduates of the College of Physicians and Surgeons of the western district. The subjects of their inaugural dissertations are annexed:

1. Seth L. Andrews, of Monroe county, on Cynanche Trachealis.
2. Horatio N. Arnold, of Oneida county, on Cynanche Laryngea.
3. Silas R. Arnold, of Herkimer county, on Fever.
4. Charles W. Belden, of Cayuga county, on Chronic Hepatitis.
5. Orran Belknap, of Herkimer county, on Medical Improvement.
6. John Benjamin, of Niagara county, on Rubeola.
7. John Brelsford, of Ohio, on Milk Sickness.
8. Andrew L. Cadmus, of New Jersey, on Parotitis.
9. Robert P. Chase, of Wayne county, on Fear.
10. Henry F. Child, of Saratoga county, on Apoplexy.
11. Ezra T. Gibbs, of Delaware county, on Phlegmasia Dolens.
12. William J Goulding, of Massachusetts, on the Abuses of Medicine.
13. Orlando T. Gray, of Livingston county, on Amenorrhœa.
14. Increase S. Hamilton, of Ohio, on Scarlet Fever.
15. John H. Hartshorn, of Madison county, on Puerperal Fever.
16. Moses C. Hasbrauck,* of Ulster county, on Scarlatina.
17. Thomas M. Hendry, of Delaware county, on Phthisis Pulmonalis.
18. Jesse Hughes, of Ontario county, on Indigestion.
19. Frederick Hyde,* of Courtland county, on Inflammation.
20. Abram Kelly, of Upper Canada, on Caloric.
21. Joseph G. Loomis, of Wayne county, on the Influence of Physical causes.
22. Alexander M'Farlane,* of Montgomery county, on Inflammation.
23. Truman E. Mason,* of Livingston county, on Tubercular Phthisis.
24. Peter F. Mastin, of Ulster county, on Paralysis.
25. James Mereness,* of Schoharie county, on Delivery of the Placenta.
26. Bushrod Millspaugh, of Orange county, on Epispastics.
27. John Monroe, or Oneida county, on Delirium Tremens.
28. Salmon M. Prentice, of Chautauque county, on Intermittent Fevers.
29. Charles Shepherd, of Herkimer county, on Scarlatina.
30. Ralph Shepard, of Madison county, on Delirium Tremens.
31. Nelson Stelle, of New Jersey, on Bronchitis.
32. John Stevenson, Jr. of Washington county, on Hydrothorax.
33. Stutely L. Sweet, of Herkimer county, on the Influence of the mind on Disease.
34. John A. Thompson, of Cayuga county, on Compression of the Trunk as a Source of Disease.
35. Edward Trask, of Oneida county, on Laryngitis.
36. Abraham T. Van Gaasueck, of Ulster county, on Hydrophobia.
37. John F. Whitebeck, of Monroe county, on Enteritis.
38. Elijah D. Williams, of Madison county, on Scarlatina.
39. James Winne, of Oneida county, on Scrofula.

2. Caution against Poison.—In laying the following letter from Judge Wheaton before our readers, it surely cannot be necessary to say any thing to add to the impressiveness of the admonition, which the deeply afflicting calamity that has fallen upon his house, furnishes against using *glazed earthen vessels* for holding confections either preserved in acids or liable to undergo acetous fermentation.—The lead used in the process of glazing is a deadly poison, as has been too strikingly and painfully demonstrated in the melancholy catastrophe in Judge Wheaton's family, and as many previous instances of similar fatal accidents had before shown. It is disengaged by the action of the acids, and diffuses itself through the entire contents of the vessel from which it is corroded. Many persons, we have reason to believe, are not aware of this fact, but *preserve pickles and sweetmeats in glazed earthen jars*, and from the deleterious change which the confections undergo in consequence, lose their health, if not their lives, without ever suspecting the cause.

To the Editors of the Morning Post.

Gentlemen—For the purpose of guarding others from a similar calamity, I send you for publication, and hope it may receive an extensive publicity, a statement of the cause of my recent affliction. On the last day of the year, a small quantity of mango pickles were removed into a yellow earthen jar, glazed on the inner side. Most of my family were in the habit of eating them daily, and particularly the three youngest children, one of my daughters and niece. On the ninth, the youngest child sickened with inflammation of the bowels, and died on the fifth day after. During this time, the little boy, next older, and his sister, and my niece and second daughter, young women, also sickened. On the fifth day after his attack, the little boy died—and the others, though still living, and, as is believed, convalescent, have barely escaped death. Having eaten of the article on Monday last myself, I was attacked on Tuesday, but not seriously; and on Wednesday the cause of our sickness was mistrusted, the article subjected to analytical tests, and the certainty established. It

* Licentiates.

is not among the least of our afflictions, that several of our friends, who have been administering aid and consolation during our trial, have been subjected to the dangers, and experienced the consequences. One of those friends was the means of discovering the cause. We are happy, however, in being able to state that, as far as we have learned, they are all out of danger. Should there not be legislative provision against constructing such vessels for culinary uses?

Yours, &c.
E. Wheaton.

3. Medical Society of the State of New-York.—At the anniversary meeting of this institution held at the capitol at Albany on the fourth instant, the following gentlemen were elected officers for the ensuing year viz.—

Dr. John H. Steel, Saratoga, *President.*
Dr. James M'Naughton, Albany, *V. Pres.*
Dr. Joel A. Wing, Albany, *Secretary.*
Dr. Platt Williams, Albany, *Treasurer.*

Censors for the Southern District.

Dr. James R. Manley.
Dr. D. L, M. Peixotto.
Dr. E. G. Ludlow.

Censors for the Middle District.

Dr. Jonathan Eights.
Dr. William Bay.
Dr. Peter Wendell.

Censors for the Eastern District.

Dr. D. Ayers.
Dr. Moses Hale.
Dr. James W. Miller.

Censors for the Western District.

Dr. John M'Call.
Dr. S. V. R. Bogert.
Dr. J. B. Crawe.

Southern District.

Candidates for licence to practise physic and surgery, under the state medical society, will be examined by applying to either of the censors of the district, viz.—Dr. Manley, Dr. Peixotto, or Dr. Ludlow.

4. Public Dinner to Dr. Mott.—At a meeting of the medical profession convened pursuant to public notice at the College of Physicians and Surgeons on the 23d ult. Dr. David Hosack was called to the chair, and Dr. Alex. F. Vache appointed secretary, whereupon the following preamble and resolutions were unanimously adopted:

Whereas, the members of the medical profession in this city having understood that it is the intention of Dr. Valentine Mott to visit Europe, the state of his health being such as to require a relaxation from the cares of business, deem it a duty alike to him and to the cause he has so ably sustained, to present him with a public manifestation of their feelings in relation to his departure for a foreign land, therefore

Resolved, That we tender him a public dinner, as a voluntary tribute of respect for his successful efforts in advancing the professional character of our country both at home and abroad.

Resolved, That a committee of twenty-five be appointed to correspond with Dr. Mott, and make all other necessary arrangements.

Resolved, That this committee consist of the following gentlemen—

Doctors David Hosack, Hugh McLean, John W. Francis, John Stearns, John Neilson, J. Van Rensselaer, A. L. Anderson, J. K. Rodgers, E. Delafield, Wm. Barrow, Gilbert Smith, S. W. Moore, Thos. Boyd, Wm. J. Macneven, Jos. M. Smith, D. L. Rogers, J. R. Rhinelander, E. G Ludlow, Alex. E. Hosack, James Webster, Geo. Wilkes, W. W. Miner, Alex. F. Vaché, James E. Cornell, Francis E. Berger.

Resolved, That the proceedings of this meeting, together with the correspondence, be published.

David Hosack, *Chairman.*
Alex. F. Vache, *Secretary.*

LETTER TO DR. MOTT.

New-York, Jan. 24, 1835.

To Valentine Mott, M. D. Professor of Operative Surgery, with Surgical and Pathological Anatomy, in the University of the State of New-York.

Sir—At a general and numerous meeting of the members of the medical profession of the city of New-York, held agreeably to public notice, on the 23d inst. the undersigned were appointed a committee to convey to you the respect and esteem of your medical friends, and the high sense they entertain of the services you have rendered by your surgical talents to the improvement of the profession and to the interests of humanity; and whilst they lament the cause that has led you to suspend your professional duties, they beg leave previous to your departure for Europe to tender you a public dinner on such day as you may find convenient to set apart, for the purpose of receiving an expression of their sincere wishes for your return with renovated health to your friends and country.

We have the honor to remain,
Your obedient servant,
David Hosack.

Hugh McLean, John W. Francis, John Stearns, John Neilson, &c. &c.

Dr. Mott's Reply.

25 *Park Place, January* 27, 1835.

Gentlemen—The highly flattering and unexpected testimonial of esteem proffered by my professional brethren, in their tender of a public dinner prior to my departure for Europe, has been received with sentiments of grateful regard and a due sense of the honor conferred. The warm interest expressed for my welfare, and the truly complimentary manner in which they have been pleased to notice my feeble efforts for the advancement of science and the alleviation of human suffering, will prove a lasting gratification, and be cherished among the proudest recollections of my life.

I have the honor, gentlemen, to accept the very friendly invitation of the medical profession, and if agreeable would propose the 10th day of the ensuing month, to meet with them and reciprocate the generous sentiments contained in your letter of the 24th inst.

With considerations of the highest respect,
I remain yours, &c.
Valentine Mott.

To Drs. David Hosack, Hugh McLean, John W. Francis, John Stearns, John Neilson, &c. &c.

This entertainment took place at the City Hotel on the 10th inst., and was given in Mr. Jenning's best style. The company was numerous, and gave ample testimony of the estimation in which the honored guest was held by his professional brethren.

Chairman.
Dr. David Hosack.

Vice-Presidents.

Dr. McLean, Dr. Anderson,
Dr. Stearns, Dr. Moore,
Dr. Macneven. Dr. Francis.

After the cloth was removed, a number of toasts were announced from the chair, and an address delivered by the chairman, who was replied to with much feeling by Dr. Mott, and speeches were also delivered by his Honor the Mayor, the Rt. Rev. Bishop Onderdonk, Dr. Prescott, Dr. John Stearns, Dr. John W. Francis, Dr. William Rush, of Philadelphia, Dr. Rhinelander, and Dr. S. P. White.

5. University of Pennsylvania.—There seems to be great disturbance in this once famous institution; it appears that the students have taken the care of it into their own hands, and that the trustees, in obedience to their commands, have already removed one of the professors—where this matter will stop we cannot foretel, but from all we can learn, it is more than probable that other removals will shortly follow.

Our readers are probably aware that pistols have been resorted to, and blood shed in consequence of the disputes growing out of these matters.—*Eds. U. S. Journal.*

6. Medical Students.—It was our intention to have given, this month, a statement of the number of medical students attending lectures in the United States the present winter; but our returns being incomplete, we merely state that it does not fall far short of 2,500.

It may appear strange that the Transylvania University, situated in the interior of the country, more than 500 miles west of Philadelphia, should rank, in point of number, second in our country; and in its ability as regards professors, we believe it will stand a fair comparison with any similar institution.

The printed circular for this winter presents a list of the names of 255 students, and as the names and residence of their respective preceptors is given, the catalogue must be correct.—*Eds. U. S. Journal.*

7. The Itch an Animal.—Some very singular and curious investigations have been made in Paris, to determine the fact whether this disease of the skin is actually caused by the presence of a minute animal, or not A few months ago it was settled, most satisfactorily to the medical savans, that an organized being did burrow in the dermoid textures—and to satisfy a sceptical world, one of them was magnified, and an engraving made, showing most clearly the presence of a dreadful monster, covered with hairs, tentaculæ, horns and other annoying appendages, too numerous to mention. Just as the whole business, however, was most satisfactorily completed, it was further discovered, that by some strange combination of circumstances, not easily explained by a genuine lamp-light philosopher, the said mite belonged to a cheese, instead of an itch vesicle on the human body. So a most beautifully constructed theory, together with lots of physiological doctrine, entirely new to mankind, have been unceremoniously and absolutely capsized.—*Boston Med. and Surg. Journal.*

8. Parisian Society of Foreign Physicians.—All the English, German, and Italian physicians residing in the French capital, have associated themselves in a society. The object is to afford a medium of communication between practitioners, who are foreigners in France. M. Ricord, of the *Hôpital des Veneriens*, has been very active in its formation. There is no mention of Americans in the catalogue of members. How is that—when there is a large number residing there?—*Ibid.*

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TO READERS AND CORRESPONDENTS.

We have a number of communications on hand, which are necessarily omitted in this number.

The valuable communication from Dr. Dering will appear in our next number.

Drs. Doane, Roberts and Griscom are informed that the continuation of their translations will be very acceptable.

"Reform" has some good points; the author is capable of developing with great force the character of existing abuses, as well as the means of correcting them. If he will divest himself of personalities, we shall be gla d to publish a cool and dispassionate paper on a subject of so much interest.

"A Subscriber" is informed that we shall be happy to receive the "Critical review of the works of Dr. David Hosack." The fact of his "having retired from the profession" is of no importance; but, as we reserve our right to judge of the merits of the review, we trust it will be written in a spirit of liberal and candid criticism.

We are happy to learn that the Harpers have in the press a new edition of Good's Study of Medicine, with notes, by Prof. S. Cooper, and new additions, by Dr. Doane, of this city. We shall notice it more particularly in our next.

☞ *James Webster, the Publishing Agent of this Journal, being much absent from the city, all Communications concerning the same may be addressed,* (post paid) *to him, Post-office, New-York.*

THE

UNITED STATES

MEDICAL AND SURGICAL JOURNAL.

No. VIII.

MARCH, 1835.

ART. I.—*Gastro-Enteritis, translated from the "Nouveaux Elémens de Pathologie Medico-Chirurgicale" of MM. Roche and Sanson.* By JOHN W. STERLING, M.D. &c.

[Continued from page 243.]

12. *Gastro-enteritis, sometimes complicated with encephalitis, produced by lead and its different preparations.** The symptoms consist of obscure and transitory abdominal pains, with rare excretion of very hard fœcal matters, increasing progressively during a certain time and becoming very intense; so much so, that the patients frequently cry aloud, often change their position, but generally are disposed to turn and lie on the abdomen. These pains are not continuous; they subside and become exasperated by turns, and it is generally during the night that they are most violent. They are felt more particularly towards the umbilicus, and in the dorsal and lumbar regions. The belly is hard; scarcely does it yield, or is it sensible to compression; the testicles are retracted; constipation the most obstinate exists, attended with occasional borborygmi. At the same time, we observe loss of appetite, nausea, vomiting of a bilious matter which is almost always green; a greenish coat on the tongue; fetid breath; pale and yellowish tint of the countenance, which is expressive of great suffering; insomnium; pains and cramps in the inferior members, and sometimes in the superior; the pulse is slow and hard; the urine scanty, and sometimes strangury is present. Sometimes the inflammatory symptoms are more developed; the belly is sensible to pressure, the pulse is frequent, and the temperature elevated.† Finally, when this inflammation is repeated several times in the same individual, it is at length accompanied with cephalalgia, vertigo, delirium and convulsive movements, then it is that the action of the lead is carried to the encephalon.

This series of symptoms has received the name of *colica pictonum, painter's colic, colic from lead*, or *saturnine colic.* From the anatomical researches of M. Renauldin,* it appears that this affection depends upon an inflammation of the digestive passages, sometimes complicated with that of the encephalon. It is peculiar to individuals who work in lead, or use this metal, its oxides, or its salts in their occupations, such as manufacturers of the carbonate of lead, plumbers, house painters, color grinders, pewterers, delft-glazers, &c. Among these operatives, those who are subject to depressing passions, or who are intemperate in the use of alcoholic drinks, are most disposed to it; a first attack predisposes to a second, and so on.† The prognosis of this affection is grave only when it is accompanied with cerebral phenomena. It is more acute in robust than in feeble individuals.‡

Mr. Ranque, in the memoir already cited, has promulged and endeavored to promote the opinion, that the *colic of lead* is a neuralgia originating in the medulla spinalis, and in consequence thereof has proposed calling it *rachialgia.* M. Andral has quite recently supported the same opinion,§ which seems to us quite as plausible as that which derives this affection from an inflammation.

We will here terminate our exposition of the symptoms of the various grades of acute, simple, and complicated gastro-enteritis. We are far from having traced all the forms; but

* Mémoire sur la Colique Saturnine. Par M. Ranque, broch. in 8vo. 1827

† Dictionnaire de Medecine, tome v. page 449, et suivantes; article Colique de Plomb, par M. Chomel.

* Voyez la Thèse de M. Thomas, ayant pour titre Dissertation sur la Thoracoscopie, ou l'Art d'explorer l'Intérieur du Thorax, etc. suivies de quelques propositions medicales.

† Thèse citée. ‡ Idem.

§ Clinique Medicale. tome iv. page 506.

they are so numerous, that we have been obliged to confine ourselves to the principal, to those alone which are the most remarkable. The last appertains almost as much to the chronic as to the acute gastro-enterites; it serves as a transition from the one to the other. Having exposed the progress, duration, termination and prognosis of each grade, it now remains for us to describe their cadaveric lesions and treatment.

*Anatomical characters.** Redness, thickening and ulceration of the mucous membrane of the digestive passages, and often engorgement of the mesenteric ganglions corresponding to the inflamed or ulcerated portions of this membrane, such are these lesions. The redness varies from that of a rose to a violet or brown color; it is disposed in points, striæ, or in patches, and sometimes occupies an extent of several feet. The thickness is variable; the ulcers are almost always met with towards the termination of the small intestine, near the ileo-cœcal valve which is sometimes destroyed, and, when diarrhœa has existed, in the colon; rarely are they observed in the stomach. They are more or less broad, deep, and numerous. Sometimes the stomach or intestines are perforated. Such are the varieties which these lesions present, and they are in relation with the diverse forms of groups of symptoms exhibited during life.

As the forms called *inflammatory fever* and *bilious fever* do not become mortal, say authors, until they have passed into the state of *adynamic*, *ataxic*, &c. *fevers*, which means when they have become aggravated, they have no cadaveric lesions which are peculiar to them. But thence to draw the conclusion, as certain physicians have done, that there is no proof then that these *fevers* depend on a gastro-intestinal inflammation, is altogether erroneous; for it would be equally as correct to sustain, that a slight pneumonia does not depend on inflammation of the lung, since it does not cause death, and consequently does not afford this material proof of its nature, which would be absurd. The physiological study of the phenomena must here supply the want of anatomico-pathological data.

In opening the bodies of those who die of the gastro-enteritis, called *cholera morbus*, we find the mucous membrane of the stomach, large and small intestines, and of the bladder, of a bright red color throughout a considerable extent; sometimes, according to M. Gravier, though rarely, the liver voluminous and inflamed, the small intestines contracted. Who can doubt from these lesions, of the seat and nature of this phlegmasia?

In gastro-enteritis with an abundant secretion of mucus, to which the name of *mucous fever* has been given, Rœderer and Wagler say, that, in addition to the ordinary signs of phlegmasia, they have met with, upon the gastro-intestinal mucous membrane, aphthæ, vegetations, or small pustules formed by follicles very much developed and very apparent, and covered with thick mucus. There is no doubt that these are traces of inflammation. Sometimes we hear of gangrene of the intestines, of engorgement of the mesenteric ganglions; these are also effects of inflammation; but it is probable that the blackish color which is observed on mucous membranes, inflamed for a considerable time, has been taken for traces of gangrene. These physicians have sometimes met with the liver granular or very much developed, hard, *red or blackish on its surface*, (this is nearly its natural color,) the spleen of a *deep blue* (that is to say, of a natural color), voluminous and *soft* (ordinary state), or small and hard. We see how vaguely these lesions are described; besides we know that the irritation of these two organs is rarely primitive, and that it is almost always communicated to them by that of the digestive mucous membrane. Frequently they have found the intestines filled with vermes lumbrici. Finally, they have often found the lungs adherent, inflamed, hepatized, gorged with mucosities, sometimes purulent, often tuberculated; the bronchi red, the bronchial ganglions voluminous, black and hard, and the pericardium more or less filled with a sanguinolent serosity. What does all this prove? That in the epidemic gastro-enteritis which they have observed, the most part of the patients were at the same time attacked with pneumonitis. This is what we are also convinced of by reading the cases which they have transmitted to us.

After the termination of the form of disease called by authors *adynamic*, we observe the lesions which we described in the first place, so that we need not recapitulate them. After that called *ataxic*, we also find, in addition, the arachnoid red, injected, and thickened; but this lesion is not constant. Sometimes it is the brain, which is more dense and injected than in the natural state.

M. Rochoux, to whom we are indebted for a tolerable work on *yellow fever*, informs us, that in the bodies of those who die of this phlegmasia, we *constantly* find the gastro-intestinal mucous membrane inflamed, and that this inflammation is *often* accompanied with that of the kidneys, and *sometimes* with that of the arachnoid. These lesions are in perfect harmony with the symptoms which we have noted as proper to this affection. M. Rochoux adds, that in all cases in which he observed icterus, he found the gall-bladder inflamed. We also find the stomach and intestines more or less filled with the same black matter which is rejected by vomiting during life; this matter results from the mixture of blood which has flowed from the mucous membrane itself, with bile, mucus and pancreatic fluid.

We have already spoken of the lesions

* Billard, de la Membrane Muqueuse des Voies Digestives in 8vo. Paris, 1826. Gendrin, Hist. Anatom. des Inflammations, etc. ouvrage deja citée.

which are consequent upon typhus. We are possessed of a very small number of pathologico-anatomical facts relating to the *plague*, but they tend to confirm what we have said of the seat and nature of this affection, all the symptoms of which announce a gastro-entero-meningeal phlegmasia. In the work of M. Thomas, we find the following proposition concerning the cadaveric lesions peculiar to the *painter's colic:* In opening individuals dead in consequence of epileptiform delirium, (it is to be borne in mind that *painter's colic* becomes mortal only when cerebral symptoms supervene,) we find: 1st, *Alterations* (what alterations?) of a very decided character in the meninges, and even of the cerebral and rachidial substance; the bones of the cranium themselves are often affected; 2d, Serous or sanguineous effusions between the encephalic membranes and in the cerebral ventricles; 3d, Sanguineous injections, sometimes red, sometimes of a deep and even livid color, of the intestinal canal and stomach; 4th, Attenuations often very extensive of the tunics of this canal, but very seldom contractions and accumulations of fœcal matters. Now, we have seen that the cerebral symptoms do not supervene until after repeated attacks of the abdominal symptoms; the cerebral lesions do not then commence until a long time after the abdominal lesions; hence for a long period, and in its greatest state of simplicity, the painter's colic depends entirely on gastro-intestinal inflammation. Nevertheless, M. Andral says that he has never met with traces of inflammation in the mucous membrane of the digestive passages after this disease.

Treatment.—If, from all that has preceded, it has been demonstrated that the diverse groups of symptoms which we have described appertain to acute inflammation of the digestive passages, simple or complicated, it is evident that the antiphlogistic treatment merits the preference above every other. Hence we might limit ourselves to stating, that general and local blood-lettings, fomentations, cataplasms and emollient injections, topical refrigerants, drinks cold or even iced, acidulated or mucilaginous, and abstinence from aliments and stimulants of every species, are the principal means of which it is constituted; but their employment is subject to certain rules, and susceptible of certain modifications, which it is necessary to expose with some attention; consequently details become of importance here.

General blood-lettings are rarely adapted to the ordinary gastro-enteritis of our climates (France); sometimes, however, they are indispensable, and under the following circumstances: 1st, when the patient is very plethoric; 2d, when the gastro-enteritis is accompanied with pneumonitis, though mild, as frequently happens in cold and moist seasons and countries. It is not unusual to see, in these hygienic circumstances, gastro-enteritis which resist the most copious local blood-lettings, and then if we auscultate the chest, we often discover a latent pneumonitis. It is this phlegmasia, which does not give any sign of its existence, which thus opposes the efforts of the physician. In these cases one general blood-letting produces the best effects. 3d, It is also necessary to have recourse to general blood-letting at the onset of gastro-enteritis whose invasion is violent, and in which the epigastric region is very painful. In other cases, the preference should be given to local blood-letting.

Experience has taught that the epigastric region is the place at which the applications of leeches produce the best effects; however, we should at the same time apply them to the anus when there is diarrhœa, that is to say, when the gastro-intestinal inflammation extends to the colon.

Fomentations, cataplasms, and emollient injections are only of secondary utility in the treatment of acute gastro-enteritis, nevertheless they should not be neglected. A much more powerful means consists in the application of pounded ice upon the abdomen, but it is proper to have recourse to this in grave cases only, and especially when the debility of the subject, and the quantity of blood which we have drawn from him, no longer permit the employment of leeches. The danger of exciting pneumonia, or of increasing it when it does already complicate gastro-enteritis, and the violence of the reaction which sometimes follows the application of cold, are the two serious inconveniences which oppose the more frequent employment of this efficacious remedy.

Cold or scarcely tepid drinks are proper in all cases; they should contain but the least possible quantity of nutritious, gummy, acidulated, mucilaginous or saccharine ingredients, suited to the taste of the patients. Thus the decoctions of barley, dog's tooth, of the flowers of the mallow, and marsh mallow root; the syrups of gum, of marsh mallow, sugar, orgeat, of currants and vinegar and water; lemonade, orangeade, water containing albumen, sweetened water and simple water, are the drinks most generally used. A great number of slight gastro-enterites are cured, without the application of leeches, solely by the use of some one of these drinks, iced and administered in small doses frequently repeated, especially those which we have designated by the names of *bilious fevers* and *cholera morbus*. However, it is more prudent, when these affections are intense, to employ at the same time local blood-letting Acidulated iced drinks are also very efficacious in overcoming obstinate vomitings, and in assuaging the thirst. They should be administered so frequently, that reaction may not have time to operate, otherwise they would be more prejudicial than useful; and when we wish to suspend them, the patient should be gradually brought back to drinks of a more elevated temperature.

In all gastro-enterites diet is indispensable. In general the more complete the abstinence, the less will the cure of these affections be protracted, and *vice versa*. When they have been but slight, some days of diet and of the use of diluent drinks, suffice for their removal. We cannot too often repeat it that the irritated digestive passages always suffer from being forced to the labor of digestion, however slight it may be. When the symptoms diminish and the appetite improves, it is with the greatest precautions, proportioned also to the duration and intensity of the disease, that the return to the use of aliments is to be permitted. We are often obliged to commence the alimentation by substances which require the least efforts of digestion, such as panada made with water, the fecula of plants, vegetables and milk diet, and successively white meats, the flesh of young animals, previous to resorting to soups and more nourishing viands. Many relapses are attributable to the inobservance of these precepts, often infringed by the intractability of the patient.

By the aid of these means skilfully directed, we cure the majority of the gastro-enterites of our climates; a small number resist and occasion the death of those who are attacked by them. They are also applicable to all the other gastro-enterites, with such modifications as we are about to indicate.

The use of emetics at the commencement of gastro-enterites with bilious supersecretion has been much lauded; Stoll and M. Pinel especially, have even made a precept of it. Better appreciated in their effects since the introduction of the new medical doctrine, these medicines are no longer employed but with much circumspection, and reserved for a small number of cases, which are not even well determined. However, we may have recourse to them when the heat of skin is moderate; the epigastric pain and redness of the tongue absent; in fat, lymphatic, and sluggish persons; in cold and moist countries and seasons, and in northern climates; with the exception of these cases, emetics are, as M. Broussais says, either *double or quits*, and every prudent physician should abstain from them. The same may be said of purgatives, the employment of which has been considerably restricted in these latter days. M. Pinel had already commenced this reform. A little less dangerous than emetics, they cease to be so under the same circumstances. The treatment of those gastro-enterites, which are called *bilious fevers*, is confined then to the rules laid down above.

If we may judge of the *cholera morbus* of India from that of which we have observed some examples in our own country, it would seem to us more advantageous to insist upon the use of iced drinks than upon sanguineous evacuations, without however neglecting the latter. We have said that this form of gastro-enteritis is almost always accompanied with a sympathetic irritation of the liver. So long as this irritation is slight, it does not become the source of any special indication; but it may become intense, and inflammation of the liver supervene; then must we combat this new phlegmasia by general and local blood-letting, and topical emollients. M M. the professors Fouquier and Orfila have sometimes applied, and with very speedy success, a large vesicatory over the region of the stomach and liver. The tepid bath continued for several hours is also of powerful assistance in this affection. Finally, many authors have highly recommended opium and its different preparations, especially in the second stage of the disease. We have had but little opportunity of trying this means; but we have experienced such good effects from the acetate of morphia in the dose of a quarter or half a grain in a small injection, in some cases of gastro-enteritis, the symptoms of which had been previously very much weakened by other means, that we do not hesitate to employ this medicine in *cholera*.

Very often complicated with pneumonia, the form of gastro-enteritis, called *mucous fever*, frequently demands general blood-letting, but the sanguineous evacuations rarely require to be carried so far in this affection as in other forms of the same phlegmasia. Acidulated drinks are also suitable, and we may, without inconvenience, render them slightly aromatic by the addition of elder flowers, those of the linden tree, the leaves of the orange tree, or slightly bitter by means of succory, the *teucrium chamaedrys*, and other plants of this nature, especially if we take care to make these drinks mild, and suspend them so soon as we perceive that they augment the phlegmasia. The abundant secretion of mucosities which forms the particular character of this gastro-enteritis, protects the mucous membrane against the stimulant action of these medicaments. If there should be worms, these drinks may be rendered anthelmintic by the addition of tansy, the coraline of Corsica, &c., and we should watch their effects as mentioned above. We also employ with advantage rubefacients to the skin, which are prejudicial in all the other forms of gastro-enteritis; but this means demands still greater precautions than the drinks previously indicated. Finally, it often happens, at the termination of this phlegmasia, that the visible mucous membranes are of an extreme pallor, and that the appetite is not re-established; then the indication is to administer tonics. Generous wine is always preferable to medicinal tonics; however, bitter wines and cinchona may here be resorted to. They must be suspended as soon as the appetite is restored, and the mucous membranes have resumed their natural color.

We will not rehearse here all the means which have been proposed for overcoming intense gastro-enteritis, designated by authors by the name of *adynamic fever*. Musk, cinchona, camphor, serpentaria virginiana, vesicatories, &c., are at the present day pretty

generally proscribed in the treatment of this inflammation. The antiphlogistic treatment, such as we have exposed in the commencement of this article, is the only one which is adapted to it. The same may be said of the gastro-intestinal phlegmasia, called *ataxic fever*; only in the latter it is often indispensable to combat the cerebral phenomena by local blood-lettings at the temples or behind the ears; it should be done if these symptoms be of ever so little intensity, or diminish but slightly under the influence of epigastral sanguineous evacuations. If the abdominal symptoms diminish considerably, those of the encephalon remaining the same, the treatment should be directed entirely against the latter; revulsives applied to the lower extremities and cold applications to the head, will then be attended with great benefit.

Neither will we repeat the diverse methods of treatment which have been by turns extolled in *typhus*, *yellow fever*, and the *plague*; not one of which is in harmony with the nature of these affections, as now better understood. We do not doubt that the most happy effects have been obtained from the antiphlogistic treatment, employed at the commencement and with energy. In *typhus fever* and the plague we should combine with local epigastral blood-lettings the application of leeches to the temples and behind the ears, and we should act in the same manner in *yellow fever* complicated with arachnitis. General blood-lettings are more appropriate when the latter phlegmasia is complicated with *nephritis*, but at the same time we should employ local sanguineous evacuations. But it is important, in the treatment of this affection, to recollect, that it consists in its course of two very distinct periods, that which precedes gastro-intestinal hæmorrhage, and that which succeeds it. It seems quite natural, in fact, to suppose that the same means are not applicable to the two epochs of the disease. We conceive, indeed, that the antiphlogistics are the only useful means in the first stage, that which we would call inflammatory, whilst astringents would be much more advantageous in the hæmorrhagic state. This will, perhaps, explain to us the discrepancy in the opinions of those physicians who have observed the *yellow fever*, of whom the one extol antiphlogistics to the exclusion of every other means, whilst others boast of certain agents, such as the sulphate of quinia, colomba root, &c., and proscribe sanguineous evacuations of every kind. Some practitioners, it would appear, have obtained great success by combining these two methods of treatment; we think that they would obtain still greater, if guided in the employment of these medicaments by the considerations which we have just laid down. Finally, we think it would be wrong to neglect lotions of vinegar and water over the whole body during the appearance of petechiæ in *typhus*, and those of lemon juice in yellow fever.

The ravages produced by these terrible diseases are so great, and the therapeutic means adopted, until the present time, so inefficient, that much is doing in the use of means to prevent it. This is what has given rise to quarantines, and, in infected places, isolation; and it is generally supposed that there are no other preservatives that can prevent them. Nevertheless, a strict sobriety, vegetable nourishment, the abstaining from alcoholic liquors and venereal pleasures, appear to us to be so many means of diminishing the tendency to seizure by it; but there is another which perhaps enjoys a greater efficacy than all, and which is scarcely noticed, it consists in oleaginous inunction. It has been long since remarked that oil-carriers are exempt from the plague; but as theory and certain imperfect experiments have reduced cutaneous absorption to almost a minimum, it has been concluded that the oily inunction, which can act only by closing the mouths of the absorbents of the skin, is altogether superfluous. But who can tell us that under the burning sun of the equator, the skin, continually excited, does not possess the faculty of absorbing to a much higher degree than in our climates? Do we not know that the gastro-enteritis produced by lead is much more frequent, among workmen engaged in the same manufacture, in summer than in winter? and is not this, *in part*, owing to the absorption of the skin being greater in the former season? The seat of buboes in the plague, does it not favor this opinion? Placed in the groins, axillæ and on the neck, from whence can the pestilential agent which developes them be introduced, if it is not by the medium of the lymphatic vessels upon the track of which they are met with? Besides, is not the direction of the fluids which these canals transport from the periphery towards the centre? Can we then cause these fluids to retrograde, in order that they may transport from the centre to the circumference the miasm which it is supposed is almost exclusively absorbed by the pulmonary passages, or can we imagine that the engorgement of the glands is sympathetic of the interior irritation? The first hypothesis does not appear to us tenable; the second is scarcely consonant with physiology, which teaches us that the glands in question are only sympathetically connected with the members and the skin, or at least have but a very obscure sympathetic association with the interior organs. The most plausible opinion then is that which we have emitted, namely, that their engorgement is occasioned by the pestilential miasm absorbed at the cutaneous surface. If it were so, the oleaginous inunction would be a most powerful prophylactic means. This hypothesis would also explain the good effects of the lotions of vinegar and lemon juice diluted with water in the *typhoid* and *icteric gastro-enteritis*.

Two methods of treatment, entirely opposite in their nature, have, it is said, been employ-

ed with equal success in the gastro-enteritis occasioned by lead. The one is antiphlogistic—that of the hospital Beaujon; the other is very stimulant—that of the hospital *la charité*. The following is the latter method:—*First day*, a pint of the decoction of senna, with three grains of tartar emetic, and from four to eight drachms of epsom salts:—*Second day*, six grains of tartar emetic in eight ounces of water, in two doses, after an interval of ten minutes:—*Third day*, two or three glasses of sudorific decoction, in which from four to six drachms of senna have been infused.—*Fourth day*, purgative potion made with six ounces of the infusion of senna, one ounce of the electuary of diaphœnix, one scruple of jalap, and one ounce of the syrup of buckthorn.—*Fifth day*, as the third.—*Sixth day*, as the fourth. In addition, they prescribe, each day, during the treatment, for ordinary drink, a pint of the decoction of the four sudorific woods, each day an injection, with twelve ounces of red wine and four ounces of nut-oil, and still later half a drachm of treacle, with one or two grains of opium, according to the violence of the pains and the obstinacy of the insomnium; to this they also add at noon, either every day or on those days only in which the patient does not take the purgative, an injection composed like the purgative potion, with this difference, however, that it contains a pound instead of six ounces of the decoction of senna. If after the sixth day there still is pain, the treatment is prolonged some days by prescribing the sudorific laxative ptisan on the odd, and the purgative potion on the even days. During the course of this treatment, a rigid diet is prescribed; but as soon as it is terminated, the patient is allowed the use of aliments, the quantity of which is rapidly increased.* We cannot explain the success of this farrago of medicaments, but by admitting, with Dr. Broussais, that lead, by its astringent properties, crisps and corrugates the gastro-intestinal mucous membrane, and renders it less sensible to the action of stimulants; or by concurring with M. Ranque, that the painter's colic is a neurosis. Be this as it may, it is not indispensable to follow this treatment in all its minutiæ, as is done at the hospital of *la Charité*; it is the religion of traditions and of routines which leads them, in this hospital, to respect this monstrous medley; but, out of it, it is permitted to modify it at pleasure, and even substitute for it, as is done at the hospital Beaujon, the antiphlogistic method. "We obtain the radical cure of very intense colic from lead, by a soothing and local and general antiphlogistic treatment."†

M. Ranque has employed, with the greatest success, a treatment almost entirely topical, consisting of plaisters, of which belladonna and tartar emetic constitute the basis, and which he applies over the whole of the abdomen and lumbar region of his patients. We have cured several by antiphlogistics alone, and others by diluent drinks and some doses of castor oil administered several days in succession, so that we regard it useless to have recourse to the complicated treatment of *la Charité* and M. Ranque.

Such is the treatment of the diverse forms of acute, simple or complicated gastro-enteritis; to it we would add merely what we have said in our introduction on the treatment of irritations and inflammations in general.

13. *Chronic gastro-enteritis.* It is quite seldom that a chronic inflammation occupies both the stomach and the small intestines at the same time; one of these organs alone is usually affected. However it sometimes happens that such is the case, and then it is ordinarily the stomach and duodenum which are the seat of the phlegmasia; such is the gastro-enteritis of topers. It is this gastro-enteritis that M. Casimir Broussais* has described under the name of duodenitis: it is this which occasions the greater number of chronic affections of the liver. More rarely, it occupies the stomach and the end of the small intestine or the colon. The *hectic fever* of authors is often a chronic gastro-enteritis; it is what exists especially in that which accompanies external chronic affections.

We will not devote a long article to this affection; its causes, symptoms, organic disorders, treatment, &c., every thing is common to it and chronic gastritis and enteritis; consequently we refer to the history of these phlegmasiæ. Is it necessary to add that with equal intensity it is more grave than gastritis and enteritis existing separately?

14. *Intermittent gastro-enteritis.* In like manner as continued acute gastro-enteritis is the most frequent of all irritations of this type, so is intermittent gastro-enteritis the most common of intermittent irritations. The major part of diseases called *ordinary, benign, sporadic, intermittent fevers*, are referred to this intermittent phlegmasia of the gastro-intestinal mucous membrane.

Causes. It is produced by the same causes which develop continued gastro-enteritis, but in an intermittent manner, as we have endeavoured to demonstrate in our general remarks on irritation. But among these causes, there are some which more especially produce the disease in question; such are—the miasmata from marshes, alternations of cold and heat, of dryness and humidity, and gastric stimulations resulting from the habitual and periodical alimentation or ingestion of certain aliments. We have had occasion to observe, during two consecutive springs and autumns, a fact which demonstrates how great is the in-

* Dictionnaire de Médecine, tome v. page 455.—Chomel Colique de Plomb.

† Thèse de M. Thomas, deja citée, page 19, proposition 10.

* Op. cit.

fluence of atmospheric variations in the production of intermittent gastro-enteritis. In one of the wards of Hotel Dieu into which were received the *gen d'armes* and *pompiers* (fire-men) of Paris, we saw these soldiers, for the most part, affected with these intermittent irritations in the seasons above mentioned, whilst at the same epoch, we scarcely observed any examples of these diseases among other patients of the same ward, though three times more numerous. It was almost always to their nocturnal patroles that they attributed their malady.

Symptoms. All the groups of symptoms appertaining to simple or complicated gastro-enteritis, which we have previously described under the continued form, may exist, and, in fact, present themselves, in practice, under the intermittent form. Thus, authors have admitted *inflammatory, bilious, choleric, mucous, adynamic, ataxic, typhoid, yellow and pestilential intermittent fevers;* by which is meant that they have observed intermittent gastro-intestinal inflammations, sometimes simple, and at other times conjoined, with inflammation of the encephalon, or that of the kidneys, with or without petechiæ, icterus or buboes. We will not, therefore, describe anew the symptoms which correspond with the phlegmasia. We will only mention that each accession is preceded by a shivering, more or less violent and protracted, and succeeded by sweat more or less abundant.

Progress, duration, termination and prognostics. Intermittent gastro-enteritis affects all types; we see it quotidian, tertian, quartan, &c. The paroxysms are of greater or less length, more or less violent; the apyrexia more or less complete, without the possibility of establishing any precise rule in relation to it. When this affection is simple, and especially when it is not produced by marsh miasmata, it frequently disappears of itself after five, six or seven paroxysms; then the accessions become more and more remote, and diminish gradually in intensity. Sometimes it is prolonged much beyond this term; under the quartan type, for example, we have seen it continue for months, and even entire years, without any means being effectual in overcoming it. It rarely terminates by death, and when this does happen, it is not usually the case until it has passed into the continued type; but it is far from being so benign when it is complicated with inflammation of the encephalon or kidneys, and attended with petechiæ, icterus or buboes. Then a few paroxysms, three or four are almost sufficient to occasion death, which sometimes supervenes during the chill, but more frequently during the hot stage. The apyrexia is seldom so complete in this complicated gastro-enteritis as in the simple, so that in these cases the phlegmasia is more frequently remittent than intermittent. The accessions have often a character of violence which renders them frightful, and which, with the frequency of fatal termination, if art does not interfere, has induced authors to name these affections *pernicious;* in so much as the prognosis is favorable in the first stage, by so much is it grave and dangerous in the second.

Anatomical characters. The science possesses but few facts in pathological anatomy relating to intermittent gastro-enteritis, as well as of all phlegmasiæ, in general, of this type. However, all authors who have engaged in this species of research agree in saying that they have almost always discovered traces of inflammation in the digestive passages in the bodies of individuals who have died with *ordinary intermittent fevers.* This must be the case, since intermittent gastro-enteritis is the most frequent of all phlegmasia of this type. But what has particularly arrested the attention of investigators, is the engorgement of the mesenteric ganglions, pancreas, liver, and especially of the spleen, which they have very frequently observed consequent upon these fevers. Hence, have they by turns placed their seat in each of these organs. But it is not possible to admit that the inflammation, be it as acute as they pretend it to be, of organs of so little influence, and of so little irritability, with functions so obscure, and so free from direct stimulations of every kind, as are the mesenteric ganglions, the pancreas and spleen can become the source of phenomena so intense as those of *intermittent fever* when sufficiently severe to occasion death. The intermittent phlegmasia of the liver, however, might produce symptoms sufficiently violent to account for this fatal issue: but we know the symptoms of acute hepatitis; they have described, when presented in the intermittent form, under the name of *pernicious hepatic fever,* and it is very plain that, when they have terminated in death, traces of phlegmasia of the liver have been detected. But, when they have not existed, and symptoms of gastro-enteritis solely have been manifested during life, it has happened that sanguineous engorgement of the liver alone, or more commonly connected with that of the spleen, have been discovered: now, this engorgement is by no means the source of the phenomena which, as some authors suppose, have existed during life. Sometimes, perhaps, it is sympathetic of the irritation of the digestive passages; but, in the greater number of cases, it is evidently a mechanical effect of the repulsion of the blood from the exterior to the interior, from the sanguineous capillary system of the periphery into the sanguineous capillary system of the centre, produced by the chill.* Examine, in fact, what takes place in this phenomenon: the skin becomes pale and corrugated; the blood flies from the exterior capillary system, it flows towards the centre by a species of reflux. Where does it pass to? Let us reflect upon it, and we will see that it can only be into the large bundles of sanguineous capillaries susceptible of yielding

* Voyez Histoire des phlegmasies chronique, tome i. page 108, second edition.

and dilating on its admission. What bundles are they? every body will reply, the spleen, the liver and the lungs. These organs then become engorged, and death supervenes during the cold stage. Then we find those engorgements of which all authors have spoken, and besides gastro-enteric phlegmasia, if the symptoms, which we have said were proper to it, existed during life. Engorgement of the liver and spleen especially is more apparent than that of the lungs after gastro-enteric intermittents, because the seat of the phlegmasia contributes to the congestion within the abdomen, and besides these two organs are sympathetically excited by it. It is as true that this latter cause contributes to produce the splenic and hepatic engorgements, as in persons with irritable lungs that the afflux of blood is towards the chest: we have unfortunately experienced it ourselves more than once; but it is not its principal cause, as some authors pretend, it only contributes towards it, otherwise we should observe them frequently in continued gastro-enteritis, whereas, on the contrary, they are very rare. The mechanism of these egorgements is the same as in those produced in the spleen, liver and lungs by a race, and that of the thyroid gland during efforts of parturition: the causes alone differ.

Sometimes the sanguineous engorgement of the spleen or liver is entirely dispersed during the interval of the paroxysm; but frequently it persists, either in whole or in part, especially with regard to the spleen, the lax and soft texture of which scarcely reacts upon the blood which obstructs it. Then each chill tends to augment the *obstruction*, and, if the paroxysms are numerous, there remains in the organ an induration which may eventually induce its disorganization. These *obstructions* may exist for years in the spleen without occasioning any other inconvenience than what arises from their bulk and weight; and this fact militates powerfully against the inflammatory origin which some endeavor to attribute to them, and favors that which we have maintained. But eventually they irritate the surrounding parts, inflame, and conduct the patient to the tomb by inducing marasmus. Sometimes again it happens that the spleen becomes disorganized and softened, and no longer opposing a sufficient resistance to the influx of blood during a return of the chill in gastro-enteritis or any other intermittent phlegmasia, it bursts and gives rise to an abdominal extravasation promptly mortal. In the liver, an organ more irritable and more important in the chain of functions than the spleen, the *obstruction* more readily becomes a cause of chronic phlegmasia, and more speedily induces death; and as the symptoms retain, if not the intermittent type, at least exacerbations at certain hours of the day, as happens in all chronic phlegmasiæ, we do not fail to attribute *intermittent fever* which has opened the scene, to the inflammation of the liver of which we discover the traces. Doubtless this is sometimes the case, since acute inflammation of the liver may be intermittent; but in the greater number of cases the occurrences are as we have stated; the analysis of the symptoms of the first paroxysms attest it.

As to the tumefaction of the mesenteric ganglions and pancreas, it is too evidently the sympathic effect of the phlegmasia of the gastro-intestinal mucous membrane to need our dwelling long on this point with the view of substantiating it. It is necessary to add, however, that these *obstructions*, the nature and cause of which differ materially from those which precede, may also lead to death by their inflammation alone and that of the surrounding parts, the gastro-intestinal inflammation having totally disappeared. (See what we have said on this subject in treating on *enteritis*.)

Finally, an extravasation of serosity is frequently a consequence of the various obstructions which we have just been considering; and it is this which has given rise to the saying, by authors, that *intermittent fevers* frequently produce *ascites*. We will hereafter endeavor to explain the mode of formation of these effusions.

We now see how numerous and diversified are the cadaveric lesions connected with intermittent gastro-enteritis; for the engorgements of which we have treated are susceptible of presenting all the degenerescences proper to chronic phlegmasia of each of the organs to which they appertain. It is indispensable then that we should be well versed in the true mode of connection of all these disorders, if we wish to engage with profit in the anatomico-pathological researches of the affection under consideration.

Treatment. Previous to the discovery of cinchona, intermittent irritations were treated in the same manner as continued irritations; blood-letting constituted part of the treatment of the most of them. But as soon as this precious bark became known in Europe, its properties soon gave it the preference over all other means, and finally it has become, in these latter timus, almost the exclusive remedy. Without doubt this medicine possesses great virtues, but, in its employment, it is subject to certain conditions, which cannot be overlooked without great danger, and these conditions we will endeavor to determine with accuracy.

The peruvian bark has been employed under the various forms of infusion, decoction, extract, tincture, and powder. The powder, for some years, was almost exclusively employed in intermittent irritations; and it certainly possessed great advantages over all the other preparations. It was administered in doses of from two drachms to two ounces during the interval of the paroxysms, in portions of one, two, three, or even four drachms, beginning with the strongest and ending with the weakest: at the present day we make use of the sulphate of quinine, and according to the ex-

periments of MM. Double, Chomel, &c. this salt is far preferable to all the other preparations of cinchona. The medium dose is twelve grains in four portions of three grains each, but it often acts efficaciously in smaller doses, as three, four, six, or nine grains; sometimes, on the contrary, we are obliged to carry it to the extent of twenty-four grains and even beyond this. M. Bailly has carried the doses to the extent of forty grains without the stomach appearing to him to experience any injurious effects from this medicine; on the contrary, he thinks he has noticed that the sulphate of quinine was sedative when administered in large doses, calming the contractions of the heart, and dissipating even the inflammation of the stomach, which sometimes persisted in a pretty acute degree during the interval of the paroxysms. These remarkable results require confirmation by renewed experiments. In the mean time we may state that M. Magendie is assured, by experiments also, that the greater part of sporadic intermittent gastro-enteritis, may be easily subdued by minute doses of this medicine, and that, in general, three grains are sufficient for this purpose.

In slight intermittent gastro-enteritis we may ordinarily administer the sulphate of quinine from the first paroxysm and without preceding it by the application of leeches, general or local blood-letting; but when they are very intense, when the paroxysms are of long and the apyrexia of short duration, it is always desirable to commence by drawing blood from the arm or applying leeches to the epigastrium during the hot stage. This precaution is indispensable when the apyrexia is not complete; it always insures the success of the sulphate, which without it would be uncertain. It is almost superfluous to administer this medicine in doses decreasing in proportion as we approach the paroxysm, but it is important that the last portion be given one hour antecedent to the commencement of the shivering. We must abstain from it when the stomach is too irritable, and not insist upon its employment, as was done with cinchona in powder, when it is rejected by vomiting, or when much thirst and heat exist, or cholic, or much anxiety are present; in these cases we must administer it by the rectum, and at the same time have recourse to the antiphlogistic method of continued gastro-enteritis, employed principally during the paroxysm. Diet, or at least a very mild regimen, diluent, acidulated and mucilaginous drinks, concur efficaciously, with the preceding means, in a prompt cure of the disease.

The major part of intermittent gastro-enteritis are cured by the sulphate of quinine; but some resist this medicine; the latter almost always yield to antiphlogistic remedies. Several other means claim also their success. We will mention them.

Emetics, ipecacuanha especially, given durthe apyrexia, and under the circumstances which were mentioned when speaking of the treatment of continued gastro-enteritis, very frequently prevent the return of the paroxysm. Purgatives equally produce this effect, but sometimes they also recall the paroxysm when it had for a long time disappeared, which must render us very circumspect in employing them. We sometimes obtain the same results from very warm sinapisms applied between the shoulders or upon the knees, or any other part of the body; by immersion in cold water, a very warm bath, warm clothes over the entire body, a few drops of aqua ammonia in water, if we take the precaution to employ the means at the moment when the chill commences, and by applying ligatures around the limbs some moments before it manifests itself. Finally, several sporadic, intermittent, gastro-enteritis yield to liquid laudanum, in the dose of forty or fifty drops in five or six ounces of fluid, given by spoons full from hour to hour during the apyrexia.

The sulphates of iron, of zinc, of copper, of alumen and potassa, have been employed to combat intermittent gastro-enteritis, and with varied success: the first of these agents seems to be that on which most dependence has been placed. These means have no other inconvenience than that of being uncertain; but there is one of a most dangerous nature, very much used in England, and which they have not hesitated to extol in France: it is an arsenic, and especially the arseniate of soda or of potassa; we regard it as a duty to proscribe it with all our influence, notwithstanding the success which, in some instances, has seemed to justify the employment of it.

We would never finish if we endeavored to enumerate all the medicaments which have been employed in this affection. The vegetable kingdom especially has been ransacked for substitutes for the cinchona; all these efforts have been fruitless. The root of valerian in powder, in doses, of from one to three drachms during the apyrexia, has, however, in the hands of MM. Fournier and Vaidy produced a considerable number of cures. But cinchona and antiphlogistics, alone or combined, must be preferred in all cases; their good effects are almost constant. In the intermittent gastro-enteritis of marshes, we should not hesitate to recur immediately to cinchona except in cases which we have mentioned, viz. too great irritability of the gastric passages, and incomplete apyrexia.

The treatment of remittent gastro-enteritis rests upon the same basis, only the antiphlogistic method is always advantageous at the commencement in order to render the intermission more complete, and prepare for the administration of the febrifuge. Some require to be treated as continued affections; they are those in which the symptoms of irritation are still very prominent during the remission: we then consider them as continued phlegmasiæ with exacerbations.

ART. II.—*Case of wound of the Femoral Artery.* By A. B. SHIPMAN, M.D., of Cortlandville, N. Y.

On the 14th September last, at two o'clock P.M., I was called in haste to Geo. Wesley Crandall, æt. 18, who had just received a wound by the hand of a boy who was scuffling with another under a shantee, where the patient and some others had taken shelter from a storm. The wound was made by a sharp pointed knife, and entered the inner side of the thigh, about four inches above the knee joint. There was a sudden jet of blood to the distance of some feet, when one of the bystaners had the presence of mind to place his thumb over the wound which arrested the hemorrhage until the arrival of Dr. Goodyear, who made pressure over the artery. I was soon after on the ground and applied a tourniquet to the upper part of the limb, when we proceeded to examine the wound.

The point of the knife entered the left limb transversely, and the external wound was about half an inch in length, and from the swelling above and below the orifice, there was evidently much infiltration of blood into the cellular substance.

From the situation of the wound, and the alarming hemorrhage, we had no doubt that the femoral artery was wounded, and accordingly proceeded to tie it. The patient was placed on a work-bench, and with the assistance, and advice of my friend, Dr. Miles Goodyear, the operation was commenced.

An incision was made, commencing at the wound, and carried upwards about three inches through the fat and cellular substance, until the fibres of the sartorious muscle were exposed: this muscle was pushed inward, and the dissection continued until the sheath of the artery was exposed on the outer edge of the sartorius. After carefully opening the sheath, and separating the nerve and vein from the artery, a single ligature was passed and tied, the tourniquet was now loosened, and the wound sponged with warm water. At first there was no hemorrhage, but in a few minutes it commenced in a full stream. As the pulsation entirely ceased in the artery below the ligature it was thought the hemorrhage proceeded from the lower portion of the artery. The incision was carried still lower, until the wound in the artery was exposed, which was about an inch below the ligature, and at the point where the artery enters the sheath of the triceps muscle. A second ligature was applied, and tied below the orifice in the artery, but to my surprise the hemorrhage still continued. It was now apparent that an anastomosing branch entered the artery between the first ligature and the wound, and that another ligature was required, which was accordingly applied as near the wound as possible, when the hemorrhage entirely ceased. From the deep situation of the artery, the spasmodic action of the muscles, and the constant filling of the wound with blood, the operation was rather difficult and perplexing. He probably lost three pints of blood before undergoing the operation. He was very faint and chilly, but expressed himself perfectly free from pain—some wine was given him, and the wound dressed with adhesive straps and a bandage, and he was carried home the distance of one mile. Bottles of hot water were put to his foot and leg, which were quite cold, and thirty drops of laudanum were administered. He slept some during the night, and before morning the warmth had returned in the foot and leg.

5th. Free from pain, the warmth in the leg continues, the toes inclining to get cold, no fever, pulse good, low diet.

6th. Complains of pains in the bowels, which are hot; this we attributed to worms, as the patient was subject to them; gave spigelia Marylandica, followed by a cathartic, which brought away a number of lumbrici, with relief: no pain in the limb.

7th. Very comfortable; no fever; but little pain; pulsation *distinct* in the posterior tibial artery; wound suppurating freely, and healthy pus; limb of a natural temperature, except the toes; sensibility perfect; slept well; ordered the limb to be rubbed with volatile liniment and wrapped in warm flannel; pulse calm; tongue clean.

8th. Appears to be doing well; slept most part of the night; dressed the wound; the upper portion healed by the first intention; the bottom of the wound discharges a bloody serous fluid; the edges suppurating an healthy pus. Evening, the pulse more frequent; tongue beginning to coat; restlessness; an anxious countenance; impatience; desponding.

9th. The purulent discharge has given place to a thin fetid sanies, and a puff swelling is beginning to form on the inner side of the knee joint of a dark red color, the limb retaining its warmth and sensibility; complains of more pain in the wound; has slight chills; pulse more frequent; 110 per minute.

10th. Restlessness; pain in the wound increasing; discharges copiously a thin fetid sanies; on looking into the wound bubbles of air were observed continually escaping from the bottom of the wound, which looks sloughy at the lower part, the upper half united by the first intention; the swelling of the knee increasing; pulse 115; yeast poultice; lint dipped in solution of chloride of lime to the wound.

11th morning. Found he had rested well during the night; pulse full, soft and regular, 80 per minute; is free from pain; has some appetite; is covered with a warm sweat; was informed that he was slightly delirious when first awoke in the morning. Noon. Complains of a sensation of coldness in the limbs, which he says passes into the bowels; pulse rapid, 130; countenance anxious; constant pain; begs to have the limb amputated;

swelling around the knee puffy, purple, and the circulation languid in the part; pulsation ceased in the posterior tibial artery; toes cold; sensibility perfect in the limb; edges of the wound bleed freely while dressing, and are very sensible. 9 o'clock P. M. Pulse 140; anxious; great pain; with a sensation of coldness extending upward; thirst urgent; 10 o'clock, found a crepitation in the swelling about the knee, which is now evidently passing rapidly into gangrene; a fetid diarrhœa has commenced; abdomen tympanitic; from this time he sunk rapidly; the gangrene spread from the knee downwards; and before morning the whole limb was livid and cold as high as the wound; the pulse became too rapid and weak to be counted; the pain and restlesness continued without much abatement until within two hours of his death, which took place at nine o'clock on the morning of the 12th, the ninth day from receiving the wound; he retained his reason unimpaired until three hours before death, when occasional wandering of the mind was observed, with incoherent expressions. From the commencement, and through his whole sickness, he was extremely irresolute and impressed with a presentiment that he should die.

Remarks. I am aware that there is nothing novel or extraordinary in a wound of the femoral artery, yet this case presents some features which are interesting to the surgeon in several points of view. First, the anastomosing branch which kept up the hæmorrhage after the two ligatures were applied, was unlooked for, and not to be expected in a case of this kind. Secondly, after the warmth and circuation in the limb had become re-established, little fear was to be apprehended from gangrene; yet this unexpectedly took place at a time when we were congratulating ourselves on his speedy recovery. What was the cause of death in this case? Was it the shock which the system received from the severity of the operation? What influence did the patient's fears and want of resolution have in the fatal termination?

A Report made to the Medical Association of the New-York Dispensary, May 24, 1834. By JOHN WATSON, M.D. of New-York.

A REPORT ON FEVERS AND AFFECTIONS OF THE THORAX.

Remarks on the Weather, and its influence on the Health of the City.

The following Report will be confined, for the most part, to such diseases as have occurred to me since the commencement of the present year. But it may not be improper, before entering upon the consideration of these, to make a few remarks upon the weather, and its influence, for some time past, upon the health of the city; the more so, as the class of diseases that I have to treat, is more under the influence of atmospheric changes than any of the others.

With respect to the sensible variations of the weather, they have been too frequent for me to enter, at present, into any thing like a regular account of them: it may therefore be sufficient to state, that both the warm and the cold seasons, for the last two years, have been more remarkable for their mildness than for any great or sudden changes that have occurred in them. Our last term of severely cold weather was in the early part of 1832, and at that time, or just before it, influenza prevailed to some extent throughout the city. The spring of 1832 opened mildly, and the summer following was, in respect to temperature, also moderate. During this season we were visited by that awful scourge of humanity, the epidemic cholera; but the mortality that then prevailed cannot be, and indeed has not been attributed to any sensible peculiarities in the atmosphere. In the fall of 1832, the number of febrile diseases was trifling; the winter following was mild, and the disorders commonly resulting from exposure to the sudden changes of the air, were by no means numerous.

By the following table, drawn up from the records of the New-York hospital, I find that fevers, including intermittents, have been proportionally fewer for the last two years, than for the three years previous: that in abdominal derangements and rheumatic affections, the diminution is still more remarkable, and that the number of pneumonic diseases has been a little on the increase.

A table of diseases, showing the patients admitted into the hospital during the years 1829, 30, 31, 32 and 33, with the proportion of such diseases as are most under the influence of the atmosphere.

YEARS.	1829	1830	1831	1832	1833
No. of patients.	1825	1881	2057	1983	2034
Bronchitis, Pneumonitis, Pleuritis	133	145	125	171	195
Gastritis, Enteritis, Peritonitis, Hepatitis, Dysenteria, Diarrhœa	89	88	81	83	72
Febris	293	246	320	302	268
Rheumatismus .	182	191	184	168	163
Gelatus . . .	43	8	52	42	24
Influenza . .			36	12	

These references, however, are at best but partial, since the number of hospital patients is not always in proportion to the unhealthy condition of the city. I have not found time

to refer, as I intended, to the records either of the alms-house or of the health commissioners; but after all, perhaps the most exact means of determining the salubrity of a place, or the quantity of disease prevailing in it, is by the reports of its private physicians in ordinary practice. Trusting to these, we learn that from the subsidence of the epidemic cholera until the beginning of the present year, the city supplied them with much less than their usual share of business. During the whole of last summer and autumn especially, it was a common topic of discourse, that many of our physicians, previously in good practice, had little or nothing to do. The summer had been mild; the inhabitants, owing to the awful lesson taught them on the year previous, had been more regular in their living, and better acquainted with the rules of health; the number of intemperate people, and of individuals of broken constitutions, was also proportionally smaller than in previous years; for it is well known, that cholera was by far the most fatal amongst these latter individuals, so that after its departure the general community was left, as it were, in a purified condition,—less subject to the influence of atmospheric changes, and more capable of enjoying the benefits of temperance and health.

But to continue the account of diseases that prevailed for some time prior to the period at which this report commences, it may be observed, first, with respect to *variola*, that of late years there have been many sporadic cases of it; but they have not been so numerous as to give any serious alarm. *Scarlatina* has not been rare in its appearance, especially in the winter seasons. In the winter of 1830-1, it was more prevalent than at any time between that and the beginning of the present year. Towards the latter part of December last, it began to show itself, and continued to increase until it became the most prevalent affection. In the early part of March it again declined, and its place was supplied by *rubeola*. This latter continues among children to be still a prevalent disorder, although at present it does not prevail so extensively as during the month of April; nor has it entirely supplanted the scarlet fever; for both measles and scarlet fever continue to appear among the lists of in-door patients. Prior to the present season, measles had not been prevalent in the city since the winter of 1831-2.

The early part of the present spring opened mildly; and in consequence, the *spring intermittents* made an early appearance. Many cases occurred in February and the early part of March, they still continue to exist; but I have not as yet met with any that could be distinctly traced to miasmal influence during the present season. Nearly all the cases hitherto seen originated last autumn; many, it is true, state that before the present spring, they had never had the disease; but I have no distinct recollection of a single case, in which the patient had not been exposed, either last summer or last autumn, to the effluvia of marshy places.

The different diseases that have come under my care within the space of time included in this Report, may be divided into, first, those that are *peculiar to my own class;* and second, *miscellaneous diseases of my own district.* The diseases of my class may be again divided into, first, *pneumonic affections*, including those of the air passages; second, *cardiac affections;* third, *rheumatic affections;* and fourth, *fevers.*

Among the diseases embraced in the first of these subdivisions, I have met, since the first of January, with catarrhus, pertussis, laryngitis, bronchitis, pneumonitis, pleuritis, and phthisis pulmonalis.

Among the diseases of the second head, I may enumerate palpitatio cordis, hydrops pericardii.

Among those of the third and fourth, I have met with rheumatismus, febris intermittens, variola, varicella, scarlatina, and rubeola.

PNEUMONIC AFFECTIONS INCLUDING THOSE OF THE AIR PASSAGES.

1. *Catarrhus.*—Simple catarrh is a disease so common, especially during the spring and winter seasons, and in general so easily managed, that few persons affected with it think of applying to a physician for assistance. A few days' abstinence, a mild cathartic, and the frequent use of ptisans, or of such mild diluent drinks as will determine the fluids towards the surface of the body, and excite gentle perspiration, are in most cases all that the disease requires. In the chronic form, however, or when the disease has been aggravated either by neglect or mismanagement, it requires a greater degree of attention, and it is usually in these latter forms that we meet with it in the dispensary.

The cases that have here occurred to me are too numerous to be minutely noted, and perhaps not sufficiently instructive to require analysis; suffice it therefore to state, that as the disease is usually one of active inflammation, the treatment has been antiphlogistic. I have not had occasion in many cases to resort to blood-letting; a brisk purgative at the commencement, followed by the antinomial solution, or the mixture of ipecacuanha in mucilage of gum arabic; warm drinks of a mucilaginous nature, as the decoctions of elm bark, or of flax seed, have been the therapeutical agents. When the inflammatory symptoms begin to decline, the cases are benefitted by the various stimulating expectorants; and when there is much coughing, and increase of pain in consequence of it, the case is aided by the addition of some anodyne to the expectorant mixture. In the chronic form of catarrh, the combination of opiates with stimulating expectorants is particularly beneficial.

2. *Pertussis.*—This disease being confined

for the most part to children, may belong more properly to the fourth than to the fifth class of our dispensary arrangement; but as it has a natural connection with the other affections with which I have associated it, and as I have met with several cases of it during the spring and winter, it may not be improper to make a few remarks upon it.

Hooping cough appears to be a disease that runs a determined course, modified, but not shortened, by the influence of medicine. I have not kept a list of the various cases that have occurred to me, but I have observed that where the disease has been treated actively, the patients have not done better than where mild palliative means only were employed. In one case, where the disease was approaching towards its crisis, and the symptoms were yet upon the increase, I saw the ointment of tartar emetic applied, as recently directed by Autenrieth, to the breast. The eruption thus produced might possibly have in some degree allayed the spasmodic cough; but it neither shortened the attack, nor left the patient in a more comfortable condition afterwards; for the irritation of the pustules on children whose skin is much more sensitive than that of adults, is fully as distressing as the symptoms against which it is excited. In a late number of Johnson's Journal, a case is recorded in which this ointment applied to a child for the cure of hooping-cough, proved fatal; and, for my own part, I would rather let the case take its course, unaided by any medicine, than to look to tartar emetic ointment for relief.

My usual practice has been, in the early stages, to confine the patient to such diet as is least likely to aggravate the inflammatory symptoms; to see that the bowels are regularly moved; and for the purpose of palliating the cough, to order anodyne expectorants, and have the surface of the chest rubbed with some stimulating liniment. Towards the crisis of the disease, the treatment must be more active; and then the occasional use of emetics, aided by antimonial expectorants, and the warm bath, will in general keep in check every dangerous symptom. I have met with many cases in which this disease was followed by measles; and I have found, that after the subsidence of the measles, these patients were always troubled with more than the usual degree of bronchial irritation.

3. *Laryngitis.*—This is an affection not so often observed as the other diseases of the air passages, but the chronic form of it is not quite so rare as the acute. I do not recollect to have seen more than two well marked cases of chronic laryngitis: the first was a negro man that remained several months under treatment in the New-York Hospital during the winter of my residence there. I have no notes on the case, for it was not under my charge; but I understand the patient died. The other case was a young Scotchman that I had, until within a day or two, under treatment; and as the case has terminated fatally, a notice of its symptoms, treatment, progress, and post mortem appearances, may not be uninteresting.

Peter Black, a native of Aberdeen, aged 26, a sail-maker, of sanguine temperament, and much addicted to the use of the tobacco pipe, applied at the dispensary, for the first time, on the 24th of April, stating that for nearly two month's previous, he had been troubled with some disorder of the throat. The disease at first began with a slight prickling, or sense of titilation, in the upper part of the larynx, and for a week or two excited no alarm; but at the end of this time, he began to experience much difficulty in deglutition. This symptom soon increased, so that in attempting to swallow liquids, he rejected them convulsively through both the mouth and nostrils. Solid substances were swallowed with less difficulty. About the same time he began to cough, and to feel some pain low down on the left side of the thorax. Finally, the symptoms became aggravated by slight febrile excitement, and mnch difficulty in respiration.

I saw the patient for the first time, May 25th, (for on the day previous one of the other physicians prescribed for him.) His voice was then sibilant, his respiration sonorous, and similar to that of a person breathing through the nostrils during sound sleep, the respirations deep, and not often repeated; his tongue was moist, but slightly coated; there was little or no febrile excitement. No visible signs of inflammation within the fauces; but on applying pressure to the larynx, he complained of soreness. The chest was not examined at first; but on applying the stethoscope to it several days afterwards, I could detect the healthy respiratory sound in every part.

On his first application, he was directed to take an active purge, and to apply frictions with stimulating liniment to the outer part of the throat. This latter application in a few days was changed for a blister, which was kept open for nearly two weeks by a dressing of mercurial ointment—the patient, in the mean time, restricting himself to a low diet, and repeating the purgative every few days, (the purgative was generally submur. hydr. gr. x. pulv. rhei xx.) And for the purpose of allaying the cough, he was directed, during the same time, to use the antimonial solution, (tart. ant. gr. ii.; mucil. g. a. ℥ vij.; dose, ℥ ss. every two hours.) Notwithstanding this treatment, the difficulty of breathing increased.

About the first of May he was put upon the use of pilul. hydrarg. in small alterative doses, (gr. v. every day), and continued the antimonial. At the end of a week from this time his gums had not been touched, but there was more than the usual degree of excitement. He was now bled, and directed to take two pills daily.

At his next return, his gums were slightly affected; his voice was less distinct than

usual, but he was able to swallow with much less difficulty. May 17th, he was unable to attend; and the physician of his district visited him, and directed a blister to his chest at the spot where he had previously complained of pain, and at the same time ordered him a cathartic. I saw him again, however, in the course of the day. His voice was scarcely articulate—his respiration more laborious than at any former period. As he had not yet taken the medicine, I had it changed for an emetico-cathartic.

Submu. hydrarg. gr. x.
Pulv. ipecacuan. gr. xv.
Tart. ant. gr. ii. M.

After the operation of which, he resumed his antimonial expectorant, now consisting of

Tart. antimon. gr. iv.
Tinct. opii ʒij.
Mucil. g. a. ℥vij. M.

For the next twenty-four hours, the emetico-cathartic having operated, and the blister having drawn, he breathed with somewhat more ease; but in the morning of the 19th, the difficulty of respiration increased almost to suffocation. I visited him at his own dwelling; his breathing could be heard from one end of the house to the other, and could be compared to nothing more aptly, than to the working of a piston within the cylinder of a steam-engine. The emetic was repeated without the calomel; and the blister on the external part of the throat having been healed for some days, he was directed to apply the tartar emetic ointment to the part, and to continue the antimonial solution. There being a free flow of saliva from the mouth, and much tenderness of the gums, he discontinued the use of the pilul. hydr.

On the morning of May 20th, he breathed with more comfort; the emetic had operated, and I found him at the breakfast table quite composed. His landlord, however, was anxious to have him removed to the hospital, in order to be rid of the trouble of nursing him; and in consequence of his removal thither, I lost charge of the case.

The exertion of walking to the hospital in the forenoon of May 20th, very much fatigued him; and on arriving there, his breathing was more than usually distressing. But in the afternoon I found him walking through the hall, and making no complaint. At night again he was attacked with increased difficulty. Expiration was effected easily enough; all his trouble was in inflating the lungs. So great was the stricture in the larynx at this time, that the heart began to circulate black blood, and the patient was in the act of suffocation. The resident physician attempted to apply leeches to the throat; but they would not bite, (perhaps in consequence of the antimonial ointment that had been applied to the part, and which had not as yet produced much irritation.) He then applied a mustard plaster, but the difficulty increased. At this extremity, the resident physician or surgeon performed tracheotomy; it was too late; and at eleven o'clock, P.M. the patient died.

Post mort. 36 hours after death. The *epiglottis*, along its base and edges posteriorly, in a state of hyperœmia, indicating the existence of inflammation in the mucous lining of that organ, with much œdema. The *saculi laryngis* ulcerated, and containing a quantity of purulent matter. Immediately above the *rima glottidis* on the left side, there was a hard cartilaginous elevation, apparently the result of morbid deposition; it was about the third of an inch square, and had nothing corresponding to it on the opposite side. The anterior part of the mucous membrane at the upper and anterior part of the *thyroid cartilage*, ulcerated away, and the *ulceration extending through the cartilage*, to such an extent, as to destroy a large portion of it. The *rima glottidis* thickened and irregular; the whole of the *trachea*, and the divisions of the *bronchia*, highly congested with blood down as far as the lungs, but without either purulent or lymphatic deposit. The color of these latter parts was a dark, dirty red, and uniform in shade from the larynx to the lungs, while the color of the epiglottis was a light red or pink. The lungs themselves were in a healthy condition, but the *pleura of the lower lobe of the right lung* was attached by recent lymphatic deposition to the pleura of the diaphragm, and there was also some recent adhesion in the sulcus between this lobe and the one above it. The heart was flaccid on the right side, and the coronal vessels turgid with black blood; its cavities were not opened. Brain and abdomen not examined.

4. *Bronchitis*—I have met with many cases of this affection during the present spring—the most of them among my in-door patients. Of the milder cases, I have no means of determining the exact number; but of the severer cases, I have had about sixteen or eighteen. They have mostly been adults, but I have also had several cases among children. In grown persons, the attack usually followed exposure to the sudden changes of the atmosphere; while, among children, the bronchial inflammation was most frequently one of the consequences of measles. My first means of relief, in grown people, has been the free emission of blood. After abstracting blood sufficient to moderate the force of the circulation, I usually direct a brisk cathartic, and keep the inflammatory symptoms still more in check by the use of antimonials, mixed, as occasion requires, with anodynes, or stimulating expectorants. Blisters are not always so serviceable in this affection as in inflammation of the pleura; I have, nevertheless, resorted to them, after having first reduced the vigor of the inflammatory symptoms by the means already noted. They are perhaps applied with most advantage after the bronchial secretions are beginning to reappear, and when the patient can bear gently stimulating expectorants.

In that form of this disease which follows measles, I think I have saved the life of one patient by the repeated use of antimonial emetics. The patient, a child about five years old, when first seen, was literally suffocating, his lips livid, his eyes rolling wildly about; his arms thrown upwards so as to expand the chest to the greatest possible extent; respiration sonorous, as if performed through a layer of thick and tenacious mucus; pulse rapid, and skin not above the natural temperature. He was at first put into a warm bath; sinapisms afterwards applied to his legs, and as soon as it could be procured, an emetic of syrup of squills and antimonial wine in equal parts; after the operation of which, he was ordered a mercurial cathartic. For a few days after I first saw him, the difficulty of breathing would recur at intervals of four or five hours, owing, no doubt, to the accumulation of viscid mucus in the bronchia. These attacks were usually most severe in the night-time. At each return of them, the antimonial wine, combined with equal parts of syrup of squills, was given in doses sufficient to excite slight emesis, and always with relief. The patient was put upon the daily use of small quantities of mercury, (hydrarg. cum creta, gr. ii. bis die), and a blister was applied to his chest. In the course of ten days he had quite recovered, the mercury not having been pushed so far as to affect his mouth.

This, with one exception, was the severest case of bronchitis that I have met. Among such as I have had the entire management of, there have been no fatal cases; but one case, a child that I had previously attended in measles, proved fatal a few hours after I was called to see it. Death here was evidently the result of suffocation from the accumulation of mucus in the lungs.

5. *Pneumonitis.*—In the treatment of acute inflammation of the substance of the lungs, as in the treatment of bronchitis, my principal reliance has been on venesection and antimonials. It may be observed that inflammation of the parenchyma of the lungs does not often occur singly, but is most usually complicated with either pleuritic or bronchial inflammation. It is, however, generally distinguished from these last by well-marked symptoms, and requires, if possible, a more active course of treatment than either of them. Perhaps the shortest mode of illustrating the disease, as well as the method I have pursued in the treatment of it, is by relating a common case.

George McRath, an Irish laborer, aged 22, of sanguine temperament, was taken on the evening of March 19th, with rigors, followed soon after by high febrile excitement—the consequence of exposure to the inclemency of the weather. I saw him for the first time on the morning of March 20th. He then complained of severe pain in the head and back, inability to breathe freely, with some pain in the breast and left side of the chest. He had a dry, hard cough, with very little sputa; and what he did expectorate, was viscid and mixed with blood. He complained of great thirst; tongue furred in the middle; pulse full, strong, and frequent; bowels not moved for two days; the patient was unable to lie on either side.

I bled him immediately ad deliquium animi, and followed up the effects of the bleeding by a large dose of calomel and jalap, (hydrarg. sub. mur. gr. xv. pulv. jalapi ʒss.) The patient was directed to use, during the operation of the cathartic, warm linseed tea as a common drink, and every two hours throughout the day, to take a table-spoonful of the following mixture:

Tart. ant. gr. iv.
Tinct. opii ʒ ij.
Mucil. g. a. ℥ viij. M.

Next day I found that the pulse had again risen; the antimonial medicine had caused no sickness of stomach; respiration not so difficult as formerly. The patient was ordered twice the quantity of the mixture, and to continue the flax seed tea. This practice was pursued for three or four days; the antimony never nauseated him. When the force of the inflammation began to decline, he had a blister applied to his chest, and kept open by dressing it with the savin ointment; and every second or third day, he took a cathartic of calomel and jalap, or calomel and rhubarb. In about two weeks he was sufficiently restored to leave the house, although his cough continued, in a subdued condition, to trouble him for some time afterwards.

The influence of antimony, in overcoming affections of the lungs, has recently been so much extolled, that many are disposed to rely on this medicine, often to the total neglect of venesection. But in acute pneumonitis, nothing can supply the place of the lancet; and I have reason to believe that I lost one patient, by allowing the proper time for venesection to escape, without resorting to it liberally. The case was that of a married woman, aged about 24. She was taken with symptoms similar to those of the preceding case. I attempted at first to bleed her; but owing to the peculiar conformation of the veins in her arm, I could not get a vessel of sufficient size to allow the free discharge of blood. The principal vein lay immediately over the brachial artery in such a way that it could not be opened without endangering the latter vessel. I resolved therefore to trust to local depletion from the chest, to antimonials, purgatives, and blisters. The patient was kept on low diet, and I employed these means as actively as I could; but on the twelfth day, when I thought the case progressing favorably, a sudden and copious effusion took place; the bronchia were surcharged with mucus; stimulants and stimulating emetic substances were employed; but all to no purpose. The patient died.

6. *Pleuritis.*—Pleuritis is a disease of frequent occurrence; but, as its treatment is so well understood, I shall not at present dwell upon it. When improperly treated at first, it may result in a chronic affection, and prove the source of great uneasiness and suffering to the patient. For the cure of this chronic form of pleurisy, much greater care, and a much more tedious course of treament, are necessary, than for the cure of the primary attack.

I had recently a case of hyrod-thorax, which, from the patient's account of herself, resulted from an improperly managed pleurisy about three months prior to the time at which I saw her. The case was a very severe one, and terminated fatally before I had time to settle fairly upon any course of treatment. No post-mortem examination was allowed.

7. *Phthisis.*—I have not recently met among my dispensary patients, many cases of unequivocal consumption. Whether this is owing to the fact that such as are affected with this, give up ull hopes of recovery by our means, or whether, on finding out the nature of their disease, they apply for admission into the alms-house, I cannot say. Concerning the few cases that I have attended, I have nothing interesting to offer.

CARDIAC AFFECTIONS.

1. *Palpitatio Cordis.*—The affections of this division have not afforded matter of much interest. I have met, during the present season, with but two cases worthy of notice. The first was in a youth about fifteen years of age: he was naturally delicate, and had been confined steadily at hard work in a printing-office for several months before he experienced any uneasiness. When I first saw him he had been complaining for two or three months; his heart beat forcibly, and could be felt pulsating in all parts of the chest; he could not bear the least excitement without an aggravation of his usual symptoms, and shortness of breath that deprived him, for a time, of the power of speech; he had a constant disposition to sigh: his pulse was regular but rather full; his appetite bad; his bowels constipated and he had frequently ringing sounds in his ears. I put him on the daily use of the compound alœtic pill, and directed him to take ʒii. of the following mixture three times a day:

Tinct. alœ. ℥iv.
Tinct. rhei. ℥iij.
Tinct. digitalis ʒij. M.

I had the left side of his chest rubbed with tartar emetic ointment until a full crop of eruptions was produced, and when these were disposed to heal, the ointment was re applied. When the pustules were sore, he felt much relieved of the palpitation; but on letting them dry up, his symptoms were again renewed. He kept his side sore for more than a month; the digitalis produced occasional vertigo, but no other unpleasant symptom, except perhaps it might have increased the ringing in his ears. As the spring advanced he was advised to take exercise in the open air, and to avoid all kinds of excitement: he has now discontinued the use of medicine for six or eight months, and is entirely free from the palpitation and its accompanying symptoms. his strength and appetite have improved, and he is so free from disease that he has engaged himself as a carrier to distribute newspapers throughout the city.

In the second case there may have been some organic derangement, probably dilatation of the right side of the heart. The patient was a man about fifty years of age, with short-set robust frame, and very florid complexion: he had been complaining of palpitation of his heart, for three or four years; and when I first saw him, about the first of April, the heart could be felt beating firmly on the right side, and at the præcordial region; the pulse was strong, but regular; the patient was of a constipated habit. The course of treatment, with the exception of the tartar emetic ointment, was the same as in the preceding case, and the patient also wore a stimulating plaister on the left side of the chest. Under this plan the palpitation was in a measure overcome, the bowels became regular, and the patient states that he had not enjoyed so good health as he has at present for several years past. The digitalis in this case did not affect the head.

2. *Hydrops Pericardii.*—I have met with one case in a negro, which, from a partial examination, I took to be an instance of this affection. The patient had not been long out of the hospital, where he had been under treatment for anasarca, and, before his admission there, he had been treated at the dispensary for rheumatism. He complained of shortness of breath, leaned constantly on one side so as to keep the right shoulder elevated above the left, and was exhausted by the slightest exertion. The whole of the left side of the chest dull on percussion, and the pulsation of the heart as distinct at the right as atthe left side; pulse irregular, and at times intermitting. I only saw this patient once, and am consequently unable to give any further account of him.

RHEUMATIC AFFECTIONS.

Next to pneumonic affections, rheumatism is the disease most frequently met among my patients. I have seen it during the last three months in every grade of severity, from the chronic pain and stiffness of the joints, up to the acute inflammatory attack, accompanied with high general excitement; but to enter into a detailed account of it would require more time than I feel at liberty to occupy.

In the early part of the season I made much use of the vinous tincture of colchcium as a cure for this disease, but I cannot say that my success was greater with this than with other medicines. At present, in the ordinary run of cases, I prefer the volatile tincture of guai-

cum, especially when combined with the tincture of aloes. I will relate an every-day case for the purpose of illustrating my practice.

A blacksmith applied, May 9th, with a recent attack of lumbago, accompanied with severe rheumatic pains in his legs and shoulders. When first seen, he was scarcely able to put one foot before the other, even when aided by a crutch. The general system had not yet participated much in the excitement; there was, however, some increase in the action of the heart and arteries, his tongue was slightly furred, and his appetite bad. On the first day he was ordered a purge of calomel and jalap, and to the seat of pain he applied frictions, with volatile liniment. Next day, the pains being nearly as bad as ever, he was put upon the use of the mixture of tinct. guaiac. vol. and tinct. aloe, in doses of ℥ss. three times a day, and continued the frictions over the seat of pain, now using for this purpose the stimulating liniment of the dispensary. On this plan he continued till May 17th, when he returned his paper, and reported himself cured, and able to resume his employment; some lurking pains still remaining about his loins and lower extremities.

In the inflammatory form of this disease bleeding is often requisite; but not perhaps so much so as the violence of the symptoms would seem to indicate. In one of the worst cases that I have met, I neglected venesection, put the patient upon the treatment above mentioned, and gave at the same time pulv. antimonialis, gr. v., three times daily. The patient, when first seen, was unable to move either hand or foot, the legs soon became dreadfully swollen, and afterwards the tumefactions extended to the upper extremities; but with the increase of the swelling the pains diminished, and the cure was almost as rapid as the attack. One might imagine that the stimulating liniment, in such a case, was too harsh an application, but the patient attributed her only comfort to the use of this. She was under treatment just two weeks, and at my last visit, her feet was still somewhat tumefied, but she was entirely free from pain.

FEVERS.

1. *Febris Intermittens.*—I have not met with a case of remittent fever since last December; but during the present spring many cases of intermittent fever have been treated at the dispensary. These have mostly been of the tertian type; there have been several quotidians, one or two quartans, and some few cases that recurred every 8th, every 15th, and every 22d day.

After regulating the state of the patient's digestive organs, either by an emetic, or an emetico-cathartic, I have not, this season, had to use the arsenical solution, in this disease; but last fall, I found a few cases that would not bear quinine, and in these a few doses of Fowler's arsenical solution affected a permanent cure.

I have met with one case of intermittent affecting the supra orbital nerves; the patient only attended twice; I gave him cathartics, intending to follow out the treatment as in an ordinary case; but, as the patient has discontinued his attendance, I have not heard the result of his complaint.

2. *Variola.*—Since the 22d of January last, I have attended to four cases of small pox, all of the distinct form, and all have terminated favorably under the expectant treatment. I have seen also one or two cases of this disease as modified by vaccination.

3. *Varicella.*—Since the 27th of November I have seen six cases of chicken pox, a disease requiring, in general, very little attention. In one of these cases, a little boy, about eleven years old, the eruption, after having passed off mildly, was succeeded by a severe attack of pneumonia, which came well nigh proving fatal.

4. *Scarlatina.*—During the past winter and present spring, scarlatina has prevailed to a considerable extent throughout the city, and has been seen under every type, from the slight efflorescence described by Sydenham, to the putrid sore throat of Fothergill; but the generality of the cases, at least as they have occurred to me, have been of a medium character between these two extremes, and have corresponded tolerably well with the symptoms and progress of the scarlet fever, as described by Withering.

Since the 20th of December last, I have had charge of *forty-one cases* of scarlatina: of these six were adults, one was ten months old, one nine months and a half, and all the others, so far as I can recollect, were between the ages of two and thirteen years; the oldest did not exceed twenty-six years.

Of these forty-one cases, *three have proved fatal.* Two of these fatal cases had the disease complicated with measles, and in neither of the three had I the entire management of the patient. One of the complicated cases passed, after my third visit, into the hands of a private physician, and the other I did not see until the day before the child's death; both of these, however, I believe, would have proved fatal under any treatment; they were extremely severe. The third fatal case had been ill more than two weeks before I saw it, and died of pneumonia, one of the consequences of scarlet fever. So that, with the exception of three cases, of which I had not the entire management, I have not lost a single patient.

Again, out of the forty cases there have been three with simple efflorescence, accompanied with scarcely any affection of the throat; in one case the rash scarcely opened, while the affection of the throat was the principal symptom; two had severe affection of the throat, and the disease complicated with measles; in one case seen only during the secondary affection, I could not learn the cha-

racter of the primary symptoms; all the others, viz., thirty-four cases, had the disease in its usual form.

Among the whole, I have met with *ten cases of secondary affections* following scarlatina. Of these, one had pneumonia, which proved fatal a few days after I first saw the patient; four had abdominal derangement, accompanied with cough, furred tongue, and some febrile excitement; three had abdominal dropsy, accompanied with œdema of the face and legs; and two had extensive purple blotches on the lower extremities. One of these last had the whole of the right leg and thigh, as high up as the groin, in this purple condition, which might, perhaps, have been denominated real purpura. It was accompanied with suppression of the menstrual discharge, much tenderness and swelling of the affected limb, and increased action of the heart and arteries. It commenced with slight spots of extravasation along the lower part of the leg, gradually extended upwards, and in the course of a few days the whole of the limb was one sheet of purple. It did not come on until the patient had been free from the primary symptoms of scarlatina for nearly six weeks. It lasted about two weeks, and was cured by venesection, the recumbent position, low diet, cathartics, and frictions, with lin. stim.

In one of the cases, when the eruption was out, the child was vaccinated. The vaccine virus produced a vesicle of the usual character; and, two or three weeks after the first attack, the child was affected with œdema of the face, and general dropsy of the abdomen.

With respect to the symptoms and progress of scarlatina, I must be brief; for the length to which this report has already extended, will prevent me from entering upon them minutely. Before the appearance of any eruption, or other characteristic symptom, the patient is generally drooping for two or three days. It is not uncommon for the rash to appear on the second day; and, in one case, the first symptom was a violent convulsive fit, followed immediately by irritability of the stomach and vomiting, and in the course of an hour, a bright eruption broke out in every part of the body. This case, though ushered in thus singularly, and with symptoms so alarming, presented nothing untoward afterwards.

After the premonitory symptoms have existed for a short time, the stomach becomes irritable, the child vomits, and soon afterwards the eruption appears, and the stomach becomes settled. The soreness of the throat is sometimes felt a little before the eruption, and, in ordinary cases, increases with the increase of the general excitement, which is usually at its height on the third or fourth day of the eruption. The bright color of the skin now begins to decline, and the temperature of the surface also diminishes; the tongue, however, still preserves its sanguine hue, and, though moist, it is either coated with patches of thick fur, especially in the middle or posterior part; or its whole surface, and more especially the eyes, studded with bright red granular characters, which are quite characteristic of this disease. The eruptions usually pass off about the seventh day from its first appearance; and now the patient swallows with less difficulty, and is more able to rid the fauces of the thick, tenacious and irritating secretion that is formed in them. Soon after the retrocession of the rash, the lips are apt to become excoriated, and the whole surface to become rough, and beset with small branny scurf; and often before this disappears, the secondary affections, if they are to occur, are seen advancing.

The most usual period for the disease to lie latent, that is, from the exposure to the contagion, to the time at which the premonitory symptoms begin to appear, is about two weeks; and an interval of the same length usually occurs between the retrocession of the eruption and the appearance of the severe secondary symptoms.

With respect to the treatment, I may observe, that we are not often called to visit the patient prior to the appearance of the cutaneous eruption. But when I have reason to expect an attack, before the premonitory symptoms show themselves, I direct a cathartic of rhubarb and magnesia, or of some other medicine equally mild. When only one child of a family of children is taken ill, invariably pursue this plan with the others. In such children I have observed that for several days before they give any manifestation of disease, there will be small apthous sores on their tongue, or about the gums or mucous linings of the mouth. This is a symptom that I do not remember to have observed in any of the books upon this disease. I have also observed that persons attending upon the sick, and that are, either by age or by a previous attack, not disposed to have the disease in its usual form, are nevertheless often troubled with swelling and redness of the tonsils, soreness in the fauces, thickness of the voice, and the formation of a thick tough mucus in the throat. These symptoms usually pass off in three or four days without being followed by any thing more serious. For these cases I also direct a mild cathartic, and a gargle composed of yeast and honey, each an ounce, to six ounces of warm water.

During the premonitory term, abstinence from stimulating food, and the liberal use of warm diluents, are directed. When vomiting commences, it is to be promoted by the use of mild emetics, as a warm infusion of anthemis mobilis, or of eupatorium perfoliatum, or a few grains of ipecacuanha. Mothers often give the antimonial wine, and usually with good result. When the stomach again becomes settled, the patient is directed to abstain from cold drinks until the eruption has come out freely, and to use either lemonade or creamor tartar water warm, or if these are not relished, warm tamarind water, or even common tea.

After the third or fourth day of the eruption, I allow the patient, if he requires it, cooling drink, but not in too great a quantity; and for reducing the heat of the skin, I direct it to be sponged over with spirits and water. As a gargle for the throat in the first stage, I direct either sage tea, or the common Bell's gargle; and where the inflammation of the throat is more violent, I allow the patient to have, at short intervals, a small piece of ice in his mouth: this, as it dissolves, cools the inflamed fauces, and is remarkably agreeable to the patient. I have not had occasion to repeat emetics after the interval has passed at which nature seems to indicate them; and I have had in no case to prescribe a purgative during the existence of the eruption; but so soon as this declines, I direct a cathartic to be given every other day for a week or so; and where the practice has been followed up, I do not remember to have seen any violent secondary affections.

Where secondary diseases have occurred, I have always found them of an inflammatory character; I have treated them accordingly, and have had very little trouble in subduing them. The warm bath repeated every night; warm cathartics, and in cases where the lungs were implicated, antimonial expectorants, have been my principal remedies.

5th. *Rubeola.*—The first case of measles that occurred to me during the present spring, was on the tenth of March. This case has been before mentioned, as one that became complicated with symptoms of scarlatina, and finally proved fatal. Since meeting with this, I have had, until the present time, daily opportunity of witnessing the disease. I have had in all *fifty cases.* The age of the eldest patient was twenty-five years; that of the youngest, six months and a half. Of the fifty cases, twenty-nine were simple, unaccompanied with any other affection, and followed by nothing but the usual catarrhal cough: the remaining twenty-one were more or less complicated. Of these twenty-one there were two complicated with scarlatina and have been already noted under that head; five were followed by severe bronchitis, and one of these died of this affection. One case of a young child was followed by croup, and died before the mother was sufficiently alarmed to call upon me; eight had the disease preceded by, and complicated with, hooping-cough; and finally, four cases, after the disappearance of the rash, were followed by strumous ophthalmia.

So that out of fifty cases, forty-six recovered. Of the four that died, two have been already enumerated amongst the fatal cases of scarlatina. One died of croup and one of bronchitis.

With respect to the treatment of measles, I have very little to offer. Good nursing is, in general, all that the patients require. The principal danger is that the disease, as it retires, may leave behind it some affection of the lungs; and so long as we suit our indication to provide against this danger, there is little else to attend to, that is not known to every nurse and mother. The proper bronchial affection rarely comes on before the subsidence of the eruption: for, the cough and difficulty of respiration, that always accompany the disease, and that are at their acmé when the eruption is at its height, must not be taken as a part of the severer inflammation of the bronchia, which is comparatively rare, and by no means an essential part of the disease. Children appear to be, in many cases, peculiarly subject to measles after an attack of hooping-cough, and before this last complaint has entirely subsided. Those affected in this way require especial attention lest there may be an aggravation of the bronchial affection after the eruption disappears.

Remarks upon miscellaneous diseases met with in the seventh district.—In commencing this paper, I intended, after concluding the diseases peculiar to my class, to make some remarks on the miscellaneous business of my district; but having already trespassed too much upon the patience of the association, I shall now merely mention some few of the cases that have struck me as the most interesting; and amongst these I might include several cases produced by the *reception of lead into the system.*

One of the cases was a painter. He had a regular attack of *colica pictonum*, accompanied with excruciating tormina, and some febrile excitement. He was cured by the repeated use of cathartics of calomel, followed by castor oil; and in the course of a few days, by small doses of camphor and Dover's powder; the patient, during the attack, having a warm bath every few days.

In another case there was *paralysis of all the limbs*, with much tenderness along the dorsal portion of the spinal column, and much griping pain and uneasiness in the bowels. The patient is a tinner, and had been in the habit of working with solder: he is a very intemperate man. When I first saw him, the disease had existed eleven months. I put him upon the second cathartic pill of the dispensary formula (each pill containing something more than ⅜s of a grain of blue mass, with a large portion of colocynth, aloes, jalap and ipecacuanha.) He took at first one, and afterwards two pills daily. He had his spine cupped, blistered, and afterwards rubbed with tartar emetic ointment, with which he was kept sore for nearly a month. Stimulating frictions, during this interval, were applied to his extremities. His diet was, for the most part, farinaceous, and every night and morning he took five grains of antimonial powder. Under this treatment he so mush recovered that he could walk round the city without much trouble, and could use his hands in dressing and undressing himself; and if he could only be kept upon this course of treatment, and deprived of his stimulating potations, of which he

was too fond, and to which he now and then resorts, I think he might entirely recover. I have recently seen a case of *partial paralysis* affecting the thumb, and brought on, in a printer, by the fingering of types. Frictions, irritants, and blisters, with the frequent use of laxatives, were used in this case for several weeks, and without the least benefit. The muscles of the thumb, the last time I saw the patient, were in a state of atrophy, and he had scarcely the power of putting them into action. Another case of *colica pictonum* occurred in a young woman whose business was to polish types. Treatment and result the same as in the other case of this affection.

Among many other miscellaneous cases, I might mention one of *pyrosis* existing three years, and attended latterly with almost daily vomiting. The patient was a middle aged man, of robust frame and florid complexion. He was cured effectually in the course of a month by a mild alterative treatment, confining himself, during this time, to a diet of bread and milk, taking one blue pill daily, and before every meal ℥ss. of the following mixture: viz. tinct. aloe. tinct. rhei, aa. ℥iij. tinct. gentian, ℥ij. He was discharged cured, Feb. 16th. I heard from him during the present week, and he has had no return of his complaint.

A case of *singular derangement in the function of vision* occurred to me not long since. The patient was a seaman, aged 24, and had received, while at Lisbon, several months ago, a blow on the front and left part of his head, with the breach of a gun, and when I saw him first (March 19th) he was evidently laboring under chronic inflammation of the brain. When looking at an object with both eyes, he sometimes saw it tripled: the right eye was not affected except in having lost its unity in action with the other; but when this eye was shut, and the patient was using only his left eye, the object appeared double. The case altogether is one of much interest: the patient, in a few days after my first visit, was carried to the Sailor's Retreat; there he still remains, and, as the case is likely to prove fatal, if I can obtain its complete history, I shall report it on some future occasion.

Lastly, I may notice one case of *severe epistapis* in which I am fearful to mention the quantity of blood lost, lest it might appear an exaggeration. After the bleeding was arrested, this patient had an attack of pleurisy; and subsequent to this, a severe attack of erysipelas of the head and face. He recovered from the pleurisy by the use of a stimulating plaister and saline cathartics. The erysipelas did not come on until about ten days afterwards; it was subdued by tepid anodyne lotions, and one or two cathartics of calomel and rhubarb. The patient was upwards of seventy years of age. This case is interesting inasmuch as it illustrates the proposition, that persons reduced by great loss of blood are more subject to local determinations and partial inflammatory attacks, than those that are enjoying robust health, and in whom the quantity of blood is in proportion to the energies of the system.

Art. IV.—*A Memoir on the Excision of the lower part of the Rectum when carcinomatous.* Read to the Royal Academy of Medicine at Paris, by J. Lisfranc, Surgeon at the Hospital la Pitié, &c. &c. &c.—Translated from the Memoires de l'Academie Royale de Medecine, Paris, 1834. By A. Sidney Doane, A.M., M.D.

In my last memoir, I demonstrated that, in regard to cancerous diseases, the art of surgery might follow the indications of nature, and that *parts* of organs only might be removed, the sacrifice of which was naturally indicated. I have attempted this with success, as you have seen, in cancers of the penis, tongue and vagina. Books prescribe that the whole of these organs should be removed: I have preserved them.

Surgery was at least of some assistance in these cases; for although a great sacrifice was required of the patients, yet life was preserved. This, however, was not true of those confirmed cancers which affect the lower part of the intestinal canal; here surgery was impotent; the patients inevitably died, a death of pain—of suffering. This distressing disease has been presented to me so frequently at our hospital, that I was led involuntarily to think carefully on the subject, and to attempt something for its relief, to which I was encouraged by my success in the other operations mentioned at our last session.

Before, however, attempting an operation condemned by the Morgagnis, the Desaults, and the celebrated surgeons of our age, I inquired whether their fears of operating on cancers of this character were real. I attempted to ascertain, by new investigations, whether some arrangement favorable to this operation had not escaped them; and I tried to determine, in particular, the exact limits of the peritoneum, the proximity of which appeared to be one of the principal obstacles to the successful removal of the lower part of the alimentary canal.

I am convinced from numerous investigations, that the peritoneum terminates six inches from the anus in the female, and four in the male. Having partially injected many pelvises of both sexes, I have found that the numerous vessels of the end of the rectum may be divided without serious detriment; the arrangement of the cellular tissue around the intestine, and the curves at its lower extremity, have proved to me, that if an oval incision be made in the skin surrounding the anus, we may easily draw out the intestine, and instruments can then be applied with facility. As the rectum is united to the vagina in the female, and to the urethra in the male,

by lamellar tissue, these parts may be easily separated by the index finger. Finally, comparative anatomy demonstrates that there is a second sphincter above the first. These facts, hitherto unnoticed, dispelled my fears, and I decided to attempt the removal of cancers of the rectum. As the first precept in surgery, however, is to avoid injuring our patients, I operated in cancers of the rectum progressively. First, I removed those which were superficial, and where the mucous membrane only was affected; next, those where a part of the sphincters were implicated; then those where the whole of these muscles was concerned; and finally, proceeding step by step, I removed three inches and a half of the lower portion of the rectum.

I shall now proceed to detail minutely the results of these operations. Let us first examine when the operation is practicable.

1. We must be able to pass the index finger above the upper boundaries of the disease, which has hitherto resisted all remedies, and which will certainly destroy the patient.

2. We must ascertain as correctly as possible the thickness of the diseased portion of the rectum. When the cellular tissue surrounding the lower part of the intestinal canal is healthy, the intestine is movable and can be pulled down; in this case, we think that the operation should be performed. When, on the contrary, the cancer extends much farther, and also to some distance within the canal, experience must decide upon the propriety of an operation.

We will now state some details of surgical anatomy, as this is the pivot on which all surgical operations turn.

1. In the adult female, the antero-posterior diameter of the perineum is one inch; it may vary and be only two or three lines.

2. In both sexes, the distance between the anus and the lower part of the coccyx, is one inch and six lines; the space between the lower orifice of the rectum and the base of this bone, is two inches.

3. If in the female an oval incision be made three-quarters of an inch around the anus, and the dissection be carried to the intestine, which is slightly drawn down, two inches of the lateral and posterior faces of this organ can be removed without injuring the vagina, as may be seen in a cadaver; its prominence anteriorly is only sixteen lines, on account of the intimate adhesions at this point with the vagina. These adhesions are formed by some muscular fibres, by an aponeurotic tissue, and by a very dense and compact cellular tissue; they extend about three lines in depth from the sub-cutaneous adipose tissues; farther, we have said that with the index finger we can separate the rectum from the vagina to the insertion of the peritoneum.

4. In the male and female, if the rectum be drawn down, the peritoneum hardly descends a line; this can be seen by opening the abdomen in a cadaver.

5. In the female, when we have dissected as far as the insertion of the peritoneum in the rectum, and have attached hooks to the lower part of this organ to draw it down; we find between the lower end of the rectum and the serous membrane of the abdomen, a space of six inches anteriorly and on the sides; posteriorly, the arrangement of the meso-rectum would permit us to dissect much higher.

6. In the male, the space between the anus and peritoneum measures four inches, and after cutting around the rectum, and dissecting to this intestine, we may remove an inch and a half of it all round, without wounding the urethra.

7. Beyond the prostate gland, the urethra is connected with the rectum only for a quarter of an inch; the urethra and bladder are united by a fine and elastic cellular tissue existing between them as well as the bladder; when the urethra comes into the perineum, it leaves the intestine as it goes forward; and from the point where it leaves the intestine to the skin, it forms, with the axis of the intestinal canal, an angle of about 20 deg.; the tissues in this angle are too well known to need description. I would only remark that it is impossible to separate them with the finger, without previously introducing the bistoury.

8. The only important vessels liable to be injured are—the inferior hæmorrhoidal, the superficial branch of the internal pudic, the transverse artery of the perineum, the middle hemorrhoidal, and the terminating branches of the superior hemorrhoidal artery; they may be tied or compressed; the hæmorrhage, however, in the operation about to be described, is in no wise alarming.

The patient is placed in the same position as for the bilateral operation for stone. The surgeon makes two semilunar incisions about an inch from the anus, which divide the parts as far as the superficial layers of cellular tissue, and unite in front of and behind the rectum; we then continue the dissection, directing the bistoury perpendicularly on the intestine, which is separated in every part; the index finger is semiflexed, introduced into the gut, and draws it down, and thus there is a prolapsus of the mucous membrane, the only or almost the only part diseased. It is now easy to cut off a large portion of the membrane with scissors curved flatwise, or with a bistoury; and even when the whole thickness of the parietes of the intestine are cancerous, provided that the disease does not extend more than an inch above the anus, the rectum may be turned inside out, and the diseased portion be seen; we then cut off the reversed portion of the intestine parallel to the axis of the trunk, and remove it with strong curved scissors.

Are all the coats of the intestine and some layers of the surrounding tissues diseased? In this case, after making the semilunar incisions, and dissecting the lower part of the

intestine, the index finger is introduced into the intestine, and with a pair of string scissors, we make an incision parallel to its axis, and extend it beyond the diseased part; this is made on the posterior part of the rectum, where the vessels are less numerous, and where there is less danger of wounding the peritoneum; by this incision, the intestine can be turned over, and the diseased portion be shown. If the hæmorrhage is excessive, we apply to the wound, for two or three minutes, a sponge dipped in cold water, and we can then operate as if upon a cadaver; several hooks are placed in the lower part of the intestinal canal to keep it down. When the operation is performed on a female, it is useful for an assistant to introduce his finger into the vagina; in the male, a sound is introduced into the bladder, and entrusted to an intelligent surgeon, we then proceed to dissect the cancer upon the vagina and urethra; this is extremely difficult, long, and laborious, and requires great patience and surgical skill. As far as practicable, I tie the vessels as they are wounded; but when the diseased portion is well dissected, and is attached to the body only by the healthy intestine, it seems much better to remove it by one or two incisions; as soon as this is done, the rectum retracts within the body, and the arteries of the part may give rise to a troublesome hæmorrhage, which may require tamponnement, the dangers of which you know. Do you wish to control the hæmorrhage? Cut circularly and gradually, and as soon as a vessel is opened, tie it while the intestine is held down; when the incision is nearly terminated, compress the tissues in which the vessel terminates, with the thumb and fore-finger; if an artery exists there, you will feel its pulsation, you will expose it, tie it, and you will then cut below it.

To prevent inflammation, I am never in haste to plug the wound; and if I have recourse to plugging, I remove the plug after a few hours, to avoid irritation; this method has succeeded well with me.

Fearful of producing irritation, I apply a plain dressing for several days; I then introduce a very large pledget of lint, which I advise patients to wear for some time after they are cured; in severe cases, the treatment may continue two or three months. Affections of the nervous system, and inflammations, &c. are treated with narcotics and antiphlogistics; the discharge of pus is favored by changing the dressings three times a day. I shall not however detain the academy by details on these points, but will refer them to the writings of my pupils.

I was particularly curious to know how defecation is performed after the operation; if only the mucous membrane, or a part of the inferior sphincters, or even the whole of these muscles are removed, the rectum performs its functions as usual. If much of the intestine has been removed, a kind of tumor forms at the expense of its muscular fibres, and perhaps also from those of the levatores muscles, in the form of a sphincter, at the upper part of the cicatrix, the pellicle of which extends from the intestine to the skin, and seems to be an accidental mucous formation; in one of my patients there was a slight mucous discharge for some time after the removal of the disease. The artificial canal which extends from the integuments to the lower part of the divided intestine, presents the arrangement of a kind of Z, which is extremely fortunate, as nature thus provides for defecation. In fact, when the feces are not liquid, they are retained as in the normal state; when, however, they are very hard, they sometimes continue in the torpid canal formed by our operation, from which they can be easily extracted by the finger or by a glyster. When the feces are very liquid, and intestinal irritation exists, the patients are obliged to go to stool frequently; to retain the feces, they are sometimes forced to place, in the lower part of the passage formed by the cicatrix, a pledget of lint; which however is removed on going to stool. The inconveniences mentioned are too slight to be compared with a disease, which, unless cured, is attended with extreme suffering, and is fatal.

We come now to the cases, which we shall describe briefly; and I will remark that the two which were most severe have been presented to the Royal Academy of Medicine, and the patients have been pronounced cured.

1. Joseph Poulain entered at La Pitiè, the 8th of February 1826; this man had been affected for fifteen years with large hemorrhoids, which had become scirrhus, as was indicated by the symptoms of the tumor which extended about an inch into the rectum; pathological anatomy showed also that the tissues were schirrous and cancerous. I operated on Poulain the 13th of February; cutting off about two inches of the diseased mucous membrane, the lower sphincters were entirely removed; the patient fainted from hæmorrhage, which was checked by tamponnement; no other bad symptom supervened. The patient recovered, and left the hospital the 12th of April; the defecation occurred as in the normal state.

2. Madame B. had always experienced great difficulty on passing feces; she was thought to have a congenital contraction of the anus. When an adult, hemorrhoids appeared, and for a year there had been a slight, but offensive discharge. The patient suffered extremely; on examination I found a tumor at and around the lower orifice of the rectum; and the index finger being introduced, I perceived indurations, ulcerations, and softening of the mucous membrane for the space of about two inches. Professor Landrè-Beauvais, Fouquier and Andral, were unanimous that my proposed operation should be performed. I removed two inches of the mucous membrane, and destroyed entirely the inferior sphincters; there was no hæmorrhage; the

patient was cured in six weeks; defecation as in the normal state.

3. Frances Martin entered La Pitiè, July 15, 1828. The lower part of the rectum had long been diseased; an antisiphilitic treatment had been pursued but ineffectually. This woman was affected with a cancerous ulceration of the right side of the rectum, which extended to the height of an inch; it occupied nearly a third of the circumference of the intestine, all the tissues of which were affected; the diseased portion, say an inch and a half of the rectum, was removed with scissors curved flatwise; no bad symptom supervened. The 28th October, she was well; defecation normal.

4. Alexander Dudault was affected with a cancer which penetrated an inch within the rectum. The 28th of November 1828, I removed an inch and an half of the lower part of the intestinal canal; only one artery was tied. The 25th of January 1829, the patient left the hospital cured.

5. Lise Fanière was affected with cancer of the rectum, which extended three inches above the anus. I operated on her the 17th of August 1828, and removed three and a half inches of the intestine. No severe symptoms occurred, and the wound was cicatrized the 25th of November. To ascertain whether the cure was permanent, this woman was detained in the hospital till the 28th of April 1829. Lise has been seen by the Academy; when she suffers from diarrhœa, she is obliged to use a pledget of lint to retain the feces. At other times, the defecation is generally normal.

6. Maria Lefebre was affected with an ulcerated cancer of the rectum three inches in extent. I operated on her the 15th of last May. I removed three inches of the intestine. One artery was tied; inflammatory and nervous symptoms yielded to narcotics and antiphlogistics. The 25th of July she was well. She has complete command over the contents of the alimentary canal.

We have mentioned our success in part; but, gentlemen, operative surgery is sometimes unsuccessful. Of nine patients, three have died; the proportion is large, but in many of the capital operations sanctioned by experience, the results are not so fortunate. In cases which would otherwise have proved fatal, I have saved six out of nine by my new operation.

In the fatal cases, the cancers were very extensive; one patient died three days after the operation. On examining the cadaver, I found an infiltration of pus which extended behind the peritoneum, under the kidneys. The second patient lived twenty-five days after the operation. On inspecting the body, I found an inflammation of the veins of the pelvis; they contained much pus. Finally, the third patient, who was not examined, died, I think, of a sub-acute peritonitis, the third day after the operation.

Baglivi says, that one mode of improving the healing art is to examine occasionally those cases pronounced incurable, and see if the new lights of science do not offer some chance of relieving them. I have followed this advice in regard to cancers of the rectum.

Acting on the supposition that these cancers, like those of other organs, are sometimes superficial and sometimes deep, I have thought that in the present state of surgical science, they might be relieved; this, it is true, had been deemed impracticable; but my profound anatomical researches having led me to the contrary opinion, I attempted to rescue those affected with them from certain death.

In my new operation, I have proceeded from the simple to the complex. I have performed my operation first on superficial cancers, and have gradually extended it as high within the rectum as the surgeon's hand and instrument could reach. Of nine patients on whom I have operated, six have been perfectly cured, and three have died. Thus the chances of success to those of failure, are as one to two. In future, however, the chances of success will be much greater; for I must remark that the patients who died were affected with deep cancers; but if we can cure this disease at its commencement, and when it is still superficial, the patients may be operated on when there is a chance that the operation will succeed.

In future, these operations will present only the chances of failure common to ordinary surgical operations.

I think I have attained this result.

ANALYSIS OF MEDICAL JOURNALS.

Art. I.—*The Medical Magazine.* Edited by J. B. Flint, E. Bartlett, and A. A. Gould. Boston, Jan. 1835.

1. Dispensary Report.—This report is from Dr. J. Roby, visiting physician of several of the wards in Boston. A tabular view of the cases is given, and the history of several interesting cases which occurred in dispensary practice are annexed.

"*Repeated Miscarriage.*—Dec. 23, 1832. S. M. aged 33, has been twice married. By

the first husband had two children, (the eldest now being fourteen years of age) both born in full time, nothing extraordinary occurring previous or subsequent to delivery. Has lived with present husband eleven years, during which period has had ten miscarriages, most of them at the seventh, none beyond the eighth month of pregnancy; the last happened about three weeks since. The child is expelled in a putrid state, a slight touch being sufficient to detach the cuticle. Delivery generally takes place ten days or a fortnight after she has ceased to perceive the motions of the fœtus; thinks she can fix the exact day of its death. General health, except during the term of utero-gestation, very good; menstrual function in interval, natural. Denies ever having had syphilis.

"The husband states that two years previous to his marriage, he had become infected with the venereal disease, was treated for it, and, as he supposed, completely cured. He has never had any suspicious eruption, nor any other symptom which could be traced to a syphiltic source."

Lateral Depression of the Parietes of the Chest.—Dr. Roby mentions six cases which have come under his observation, we select the two following:—

"F. A. J., aged eight years, always enjoyed good health till her fourth year, when she had severe pulmonic disease, from which she recovered very slowly, never perfectly regaining her former vigor. Has since been much annoyed by hard, dry cough, urgent dyspnœa after exertion, and severe pulmonary affections from slight exposure. The respiration and circulation are accelerated by ascending stairs, or by joining in the sports of her age, nor can she with comfort perform the lightest domestic services. During sleep, which is unquiet and disturbed by dreams, she 'rattles much in the throat,' frequently awaking in great distress.

"Upon examination of the chest, a deviation from the natural form is very obvious. The ribs are flatter, and the connecting cartilages of the ribs and sternum more prominent than usual, the sternum itself being somewhat depressed. This change increases the antero-posterior and vertical, but diminishes the lateral diameter of the chest. No distortion of the spinal column can be detected, nor is there any enlargement of the tonsils or deafness. The pulse, when patient is at rest, is not more frequent than in children of the same age: the respiration, modified by the bronchial affection which she suffers almost constantly, may be heard over the whole chest: sounds of heart louder, but impulse not greater than usual. Appetite variable, not good in general, nor is the body well nourished. In this case the lung attacked during measles, which was unusually severe, is supposed by the mother to be the cause of the deformity, the chest having been previously of a perfectly natural appearance.

"H. S. aged two years. In this patient, the deformity exists in a greater degree, and is productive of more serious ill consequences than in the former. The mother observed the chest to be deformed, and the breathing of the child labored from its birth. It has always been extremely feeble, having constant cough aggravated by exposure, with occasional paroxysms of almost suffocating dyspnœa. The action of the heart is usually tumultuous, being readily perceived through the parietes of the chest, and attracting the attention of the parents and friends. Active exercise increases the dyspnœa to such an extent as to oblige the patient to abstain from it almost entirely, nor even walk any considerable distance without inconvenience. The malformation is of the same kind as in the preceding case, the prominence in front depending on the protrusion of the sternal extremities and cartilages of the ribs. General appearance of the child extremely bad, its pale countenance, fretful expression, unstable gait, and hurried respiration indicating the existence of some serious obstacle to the full developement of its physical powers. Its extreme impatience of examination precluded any auscultic exploration of the chest. No distortion of the spine: tonsils not enlarged."

2. Boston Society for Medical Improvement.—A number of interesting cases were reported at the meeting of this society on the 24th of November, and which appear in the Magazine for January.

Dr. Fisher exhibited to the society the lungs of a male child, aged three and a half years; it afforded an illustration of those rare instances of tubercular disease having commenced in, and being principally confined to, the *lower portion* of the lung, the apex and superior portion being comparatively free from disease.

Dr. Channing presented a kidney taken from a female, who, after severe exertion, about three years since, "complained of pain in the uterine region, which she compared to premonitory pains of menstruation, attended by some dysuria. Laxative and demulcent medicines were directed, and no further complaint made for a year afterwards, when she again complained of pains in the pelvis, dysuria, and leucorrhœa. At this time Dr. Channing was consulted by Dr. Doane, who had been her previous attendant. The physical signs were noticed, and examinations were made *per vaginam* and *per rectum*, and the difficulty was adjudged to arise from the organic disease of the uterus. Various meansof cure were used without relief. About six months since, she was attacked with pulmonary disease, of which she died. From the commencement of the attack all pains and other difficulties about the pelvis ceased."

Autopsy.—Tuberculous lungs—uterus natural—glands of ileum ulcerated. "On examination of the kidney of the side opposite

to that where the pain was complained of, it was found rather small, extremely pale, with many white opaque points, supposed to be tubercles—these seen also in the cut edges of the kidney: pelvis greatly enlarged, and lined with a coating of opaque, whitish, friable, unorganized substance, like what is found in a tuberculous cavity, about a line in thickness:—three or four large cavities communicated with this, which, from their relative situation, appeared to be the infundibula, diseased like the pelvis. About one half of the organ was destroyed, the disease in some parts approaching quite to its circumference. The internal surface of the ureter was coated throughout like the pelvis. The mucous surface of the bladder was extensively ulcerated, but only two or three tubercles were found. It would seem that the ureter was impervious, from the fact, that no pus had ever been discovered in the urine; and because, when the kidney was cut into, the pus issued out in a jet, as if it had been under pressure.

"No suspicion of any such disease existed during life. In Carsewell's splendid work, 'Illustrations of the Elementary Forms of Disease,' he gives a figure of the tuberculous kidney, which so nearly represents the one described, that we might suppose it to be that from which the original drawing was taken: and so far as it goes, it supports his theory, that tuberculous matter is a deposit upon mucous surfaces."

Dr. J. B. S. Jackson examined a child, aged ten years, who died of Phthsis, where the internal surface of the uterus and one of the fallopian tubes, were found lined with a tuberculous matter, as represented by Carsewell.

Dr. Roby stated a case of fever, in which there was intermission of the pulse at every third beat for fourteen days. Dr. Smith, in his work on fever, mentions this, with other eruptions, as indicative of speedy convalescence. Several cases were mentioned by the members of the society in confirmation of the remark.

Dr. Ware communicated a highly interesting case of a remarkable frequency of pulse. The patient, a female aged thirty years, had for several years labored under dyspepsia. Her pulse usually eighty-four in the minute, subject to occasional attack of palpitation. On Nov. 17th was alarmed by an unruly horse, and immediately attacked with palpitation and sense of rapid and violent beating at the heart. Dr. W. saw her in the afternoon, and found her with a feeble pulse of 200; respiration easy and natural. 18th, Pulsation of the heart 222, hardly perceptible at wrist. 19th, No sensation of palpitation; tired and uneasy sensation across and through the centre of the chest; pulse 240, indistinct at wrist. 20th, Pulse almost extinct in the arm. 21st, Pulse 240; in the evening 206. 21st, Pulse risen to 242; at ten P.M. Dr. Ware was called suddenly. "I found her, as she expressed herself, quite relieved of the difficulty in the action of the heart. She was very easy and cheerful, with a good, moderately full pulse at the wrist, beating only 96. She told me that she had slept through the evening, that she had dreamed I was there and was pressing on her heart, or doing something to it; that she then awoke with a sharp pain through the region of the heart, with a pain in the face, and some flushing and fulness of blood about it, but a relief of the palpitation. There was no return of the peculiar symptom of the case, but the patient has been very slow in regaining her previous state of health.

"No remedies were used which were supposed to have any decided effect on the symptoms Prussic acid and Tr. Digitalis were administered, but with no obvious effect. The chest was blistered over the heart, and rest was produced by opium, of which no less than four or five grains were taken every night.

"Every precaution was taken in this case against any deception with regard to the number of beats of the pulse; and when possible, they were always counted both at the wrist and the heart.

"The remarkable features in this case, in which it differs indeed from any which I have ever seen recorded, are the very great frequency of the pulse; the length of time during which this great frequency continued, whilst at the same time the action of the heart seemed hardly sufficient to send the blood through the arteries with any sensible impulse, though the capillary circulation continued perfectly good, and the respiration unembarrassed; and the singular suddenness with which this state of the circulation ceased, and the natural action of the heart was restored."

Art. II.—*The North American Archives of Medical and Surgical Science.* No. V.

1. Bifurcated Umbilical Chord.—Dr. W. S. Reynolds, of Barnwell, S. C., describes the anatomical character of a bifurcated umbilical chord, in a case of twins. There was but one placenta, and instead of two chords originating from it "there was but one, which continued about five inches in length, and then branched off into two, each branch going to one of the children.

"I wished to ascertain whether the chord arising from the placenta was merely a union of the fleshy portions of two chords, or whether there was an anatomical difference in the branches and this main trunk.

"I first cut across the main trunk close to the placenta, and found that there was but one artery and one vein. The artery was considerably larger than the vein. I next examined each of the branches where they had been separated near the umbilici of the children. They had each two arteries and one

vein. I then dissected the arteries and veins at the bifurcation."

The vein branched off considerably higher up than the artery. "The vessels in the branches stand in relation to each other as the points of an isosceles triangle, the arteries occupying the points at the base, and the vein the point at the apex, the latter being equidistant from each of the former."

2. Reports of Cases.—Dr. R. Lebby, of Fort Johnson, Charleston Harbor, relates two cases, the first—*apoplexy from repletion of the stomach*, which presents such interesting features that we quote freely. "A colored man, the property of Mr. E., was found on the morning of the 15th of September about daylight, in the rear of the barracks, in a state of apoplexy. He was immediately removed into the quarters—and I requested to see him. Upon first view, he appeared almost beyond the reach of medical aid. His extremities were perfectly cold—the abdomen considerably enlarged, especially about the region of the stomach—his pulse very feeble and depressed—the pupil of the eye contracted, and the action of light producing no effect whatever upon it. His breathing was hurried and stertorous. Under these unfavorable symptoms, I directed him to be wrapped up immediately in a blanket—applied cataplasms to the ankles and legs—hot bricks to the soles of his feet, and bottles of warm water about the body. I then opened a vein, but to my disappointment did not get more than a gill of blood; I opened another and another, with no better success. My Friend, Dr. James Perronneau, came in and examined him. We now determined on rubbing the abdomen and upper extremities with warm turpentine; and I divided both the temporal arteries just before the ears, and to our satisfaction they bled freely to the amount of twenty ounces, and then stopped. Both temples were now rubbed with a coarse towel very briskly for a few seconds, when the blood flowed again very profusely. We kept up this excitement occasionally until full forty ounces of blood were abstracted. The spine and body were rubbed with hot turpentine, and hot flannels wet with the same fluid were applied along the spine and over the abdomen. To our great surprise and astonishment, he attempted to move one of his hands, which had been placed over a hot stone. From the appearance of the abdomen, we concluded that the disease had been produced from eating a hearty supper; and the last accounts that his companions could give of him was, that about eleven o'clock of the night previous, he was sitting by the door of the cook-room eating rice, which he had just cooked. A solution of three grs. of tar. ant. was poured down his throat with considerable difficulty; and in the course of half an hour, he ejected a large quantity of hard half-boiled rice from the stomach. As soon as it appeared partly disgorged, a little warm water was given him, which he swallowed with less difficulty, and in a short time after, smaller portions of rice and pork were thrown up. He appeared after this to be considerably relieved, and his first symptoms gradually wearing off, a gentle moisture appeared over the surface of the body. His pulse assumed a more regular action, and at one o'clock—eight hours after my first seeing him—he spoke, and answered several questions, though incoherently and unconnectedly. A blister was now applied between the shoulders, and one over the epigastrium, and calomel ten grs. with twenty of jalap, administered. It operated about eight o'clock in the evening, after an enema of a decoct. of senna and common salt had been injected. From this period to ten o'clock he had three very copious evacuations. A little warm gruel was given him; after which he fell asleep, and continued in this state until seven o'clock next morning."

It is only necessary to add that he recovered.

The second, is a case of *accumulation of fluid between the cranium and scalp*, in which, notwithstanding a course of active treatment, the head continued to increase until it attained the size of twenty-five inches in circumference, Dr. L. determined on puncturing the scalp; accordingly he "introduced a trocar over the left ear a little posteriorly, and succeeded in drawing off eight ozs. by measurement, of a watery fluid, slightly tinged with blood. The patient complained of no pain from the operation. The scalp was left lying loosely over the skull, except a little on the back of the head. The whole head was covered with a cap and a bandage drawn moderately tight over it, with the object of keeping up, as far as possible, an equable degree of pressure over the whole head. The digitalis was resumed with a grain of blue pill at night; and to my great satisfaction the boy continued to improve daily. The fluid did not re-collect, and at the expiration of four weeks, I discharged my patient cured."

3. Chronic Gastritis.—This is a continuation of the valuable paper of Dr. Geddings noticed in our last number. It bears the impress of careful observation and research, and we could hardly do justice to it in the space allotted us for analysis; but we may remark, the large space it occupies in the journal under review could not well be better filled.

4. Treatment of Burns and Scalds.—The object of this paper of Dr. Hintze, of Baltimore, is to illustrate the utility of the yellow wash (aqua phagaædnica) in cases of this kind. We cannot better illustrate his views than by selecting one or two of the cases he has described.

"Mrs. Elizabeth, wife of Mr. John A——, residing at Hillen, near Front-st. O. T., while heating some spirits of camphor in an open vessel, accidentally suffered it to catch fire,

and had the flames communicated to her clothes. Her husband at work in his shirt sleeves in a shop attached to the house, was attracted by her shrieks, and in his efforts to extinguish her clothes, had both his hands and arms burnt severely. Unctuous applications had been made to the wife before my arrival; but as nothing had as yet been done for Mr. A., I proposed to him the yellow wash, rhubarb and dry lint, which was accordingly applied. This was the first recent case in which I employed these remedies. The pain soon ceased, and in less than ten days he was enabled to resume the use of his hammer and anvil.

"Mrs. A's peculiar condition and extreme injury, prevented me from insisting upon a change of the treatment which the united voice of her friends had approved. The treatment of her husband being moreover rather experimental, if it had been instituted in her case against the approbation of her friends, any untoward occurrence which might have taken place would have been ascribed to the unusual means employed.

"Mrs. A. was in the eighth month of gestation. The skin, and in many places the cellular tissue, of both the lower extremities, the nates, pubis, groins, abdomen and thorax were almost wholly destroyed Hence I contented myself with controlling irritation by internal means, leaving the local treatment to her female friends. But after the husband had been at work some days, and the usual unctuous applications had been ineffectually employed, the patient and her attendants became weary of the stationary condition of her injuries, and suggested the use of the means employed in Mr. A's case. Having assumed the treatment, I directed the parts to be covered with poultices of boiled starch at a moderate temperature, with the view of promoting the detachment of the numerous sloughs. As she had suffered much from the exhausting irritation, cordial tonics and generous diet were prescribed. This treatment speedily brought her into a favorable condition for the use of the local remedies. The yellow wash, powdered rhubarb and dry lint were applied, and in about four days the superficial excoriations disappeared. In thirteen days more the deepest ulcers cicatrized. Before her accouchment she was enabled to resume her domestic avocations, and at the full period, was delivered of a vigorous child."

"Mrs. E. R. and her daughter Elizabeth, residing at North Point, attempting to obtain fire by flashing a gun, the fire communicated to a horn containing about half a pound of gunpowder, by the explosion of which Mrs. R. had both her hands and fore-arms literally crisped, besides being considerably contused by fragments of the horn. Her daughter's breast, face, and arms were equally injured. On my arrival (a distance of fifteen miles) I found, as is usual in such cases, the parts covered with oil, &c. These I promptly removed, and after extracting as many particles of the powder as possible, I directed for the removal of the rest the application of tepid starch poultices. Next day I prescribed the yellow wash, powdered rhubarb, and dry lint. As was to be anticipated, much sloughing took place, to promote the separation of which, such emollients were employed as I are unnecessary to enumerate. After the detachment of the sloughs, the wash, &c. were resumed, and a cure of both cases was accomplished in about fourteen days. The only inconvenience that remained was a disposition to permanent flexion of the fingers, which was obviated by the use of an extending splint and roller."

5. Peculiar Idiosyncrasy.—Dr. J. B. McDowell, of Baltimore, relates a case which we shall give in his own words—"We have personal knowledge of the case, and have painfully witnessed the developement of the phenomena in the individual, during several operations of venesection. Sometimes the insignia of the affection are manifested very soon after the ligature is adjusted, preliminary to bleeding, and occasionally not until the operation is over.

"When this patient is bled in the arm, the idiosyncrasy evinces itself in a very few seconds after the adjustment of the bandage; when in the foot, this is not the case. The last time that bleeding was instituted in this patient, the operation was done in the foot, and the train of features characterizing the idiosyncrasy did not appear until venesection had been gone through with, when, however, the phenomena were involved in a distressing degree. Spasms supervened, or they might rather be denominated tonic convulsions, as the contractions continued for a considerable length of time, and no alternate cessations of the spastic rigidity occurred. The developement of the peculiarities commences ordinarily with a tingling sensation in the tips of the fingers, which sensation usually travels up the arms, until they experience that feeling which we describe when we say that the arm is asleep; this numbness of the superior extremities is soon succeeded by an absence of sensation in those parts; the inferior limbs are quickly sharers of the same state of things, the abdominal muscles are next involved, and lastly the muscles of the face; the patient meanwhile suffers no acute pain, there is no cerebral perturbation, indeed the sensorium commune is unaffected, with the exception of a false perception, which is produced while the symptoms are being dissipated, and when the patient begins to experience relief. There is an idea of a double thumb, one thumb upon the dorsum of the other, and powerfully compressed, as it were in a vice. We have called this a false perception, we ought rather perhaps to have named it a wrong sensation, not an illusory sensation, for the mind of the patient is not even momentarily imposed on by it. The contractions, while their violence lasts,

obtund all feeling in the parts which are the intimate seats of the spastic rigidity, the superior extremities remain sore for days after the distressing symptoms have gone off, and the tenderness is so definitely located, as to enable the patient to refer it essentially to the flexors."

It is not necessary to follow his reasoning upon the subject of this case, as it is probable most of our readers will form their own opinions.

6. Anatomical Anomalies.—Several peculiarities of structure which were observed by him in dissection are described by Dr. W. Baker, of Baltimore.

7. Pilous transformation of the Ovarium. Says the editor, "Our young friend, Mr. Ross Pierce, presented us, a few days since, a specimen of diseased ovarium, obtained from the body of a female which he was engaged in dissecting. The tumor was somewhat oval in shape, and about the size of a common lemon. The proper fibrous cyst of the ovarium was considerably thickened, and presented the appearance of a kind of cyst or capsule, which was completely filled by a peculiar grayish colored matter of the consistence of very thick pap. This morbid product occupied the whole tumor, and imparted an unctuous or saponaceous feel to the finger. Disseminated through it, there were numerous stout black hairs, dispersed without any regularity, and not implanted upon the walls of the capsule."

Art. III.—*The Transylvania Journal of Medicine and the Associate Sciences.* Oct. 1834.

1. Application of Chemistry to Medicine.—This is an interesting and instructive paper, read before the Lexington Medical Society, by Dr. R. Peter; it is a strong appeal in behalf of the importance of a subject by far too much neglected by the physicians of our country. We cannot analyse it to advantage, but we commend it to the serious attention of those who take an interest in whatever tends to elevate the character and increase the dignity of our profession.

2. Pathology of Fever.—Drs. Brown and Sanders present us with an essay on this subject, from which we quote the following as illustrative of their views.

"We claim and solicit for our views respecting its cause and mode, a candid and deliberate consideration. We believe the substance which causes ordinary gastric fever to be a peculiar gas, which is formed by the decomposition of animal and vegetable matter; that it is in general, more concentrated when formed from animal, than when formed from vegetable matter; that this gas, in a greater or less degree of concentration, is the cause of nearly all the gastric fevers in the valley of the Mississippi. In its highest degree of concentration, it causes the highest grades of fever, in which the coats of the stomach are destroyed in three or five days, and in which the black vomit and spontaneous hæmorrhagies are prominent symptoms; and in inferior degrees of concentration, it is the cause of all inferior grades of fever, and of many local diseases. We believe that fevers and epidemic diseases in general, are diseases of the skin exclusively, and that some chemical change in the constitution of the atmosphere, is always the cause of such fevers and epidemics. Such epidemics are seldom formidable, unless the internal continuity of the skin, (the mucous membranes) be the subjects of disease. We published this opinion two years ago, and we now publish it again. We do not affirm that there is no other gas in the valley, capable of producing similar, or more formidable disease. On the contrary, we believe that a gas has arisen from the earth in our valley, within the last few years, possessing and exerting more deleterious power than that of which we have written. We believe that it came from the central parts of the earth, from the great laboratory of nature, where volcanoes and earthquakes are fabricated; that it passed through more than eight thousand miles of solid earth, before it reached the surface. We also believe, that the air springs, from which it issued, continue to flow, and will flow for ever; but that they can never become the cause of such devastating panic as they occasioned at first, because the bodies of the inhabitants are habituated to the irritations of the diluted gas, which flows from them. We believe that the liver is the most sluggish of all the organs, and the least liable to disease; and that when its parenchyma is the subject of disease, it produces less constitutional irritation than similar disease of any other organ. We have dissected the bodies of old drunkards, who had not drawn a sober breath for twenty and thirty years, but had, nevertheless, during the whole time, enjoyed a kind of vegetable life in ordinarily good health. We have found their livers mere masses of disease, honeycombed with schirrosities and little suppurating ulcers; and we have known that for many years before death, they had no evacuation from the bowels, but such as were forced by purgative medicine. Yet these people had sustained no material inconvenience from this state of their livers, except costiveness; and some of them at last died of diseases in other parts."

3. Malconformation of the Thorax.—This case occured, in the practice of Dr. R. Taliaferro, an old and respectable practitioner in Paris, Kentucky, and is described by Dr. J. A. Ingel. The child lived to the age of eighteen months, and after manifestations

of pulmonary embarrassment, it died seemingly from suffocation.

On dissection it was found that "the peculiarity of the case consisted mainly in an apparent effort, on the part of nature, to separate the cavity of the chest into two apartments—an anterior and a posterior. This was measurably accomplished by a very extensive incurvation of the nine or ten superior ribs, on each side; so that, at the distance of about one third of their length from the sternal ends (the point of greatest indentation;) their internal surfaces were very much approximated. But the division was rendered much more complete by large cartilaginous tubercles, of a semi-spherical form; one of which was based upon the point of the internal convexity of each curved rib. These tubercles were ranged in vertical rows, one on each side, and equidistant from the sternum. They presented a singular and beautiful appearance; and when discovered, the case assumed a new and more interesting character.

"The heart presented itself immediately to view, when the sternum was elevated. It occupied the anterior chamber, to the exclusion of the lungs; these being thrown into the posterior, were not brought into view, until the heart was partially removed, and the approximating ribs forced wider apart. As the heart was relatively large, and the pericardium contained about three ounces of a serous fluid, they quite filled up the front cavity. The cavities of the heart, in this instance, might have been very appropriately designated by the terms, right and left; for the apex of the organ pointed to the sternum, while its base looked to the vertebral column. Both the lungs and heart were in a healthy condition; the right cavities of the latter were more than usually distended, and the lungs were very much engorged with blood. There was, however, the utmost disparity in volume, between the heart and lungs—the latter being exceedingly defective in size. The abdominal viscera were examined; they appeared to be healthy; the spleen only seeming to be preternaturally firm, and like the liver in appearance. It was, however, very obvious, that the abdominal viscera generally, were out of all proportion to those of the chest. There was as much relalative disparity between them, as was observed between the heart and lungs. The liver was astonishingly large; the mesenteric glands in particular were very numerous, and of great comparative magnitude. The stomach was unusually capacious."

4. Dyspepsia.—This is a learned article on a hackneyed subject, by the editor, Dr. L. P. Yandell. When we state that it occupies about forty pages of the journal, our readers can hardly expect a full analysis, and we shall content ourselves with extracting the following case:

"A student of medicine, aged eighteen, who had led an active life in the country, entered upon his first course of lectures in the fall of 1823. He had left a region of country where bilious fever was prevailing, having attended to a number of cases, and being under the influence of the miasmatic poison, manifested in chronic inflammation of his eyes. Otherwise his health was perfect. He attended nine lectures daily, which occupied all the hours of daylight, and consequently he neglected exercise. His studies were continued until eleven o'clock at night. His appetite was good, and he indulged it. Pursuing this course, in a month he became dyspeptic. His appetite declined, bowels became constipated, with headach, depression of spirits, and the whole train of the usual nervous symptoms. He took, occasionally, a pill of calomel, rhubarb and aloes, with decidedly good effects, but not being aware of the advantage of continuing the practice, and fearing something from the habitual use of calomel, he abandoned it, and suffered his bowels to become obstinately costive. His sufferings during the winter were very great, and he returned to his home in the spring much wasted in flesh, and with all the symptoms of confirmed indigestion.

"Much of his time, during the spring and summer, he spent on horse-back in the country, and his health improved. But he did not recover his flesh, and his digestion remained imperfect. For the most part, his bowels were constipated, and he suffered much from headach. In the fall of 1824, he renewed his attendance upon lectures, in one of the eastern schools of medicine. Soon he found his malady growing worse, under the confinement, and mental application. His stomach digested nothing perfectly—his strength failed—his spirits were more than ever depressed—he experienced all the horrors of dyspepsia. In December he was attacked by bilious fever, for which he took six grains of calomel every night for a week, at which time he was relieved of fever. He convalesced rapidly, and for some time was free from dyspeptic symptoms. But his infirmity, constipation, returned, and gradually, his former complaints.

"He commenced the practice of physic in the spring, and during the warm season was but little troubled. The winter of 1825, like the preceding, he spent in laborious study, and all his former symptoms returned. Experience had taught him the benefits of calomel, and he took it several times in the course of the winter, always with the effect of relieving his stomach and head, improving his appetite and digestion, and the clearness of his mind. He resumed the practice of physic in the spring; but the regular exercise on horseback, and a regular diet, did not entirely remove his complaint. He experienced repeated exacerbations of it, and most of his time was spent with headach, acidity, and other symptoms of gastric disturbance. Things continued thus till 1829, when he was alarmed by the appearance of a new symptom—*palpi-*

tation of the heart. When overtaken by this, he was leading a very active life.

" He now resolved upon a regular course of purgative medicine, which, hitherto, he had tried but partially. The *dieting* system of Johnson he had tried in vain. The mineral acids, and quinine had only aggravated his sufferings, and the alkalies and absorbents had given but temporary relief from acidity. If, for a few days, he seemed to improve upon a spare diet, he suddenly became worse again, without any evident cause. And, while there were intervals of health, in which he was able to indulge his appetite with freedom, there were periods again when the most simple diet oppressed his stomach, and induced headach and fever. In June, he began to take pills, of the composition already mentioned—calomel. rhubarb and aloes, of each two grains. He was costive; had tenderness of the *epigastrium*, with pain on pressure; palpitations, increased by exercise, most troublesome after breakfast and dinner, and subsiding late in evening; pain in the left arm, at the termination of the *deltoid* muscle; and burning of the palms of his hands and soles of his feet. *Blue pill*, which he had taken for several nights previously, had not moved his bowels, and he was not benefited by it. Three days after taking the first pills of calomel, rhubarb and aloes, he found his digestion better, headach and palpitation of heart less. Continued these pills. One, at first, produced the desired effect.

" July 5th. Much better—cardiac symptoms nearly gone—strength increasing—complexion improved—no headach—appetite good—food digests well. Pill produced three evacuations.

" 8th. Pill operated but once. More palpitation, headach and tenderness in the *epigastrium.*

" 13th. Pill operated twice. Symptoms all improved—digestion much more perfect.

" 21st. Pills acted three times. For several days no gastric disorder, or palpitation.

" 22d. Pills slow, and insufficient—some soreness of tonsils, and *submaxillary* glands. Pills of rhubarb and aloes substituted.

" 31st. Improvement of all the symptoms—appetite and digestion good. Five pills, containing rhubarb and aloes, each 2½ grains, operate three times. Discharges bilious and consistent. Continues these pills throughout August. Finds when they act freely, bringing away bile, he is clear of dyspepsia.

" September 1st. Considers himself relieved, but takes pills of rhubarb and aloes occasionally, when bowels inclined to constipation.

" During the winter which followed, he chewed rhubarb when torpor of bowels made a laxative necessary, and remained free from complaint. In the warm weather he drank the water of *salino-sulphur* spring, which kept his bowels open; and it should be stated, that, although his studies during the spring and summer were of the most laborious kind, and his habits sedentary, he yet continued to enjoy good health. And by returning to the use of the pills as often indigestion, costiveness, &c. indicated their necessity, his health has continued good, under the same circumstances—namely, close application to study, and neglect of exercise—which originally induced the complaint."

Art. IV.—*Bulletin Général de Thérapeutique Medicale et Chirurgicale.* By Miguel, 1834.

1. Are there any Specific Medicines?—Is the interrogatory caption of an article of six pages. The ancients defined the word *specific* to mean a medicine which seized the morbific principle, hand to hand, and neutralised it at once. Sauvages understood it to mean a mecine having an elective action upon a determinate organ. Vogel called these medicines specifics which were the most efficacious against certain diseases. Nysten comprised under this title, those remedies whose mode of action were unknown.

Schwilgué admits those medicines to be specific which address themselves directly to the cause, to destroy it.

In the Diction. des Sci. Med. those medicines only are admitted to be specifics, which *surely* and *invariably* cure a certain disease.

M. Chomel defines a specific to be a remedy endowed with a *special* action to suspend the progress of a disorder.

With Hahnemann *all* medicines are specifics! After examining the question at length, with reference to the meaning which ought to be given to the word, the author arrives at the following " conclusion: specific remedies do exist, if we interpret this word in its only rational sense; that is to say, if by the fact of their diversity of action, the different remedies may correspond to the particular indications derived from the special forms of diseases."

2. Teniæ in Children, *cured by the bark of the root of the Pomegranate.*—Two cases are related in which a decoction of this article acted in a very happy manner, bringing large worms without any unpleasant effect. M. Constant states that this medicine is now considered the true specific against teniæ, all other preparations being nearly abandoned. Half an ounce of the bark is put into eight ounces of water, which is boiled down one half and given in three doses, three quarters of an hour intervening between the doses.

3. Treatment of Atonic Ulcers of the Legs with Carded Cotton.—The propriety and efficacy of this simple and cheap method is strongly enforced. A layer of cotton is layed upon the ulcer, and covered with a com. press and bandage; when this has become sa-

turated with pus, it is pressed out with a spatula, and another layer added, without removing the first. In a few days both layers are removed, and new dressings applied.

4. Manner of Extracting Foreign Bodies from the Anterior Chamber of the Eye.—The patient should be in a recumbent posture, the head being upon a thin hard pillow. This position, besides giving greater firmness to the body, than the erect posture, better prevents the escape of the humors of the eye. Sometimes, if the foreign body presents a point externally, it may be seized with the forceps and withdrawn. Bits of iron or steel may sometimes be extracted by a magnet. If the substance is within the cornea, and the wound is healed (which occurs very soon) an incision must be made in the membrane, through which the forceps are to pass. In this situation the body is either adhering to the iris or cornea, or it is floating in the aqueous humor, and follows the motions of the eye. In the former case, the incision through the cornea is to be made opposite to where the body is to be seen, for its presence would prevent a free passage for the knife. Thus, for example, suppose a large body to exist at the inferior part of the anterior chamber, it must be extracted by opening the corner at the superior part, turning down the flap, and seizing the body.

5. Of Pharmacy in General.—The following extract will give a pretty good idea of the design of this article. "Too great a similitude in the names of pharmaceutical productions, a similitude which may be the necessary result of a methodical and scientific nomenclature of those products which are susceptible of it, sometimes presents serious dangers. The names of *mild mercury* or *calomel*, and of *corrosive sublimate*, appear to me to be under this point of view, a thousand times preferable to the apothecary than those of *proto* and *deuto chloride of mercury*, or of *chloride* and *bi-chloride*."

In another part of this journal is the relation of a recent case of accidental poisoning, and death of three children, caused by the apothecary's pupil putting up the *deuto-chloride*, instead of the *proto-chloride* of mercury, which was prescribed. Several cases of poisoning are also cited arising from carelessness in the prescriber in writing the wrong name, such as eight grains of sul. morph., instead of sul. quin.—the writer recommends each prescriber to *repeat* the name of the principal article in writing at the bottom of the prescription.

6. On the Thridace extractd from the dry Stalks of Lettuce.—M. Emile Mouchon, a pharmaceutist, of Lyons, has proved that the cultivated lettuce, and the lactuca virosa, lose their property by drying, is not well founded; and that the hydrolats which they afford, after being deprived of their water of vegetation, do not differ from those resulting from the same vegetables fresh.

Strong preference is given to the alcoholic extract before the aqueous. From one pound two ounces of the dry stalks, one hundred and twenty-eight grains of extract were obtained by alcohol.

7. On the employment of the Chlorides in the treatment of Typhus Fever.—Mr. Richet, a French army surgeon, seeing that chlorine embrocations have proved of great use in external ulcers, conceived the idea of their being admissible as an internal application in typhus fever, for the relief of the intestinal ulcerations, so common in that complaint. In the military hospital of Neuf-Brissac, *all* the autopsies of typhus cases, developed "ulcerations more or less numerous towards the end of the ileum, at the ileocecal valve, and in the whole length of the large intestine." During a frightful typhus epidemic which raged among the unfortunate Frenchmen crowded into the hulks in the bay of Cadiz, after the capitulation of Gen. Dupont, the autopsies *invariably* presented frightful disorders of the digestive apparatus, especially of the lower half of the intestines. "In many cases this portion of the intestinal tube, was one vast gangrenous ulcer." The lesions of other organs were of slight importance compared with this. In these cases, he has found much benefit from injections of the chlorides, given in small quantities that they may be better retained.

8. Extraordinary Case of an Ear of Rye which made its way from the Stomach or Intestine to the Skin in a Child three months old.—This singular case is related by Dr. Accassat. "A female child, three months old, had, without any appreciable cause, some gastro-intestinal irritation, which terminated in eight days in a tumefaction in the hepatic region: a suppurating point formed, and at the spontaneous rupture of the skin, a blade of straw appeared. The mother of the child, somewhat surprised, drew it out about an inch, and the resistance increasing, she was afraid to extract it: the husband undertook it, and, not without astonishment, drew from the belly an entire ear of rye. A gush of purulent and fecal matter followed. In forty-eight hours the opening was closed, and the child did well for seven or eight days, at the end of which time it grew very thin, and had an attack of dysentery. Three weeks after, at the date of the report, the marasmus and dysentery continued, and a communication is suspected between the stomach and transverse colon. The chances of cure are lessened by the parents having substituted artificial nourishment.

9. Bite of the Viper.—This accident is extremely rare in the capital of France. A

case, however, occurred in a laborer, who, while discharging a load of faggots, found a snake, which subsequently bit him in the little finger, which gave the surgeons of the Hotel Dieu an opportunity of witnessing this rare affection. A hand, fore-arm and arm of triple their normal size, very red and sensitive, very extensive ecchymosis, a wound half an inch broad, the chest and abdomen considerably swollen, the tongue black and dry, the teeth slightly coated black, an indefinable precordial anxiety, general pains, and continued vomiting, accompanied with cholic and diarrhœa, afforded but a sorrowful prognosis. The fears of the physicians, however, were not realized, as he was soon out of danger, and recovered, though the cure could not be attributed to the medicaments employed. These were emollient fomentations to the arm; ten drops of ammonia the first day, which exasperated the vomiting; twenty grains of ipecacuanha, which produced no sensible effect; and finally, twenty leeches to the epigastrium, indicated by the pain of the part. From this case the writer is drawn to the following conclusion, of the soundness of which we leave our readers to judge, viz.—that the bite of a single viper is not sufficient to cause a man's death, and, however serious the consequences may appear at first, they are dispersed at the fifteenth or sixteenth day. The species of reptile is not given.

10. Quasi-resurrection in Germany. Bell of the Dead.—Trances, or apparent deaths, occur more frequently in Europe than in this country, if we are to judge from the numbers related. A case is related in a German medical journal of a young physician, of Bavaria, who, being subject to frequent discharges of blood from the lungs, was on one occasion attacked with a frightful hæmoptysis, under which he sank. His family supposed him dead, and he was laid out. The laws of Bavaria interdict burial within forty-eight hours after death; the body remained exposed in the chamber. Towards the middle of the second day, a sister of the deceased, while sprinkling the corpse with some aromatic liquid, to correct the unpleasant odor, saw the body move, and heard the coffin crack. Restorative means soon recalled him to life, and he still lives. These cases are extremely rare, and too much precaution cannot be used. At the charity hospital, there is a room in which all the dead are carried, and laid in rows before interment. At each bed is the cord of a little bell, with a ring at the end, through which the hand of the dead body is passed. Any motion of the body will ring the bell. It has been rung *only once* in fifteen years, which was in the night by a woman, who was recovered, but returned in a few days to this chamber of death; the last time she did not ring.

11. New Sympathetic Ink.—It is stated, if characters are written with a solution of iodine on paper with starch sizing, the blue color produced, will in a few days entirely disappear, without the possibility of recovery. Much mischief in commercial transactions might in this way be produced: for instance, in place of an extensive order for goods, nothing would be seen but a blank sheet.

Art. V.—*Journal de la Societé des Sciences Physiques, Chimiques, et Arts Agricoles et Industriels.* By J. De Fontanelle. Paris, October, 1834.

As we propose to confine ourselves to the analysis of strictly practical papers, we should hardly do justice to this valuable journal without stating that its contents are varied and highly interesting to the man of general science. The articles generally do not come within the scope of our journal, and with this notice we content ourselves by presenting such only as will be interesting to our readers.

1. Manufacture of Artificial Soda.—A prize offered by the Imperial Academy of Sciences of St. Petersburg was awarded to M. Pruckner for the preparation of artificial soda. He begins by transforming sulphate of soda, deprived of its water of crystallization, into sulphuret of sodium, by heating it to redness with pulverised charcoal. The sulphuret thus obtained he dissolves in water, and to this solution, which contains besides, variable proportions of sulphate of soda and caustic soda, he adds, while hot, oxide of copper, until a solution of sulphate of copper, poured into the liquid, produces a precipitate of a clear and pure blue, and not brownish, and until a solution of lead causes no more brown precipitate, but a beautiful pure white; he evaporates the liquid, separated from the sulphuret of copper, till its specific gravity is 1.41 to 1.48, and leaves it to itself for 24 to 48 hours, according to the temperature of the atmosphere. Then the greater part of the undecomposed sulphate of soda crystalises. The alkaline solution which floats is then decanted and concentrated to dryness.

2. Preparation of Citrate of Quinine, by Prof. Galvani, sen.—Dissolve one part of sulphate of quinine in forty parts of boiling distilled water; then add by small degrees a solution of slightly acidulated citrate of soda, until the paper of turnsol is slightly reddened, which indicates a complete double decomposition. Filter the boiling liquid, and the citrate of quinine will crystalize by cooling. These crystals are to be redissolved in distilled water, and again crystalized to be purified.

3. New Method of Preparing Salicine, by MM. Heusman and Dekoninct.—Make

two decoctions of the dry bark of the *salix alba*, and concentrate them; precipitate the coloring matter by the sub-acetate of lead, and saturate the excess of metal by dilute sulphuric acid; filter the liquor, and pass through it a current of sulphuretted hydrogen. Then saturate the free acetic acid by ammonia; by evaporating the liquid, crystals of salicine will be obtained, which are to be purified by redissolving them in water, and treating the solution with animal charcoal.

4. The Monnina Polystachaya of Ruiz, commonly known in South America by the name of Yallhoy or Masca, is highly spoken of as an anti-dysenteric remedy. During a dysenteric epidemic which raged in Peru and Chili in 1788 and 1789, it was very successfully used as an injection. Ruiz states, that since that period the Peruvian physicians prefer it to the Simarouba as an anti-dysenteric, and some of them confound the Yallhoy under the name of Simarouba Peruviana. He gives the cold aqueous infusion of the bark, also in the form of powder, pill, and extract.

5. Benzoin Lozenges, by M. L. Piette.

℞	Benzoe Amygd.	℥j. ʒiv.
	Tinct. Rosar.	℥iv.
	Infus. Fort. Pap. Alba	℥iv.
	Pul. G. Acac.	℥viij.
	Pul. G. Trag.	℥j.
	Pul. Sacchar	℔ vj.

Pulverize the Benzoin in a glass mortar, and slowly add the tincture; and after seven hours maceration, add the infusion of poppies; pass this through a seive, and after making a mucilage with the gums, add the sugar, when the whole is to be divided into pastilles of twelve grains each, which are useful in asthma, chronic catarrh, &c.

6. Vomit for Children under one Year, by Dr. Hufeland.

Powd. of Ipecac.	gr. xij.
Oxymel Scill.	
Raspberry Syrup,	
Water	āā ʒiv.

Mix intimately. The dose is a desert-spoonful every quarter hour until vomiting is produced. If at the end of half an hour, the vomiting is not repeated, give another spoonful.

7. Method of administering Castor Oil.

Castor oil	℥iij.
Yolk of an egg	
Orange flower, or mint water	ʒij.

Triturate the whole in a marble mortar fifteen or twenty minutes, and add slowly

Water	℥iij.
Lemon juice	ʒj.

One dose for an adult.

8. Collyrium of Dr. Munaret, for acute and chronic inflammation of the eyes.

Solut. of nit. silver	gtt. iv.
Laudanum	gtt. ij. vel iij.
Dist. water	ʒi.

Its action is to be assisted with purgatives, venesection, and derivatives.

ANALECTA.

1. Remarkable Cure of Hemeralopia.—J. M. 26 years of age, could not distinguish any object at night, excepting the golden halo surrounding a light. After an attentive examination, prurigo was discovered in the left hypochondrium; the liver was hard and voluminous, but not in the least painful, probably the consequence of an inflammation of that organ which had occurred six months previously, and had disappeared without the aid of medical treatment; bitter taste in the mouth; tongue coated with a yellowish fur; no appetite; frequent vomiting; acid eructations; hard evacuations; yellowish urine; obscure pain in nearly the whole left side; icteric hue of the skin and sclerotica; sleep interrupted by tumultuous dreams; debility and emaciation. (Dissolvent Remedies) after several weeks a deep yellowness of skin appeared, the symptoms vanished, especially every trace of the prurigo and hemeralopia. The hardness of the liver, however, remained.—*Horn's, Nasse's, and Wagner's Archives.*

2. Transfusion of Blood.—G. D. aged 41 years, mother of several children, and of a delicate constitution, had missed her menstruation at two different periods, when she was suddenly attacked, the 17th January 1828, with a metrorrhagia, moderate at the commencement, but which soon became very profuse. This hæmorrhage had existed during eighteen hours, when Mr. Klett was sent for, who found the patient prostrated; countenance pale and sharpened; pulse scarcely perceptible. The loss of blood had been considerable; fomentations of brandy were immediately directed to the lower portion of the abdomen, and the hands and arms were bathed with warm urine; two tea-spoonsful of a potion composed of the extract of ratanhy, cinnamon water, tincture of cinnamon and acetic

ether were administered at once; sulphuric ether was also applied to the chest and abdomen, and astringent injections thrown into the uterus. The condition of the patient became every minute more alarming, and although twelve drops of sulphuric ether, in which oil of cinnamon had been dissolved, was given, the weakness and hæmorrhage increased. Obscurity of vision, vertigo, coldness of extremities, hiccough, death-like paleness, alteration of features, seemed now to predict a speedy termination in death. In this desperate state, Mr. Klett determined to resort to transfusion, which was executed with great skill by Mr. Schraegle, who passed into the veins of the patient at least two ounces of blood taken from the arm of her husband. The effect was surprising; the patient almost instantly opened her eyes; the pulse became sensible, and increased in force; the hiccough diminished, and ceased entirely; the face resumed its natural aspect, and heat of skin seemed instantaneously to take the place of the icy coldness of the body. The medicines already mentioned were continued. The hæmorrhage ceased, and the patient regained her strength. On being asked what were the sensations she experienced during the transfusion, she replied that she had sensibly and distinctly felt a grateful current near the heart, which had given her renewed life. With the use of ratanhy, bark and iron, she was perfectly restored.—*Medicinisches Correspondenz-Blatt.*

3. Successful Case of Diabetes Mellitus.—Christopher M. aged 30, having enjoyed good health until his twenty-third year, experienced at that period, after a forced march, a stiffness in the left ankle joint, which yielded to venesection. Soon after his two feet became œdematous. The patient applied a plaister of cantharides of his own manufacture to the inner surface of the left foot, which readily healed, with the exception of a small spot about the size of a pea, which continued to discharge daily, for four days, ten or eleven ounces of a thin and colorless fluid. Notwithstanding this profuse suppuration, Christopher enjoyed good health. Having become a soldier at the age of 27, he was compelled to heal this small ulcer, when he experienced great debility and acute wandering pains in the left side of the body. Three months afterwards, he was attacked with diabetes.

On the 30th of March 1832, the following symptoms presented themselves. During twenty-four hours, he evacuated eighteen pounds of urine having all the characteristics of that of diabetes; excessive thirst and hunger; tongue, gums, and inner surface of the mouth red with burning heat; expectoration viscid and sweetish; sensation of burning heat in the stomach; skin dry; excessive prostration; emaciation; lethargy and melancholy. An issue was established at the seat of the former ulcer, which soon yielded eight or ten ounces of matter; when all the above-mentioned symptoms gradually disappeared, and the patient was restored to health about the middle of the month of May.

Contrary to the advice of his physician, the patient allowed the issue to heal. A few days afterwards, he had, in the course of seventy-two hours, more than one hundred evacuations from his bowels, and fifty from his stomach; prostration extreme. Cinnamon water and laudanum, followed by a decoction of Colombo root, were given internally, which arrested the diarrhœa and vomiting; but general anasarca speedily appeared, especially in the left foot; urine scanty; constipation; skin cold. The symptoms again ceased upon the establishing of an issue, which discharged freely. After this the left wrist became œdematous. On examining the issue, the discharge was found to have diminished; which, on being augmented, by embuing a pea with epispastic ointment, the patient maintained good health.—*Horn's, Nasse's, and Wagner's Archiv.*

4. Phagadenic Paste for the Cure of Cancer.—An animated and interesting debate took place at the meeting of the Académie de Médecine, Paris, on the 25th of Nov. last, on a paper read by Dr. Cancoin, in which he stated, that since 1824 he had successfully employed, in a large number of cases of cancer, a caustic paste, which, applied to the skin, acts powerfully, and according to its strength and the thickness spread upon the surface it may be graduated with so much precision as to destroy the parts beneath from between half a line to two inches, or any intermediate space, at a single application. This of course would require some experience; but Dr. Cancoin says he has, by graduating the application according to the depth of the tissues to be destroyed, spreading it thicker in the centre than around the circumference, completely destroyed cancerous tumors by one application.

The following are the formulæ of Dr. Cancoin. He makes the paste of three different degrees of strength, and uses also what he calls the antimonial paste.

No. 1.	Take of meal,	2 parts.
	Chloruret of zinc,	1 part.
No. 2.	Meal,	3 parts.
	Chloruret of zinc,	1 part.
No. 3.	Meal,	4 parts.
	Chloruret of zinc,	1 part.

I mix, says Dr. Cancoin, the chloruret of zinc with the flour, adding to it the least possible quantity of water, and I leave the paste exposed to the air to attract humidity, and thus acquire a convenient consistence. The addition of butter of antimony is in the following proportions.

Antimonial Paste.

Take of chloruret of antimony, 1 part,
do. of zinc, 2 parts,

and add a quantity of flour according to the degree of strength we may desire. MM. Amussat, Sanson, and Lisfranc were appointed a committee to investigate the facts.—*Gazette Medicale de Paris, No.* 48.

5. Cure of Amaurosis.—N——, aged 5 years, was laboring for 14 days under complete amaurosis, immediately following a retrocession of measles, in consequence of exposure to cold, (frictions of ungt. tart. antimony to the back of the neck; internally, calomel with arnica, camphor, and the golden sulphur of antimony; mustard baths.) At the end of five days the cure was complete, and continues so to this day, which is now about three years.—*Horn's, Nasse's and Wagner's Archives.*

6. Remarkable Case of Coryza.—J. B. ætat. 14, was attacked about a year since with coryza; there was a puriform, thick, yellowish green mucosity discharged from both nostrils, of an insupportable odor, and resembling somewhat the sweat of the feet. It was ascertained that she had labored under a very profuse and offensive discharge from the feet for several years, which had been suppressed for about a year by the use of cold foot baths, mustard baths, heat, and blisters between the large toes were used without success. It is, however, worthy of remark, that the matter furnished by these blisters had the same odor as that proceeding from the nostrils. In order to correct this last, injections of the chlorides in rose water (1 dr. to 10 oz.) were used. For a year and a half, the pediluviums were continued, and the large toes were surrounded by oil silk. At this period, the sweat of the feet was re-established, possessing the same smell as the discharge from the nose, which last disappeared. —*Ibid.*

MEDICAL INTELLIGENCE.

1. Annual Bill of Mortality.—We have already presented some of the leading facts embraced in the report of the city inspector for 1834*. The document has since been printed, and a copy is before us. Of the whole 9082 who died in 1834, 4997 were males, and 4085 females. Excess of males 912.

Of the age of one year or under, were 2603, between the ages of one and two years 900, two and five 861, five and ten 381, ten and twenty 372, twenty and thirty 1168, thirty and forty 1102, forty and fifty 718, fifty and sixty 425, sixty and seventy 282, seventy and eighty 178, eighty and ninety 73, ninety and a hundred 17, over a hundred 2.

There died in the month of January 583, February 567, March 620, April 590, May 666, June 398, July 857, August 1456, September 1314, October 699, November 695, December 647. The greater number of deaths in August and September, is principally attributed to the prevalence of the cholera. The same remark is applicable in some degree to the number of deaths between the ages of 20 and 50; middle age being a period of life from which that strange disease selects a large part of its victims. The explanation is, perhaps, that among persons under 20, intemperance is little prevalent, while on the other hand, few decidedly intemperate persons live beyond the age of 50.

Of the whole 9082, there died of abscess 13; aneurism 1; apoplexy 135; asphyxia 4; asthma 8; burned or scalded 50; cancer 24; casualty 86; catarrh 3; childbed 63; chlerosis 1; cholera 971; cholera morbus 50; cholic 4; compression of the brain 10; consumption 1471; convulsions 770; contusion 2; cramp in the stomach 9; diarrhœa 54; drinking cold water 40; dropsy 181; dropsy in the chest 58; dropsy in the head 347: drowned 50; dysentery 67; dyspepsia 5; epilepsy 10; erysipelis 25; fever 53; fever bilious 39; fever bilious remittent 15; fever hectic 1; fever inflammatory 4; fever intermittent 13; fever puerperal 4; fever remittent 31; fever scarlet 418; fever typhus 106; flux infantile 475; fracture 8; frozen 2; gout 2; gravel 8; hæmorrhage 19; hæmopytysis 9; hives or croup 198; hysteria 3; jaundice 10; inflammation of the bladder 4; inflammation of the bowels 188; inflammation of the brain 120; inflammation of the chest 118; inflammation of the liver 50; inflammation of the stomach 45; influenza 8; insanity 14; intemperance 110; killed or murdered 1; locked jaw 3; marasmus 142; measles 212; monorrhagia 2; mortification 16; old age 136; organic disease of the heart 22; palsy 39; peripneumony 327; pleurisy 26; pneumonia typhodes 53; quinsy 4; rheumatism 7: rickets 4; rupture 7; St. Anthony's fire 1; scirrhus of the liver 2; scrofula, or king's evil 13; small pox 233; sore throat 38; spasms 3; spina bifida 1; sprue 40; stillborn 492; strangury 4; sud-

* See last number, page 236.

den death 14; suicide 33; syphilis 13; tabes mesenterica 38; teething 205; tumour 4; ulcer 8; unknown 115; white swelling 2; whooping cough 141; worms 56.

Of the 971 who died of cholera, 476 were men, 342 women, 84 boys, and 69 girls—total 971. Only 12 were under 2 years of age; 33 between 2 and 5; 44 between 5 and 10; 62 between 10 and 20; 187 between 20 and 30; 274 between 30 and 40; 165 between 40 and 50; 100 between 50 and 60; 58 between 60 and 70; over 70, 36.

The deaths of colored persons by all diseases were 817; being to those of whites as 1 to 11 1-8, while the colored population bears to the white the proportion of 1 to 14 1-2.

The number of deaths in 1833, was 5746; 1832, 10,359; 1831, 4363; 1830, 5537; 1829, 5094; 1828, 5181: 1827, 5181; 1826, 4973; 1825, 5918; 1824, 4341.—*Jour. Com.*

2. University of Pennsylvania.—We stated in our last number that difficulties had arisen in this institution, since which we have received a Philadelphia newspaper detailing the circumstances which led to the removal of Dr. Coxe. We shall notice nothing anonymous, but wait for the required *exposé* of Dr. Coxe, when our readers shall be enlightened fully on the subject. We may remark, however, that if the statements contained be true, Dr. Coxe owes it to himself, his family, and his profession, to bring the matter before a tribunal where the question of damage cannot fail to stamp his own professional character, and teach his persecutors a costly lesson from which others may hereafter profit.

What a spectacle! Is it possible that the professors in the University of Pennsylvania could not preserve peace among themselves, after the disgusting and disgraceful scenes so recently enacted in Jefferson Medical College, of their city? Did they not once think of this volcanic pile, which, by its *peculiar arts*, might stifle for a time its own malignant fires, when open dissension elsewhere would divert attention from them, and by which they might profit, for a time at least, till their next eruption?

We sincerely regret the occurrence; but it may show that Philadelphia is not the only cultivated field of medical science, and that the students of medicine may, with equal advantage, seek an alma-mater in the other medical colleges of our country.

Eds. U. S. Journal.

3. A Valetudinarian Chair.—Mr. Benjamin W. Hayes, of Pittsfield, Mass. an ingenious and intelligent mechanic, has devised a chair, which we are inclined to suppose a very useful invention, a description of which accompanies this notice. Drs. Childs and Parker, of that place, who are eminently well qualified to judge of its merits, have given their approbation, and recommend it to the favorable consideration of the profession. To have made the machine better understood, a drawing seems almost indispensable, which we do not despair of receiving at some future time, when it will give us pleasure to advert to the subject again. In the mean time, if Mr. Hayes expects a compensation adequate to the time and labor he has devoted to the construction of what appears to be an auxiliary apparatus in surgical practice, he should not only place it in the hospitals of the principal cities, but call to it the attention of medical men through the appropriate channels of journals of science. His description of the chair follows.

I send a brief description of a chair designed for the sick, for which I have recently received a patent.

It consists of a substantial frame about 22 inches wide, and of suitable depth, height and strength; the back posts rising higher than the front ones, by an easy curve of the arm-pieces: the bottom part of the posts are planed out in front and rear, to sustain the balance of an individual when laid in a horizontal position; which is done by letting the back down to any given angle, which is made fast by a simple strap and buckle attached to the arm-pieces. The foot pieces are raised on a pivot at the seat, and made fast at any angle by a strap and buckle; a sliding panel is drawn out of the foot piece, making the bed of a suitable length; the head piece, when the back is perpendicular, is turned up for a head-board when in a horizontal position. There are rollers in the bottom of the posts, on which a patient may be moved and rolled from one apartment or place to another. A pair of cross or cradle rockers are folded into a horizontal, or pressed out into a perpendicular position by the simple movement of a strap on each side of the chair, making a cradle or rocking bed. A pair of side rockers, with a joint in the middle, are so contrived, that an individual sitting in the chair can, by a simple and easy motion of a short lever on the right side, press down the rockers, by doing which the whole is raised from the rollers, or cross rockers, into a common rocking chair. The rollers in the bottom of the posts are so arranged as to form a check to both pair of rockers, preventing the chair or bed from overturning; the foot piece is made in two parts, to be convenient for a lame or fractured limb; a foot board is also attached to supply the place of a common footstool. A light table is fitted to the arm-pieces, suitable for an eating, writing, or working table.

The whole is plain and simple in its construction, fitted for the purposes of the nursery and parlor; adapted to all classes of invalids; easily changed into a great variety of positions to suit dropsical, asthmatic, and rheumatic patients; cheap and of convenient size, light and portable. It is easily conveyed from one apartment or place to another, is well calculated for journeying with weak and feeble persons, affording a comfortable bed when needed by the way—well calculated for

an hospital, surgeon's or dentist's chair, and not less adapted for all the ordinary purposes of a common rocking chair or a simple bed, in a private family or public office.—*Boston Med. and Surg. Jour.*

4. Lunatics in the United States.—From the mass of curious statistical items gathered by the persevering industry of the Prison Discipline Society, the following table has been selected.

Assuming, says the writer, that the number of lunatics is as one to a thousand of the population, which is found to correspond very nearly with facts, where they have been ascertained, it is to be presumed that the following tabular view of the number of insane, in each state, cannot be far from true.

	No Insane.		No Insane.
Maine	399	Tennessee	691
New Hampshire	269	Ohio	935
Vermont	280	Louisiana	215
Massachusets	610	Indiana	139
Rhode Island	97	Illinois	157
Connecticut	297	Albama	309
New York	1,918	Missouri	140
New Jersey	320	Mechigan	31
Pennsylvania	1,348	Arkansas	30
Delaware	76	Florida	35
Maryland	447	District of Columbia	39
Virginia	1,211		
North Carolina	737		
South Carolina	516	Total	11,919

In five of six states, there are private asylums, which may contain in all about a thousand patients. For the remaining ten thousand, nine hundred and nineteen, no suitable efforts are making for their restoration. It is a melancholy reflection, that between seven and eight thousand of these unhappy, unconscious, irresponsible fellow beings, are paupers—many of whom roam over the country, neglected and often abused, without exciting that active benevolence of feeling in the whole community, which is imperiously called for by this great multitude of wretched lunatics, who should all be housed, be fed, be clothed, be treated in the kindest manner at the expense of the states in which they have had a habitancy.—*Ibid.*

5. To the Public.—A number of dentists of this city have associated themselves together and formed a society, known as "*The Society of Surgeon Dentists of the city and state of New York.*" The primary objects of which are, mutual improvement, a desire to extend the usefulness of those who may become members, to encourage all improvements in dental surgery, whether partial or general, by whomsoever offered. and finally, to promote the respectability of the profession, by putting down, if possible, all imposition and unprincipled quackery, by which the public and profession at large are made to suffer.

As a society organized and constituted for the above-named objects, we are called upon to notice, in unqualified terms of disapprobation and disgust, the proceedings of certain persons who profess to be the discoverers of new and superior methods of making and setting artificial teeth, of vast improvements in dental surgery, and to have a substance superior to all others for stopping decayed teeth, called the "Royal mineral Succedaneum."

In the first place, we do assert, from unquestionable evidence and knowledge of the facts, that they have discovered no new method, nor can they even perform any operation successfully, where skill is required, by the methods that have long been known and successfully practised by others. In relation to the latter, we are constrained to state to our fellow-citizens (whose confidence some of us have for many years enjoyed, and to whom we do, individually and collectively, feel grateful) that after a careful analysis of the "Royal mineral Succedaneum," it is found to be an amalgam of mercury—poisonous in its quality, subject to rapid oxidation, and therefore, totally unfit for use, in any case of diseased teeth.

We would here remark, that we have personal acquaintance with these pretended discoveries, and dentists to all the crowned heads of Europe—and to them personally we have neither prejudice nor envy, as has been stated in their anonymous communications. As dentists, however, we do not hesitate to say, that they are not known, either in Europe or this country; and we challenge them to produce to the public, genuine testimonials corroborative of their statements.

Whenever they introduce new and superior methods, or make improvements in dental surgery, we pledge ourselves to support and sustain them; but hitherto their practice has been such as to injure those who have unfortunately fallen into their hands, and to disgrace the profession to which they assume to belong. We are sorry to come thus before the public, but it is to the public that we are indebted for our success and support, and as an act of justice these remarks are offered, in the hope that the citizens of New York may no longer be insulted by having incessantly presented to them, anonymous communications and assertions in advertisements, which are utterly false, and without a shadow of foundation.

These individuals state that the medical faculty of New York approve and recommend their "Royal Mineral Succedaneum." We beg leave to say that all the medical gentlemen with whom we have conversed on the subject, regard it as the greatest piece of imposition and quackery ever offered to any community. We therefore call upon them to give the names of those (if any) who recommended it, and if they fail to do so, it is presumed the public will regard them with feelings such as apply only to artifice and dishonor.

In conclusion, we recommend to all, who

are not satisfied with this statement, previous to applying to these persons, to take the opinion of their physician in relation to the "Royal Mineral Succedaneum," before their teeth are injured, and they cajoled out of their money. By order of the society.

ELEAZAR PARMLY, *President.*
E. BRYAN, *Secretary.*

New York, 11*th Feb.* 1835.

6. SARLANDIERE'S ANATOMY.—*Systematized Anatomy, or Human Organography, in Synoptical tables, with numerous plates.* By the Chev. J. Sarlandiere, M. D. &c. &c. Translated from the French, by W. C. Roberts, M. D. &c. of New-York. The above is the title of a work which we mentioned in our fourth number as in the press, and the completion of which we have now the pleasure to announce. The two numbers present a complete system of anatomy, and supply a desideratum long wished for, namely, a full series of anatomical plates, at such a price as to be within the reach of all, and most especially useful to the student of medicine, who cannot fail to supply himself with a work he will find invaluable in his pursuit of anatomical knowledge. We have examined it with some care; the translation, by Dr. Roberts, is excellent; the plates admirably executed, and we can pronounce upon the general accuracy of the anatomical references.

The work is dedicated to Samuel Jackson, M. D. of Philadelphia, one of the most distinguished men of our country; and we are assured he will feel honored by this tribute of respect to his professional worth. To conclude, we may remark that the profession are indebted to the enterprising publishers, Messrs. J. and E. Bisbee, of this city; and we trust they may be induced by the success which cannot fail to attend the work under consideration, to renew their exertions in another field, for advancing the cause of science.

Eds. U. S. Journal.

7. FEVERS.—Why do not our correspondents have more to say upon the subject off evers, that great class of diseases which are so formidable and destructive in this country? Essays would be exceedingly acceptable. Usually, writers on fevers have been too heavy. In order to convey the greatest amount of practical information, one page is always better than ten, for the obvious reason that the first would be read and remembered, while the last would discourage Hippocrates himself, on account of its bulk and prolixity.—*Boston Med. and Surg. Jour.*

8. IRISH MOSS.—As this is becoming an important article in domestic economy, and particularly useful in hospitals, it may perhaps oblige those who gather it on rocky beaches here at the north, at low tide, to be informed that the true method of bleaching it is to throw the moss into fresh water, before it becomes dry, after being taken from the ocean. In about twelve hours it may be taken out, washed in clean water, and then spread in the sun. Such pieces as retain the reddish hue, when dried, should again be put in water, and the process repeated till the whole becomes of a dingy white color. If the maceration exceeds about twelve hours, it generally proves injurious to the article, as the sprigs drop into small pieces, and moreover lose considerably of their gelatine.—*Ibid.*

9. PRIZE ESSAYS.—A new plan has been adopted by one of the Pofessors in the Willoughby University, Ohio, to excite emulation in the class. He has recently awarded a premium of a silver medal to one of his students for the best essay on a specified subject, written without the aid of books for reference—the successful candidate was T. F. Robinson, of Pennsylvania.—*Eds. U. S. Journal.*

10. EFFICACY OF VACCINATION IN HOOPING COUGH.—Mr. Griva, director of vaccination at Turin, says, that during an epidemic hooping cough, Dr. Boccardi employed vaccination on very young children, and found that the mortality previously caused by the disease was immediately arrested; the cough assumed a milder character, and was in most cases limited to three or four weeks. In New England, the physicians have not been in the habit of resorting to this almost unfailing remedy against the severity of that truly destructive infantile disease.—*Boston Med. and Surg. Jour.*

11. REPORTS OF LECTURES.—We are desirous of producing more reports of lectures, as they are given from day to day, before medical classes. No kind of publication could be better calculated for permanently benefiting a school, than presenting the medical community a transcript of the lectures of each professor. Look into the foreign journals—in in which every word that is uttered in the chair, is carefully noted by the reporter. The effect is to give an extended reputation to the lecturer:—the school is known by the talents of its teachers, and pupils are increased. To encourage this species of writing, we are ready to print every thing of the kind that could possibly be serviceable to readers; and we therefore invite the attention of the faculty of the various medical institutions, during their present lecture term, to forward abstracts of their daily discourses.—*Ibid.*

12. VERMONT CLINICAL SCHOOL OF MEDICINE.—It will be recollected this institution is located in the beautiful village of Woodstock, the shire town of Windsor county, twelve miles from Windsor, and eighteen from Dartmouth college in New Hampshire. Preparations are making for an unusually interesting course of lectures, the ensuing term. Dr. Palmer is an indefatigable man, whose character and usefulness, in connection with the school, has been widely extended.—*Ibid.*

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ADVERTISEMENTS.

TO READERS AND CORRESPONDENTS.

We have on hand several communications which would neither be creditable to their authors nor our Journal, we are therefore compelled to decline their publication.

We feel disposed to aid both public and private lecturers in their laudable efforts to elevate the dignity of the profession, but it would be contrary to our present purpose to publish the proceedings of classes approving of lecturers, &c. This will account for the non-appearance of several articles of the kind.

Drs. Ives, Hubbard, and Hooker, (New Haven,) Fuller, Sumner, and Brigham, (Hartford,) and Dr. Ogden of Bellevue Hospital, are respectfully informed that their communications will be thankfully received.

"Medicus" will observe that we have complied with his suggestion.

Dr. Bowron's Essay on Cholera will be noticed in our next.

The list of graduates of the New-York Medical Colleges came to hand too late; they shall appear in our next.

☞ *James Webster, the Publishing Agent of this Journal, being much absent from the city, all Communications concerning the same may be addressed,* (post paid) *to him, Post-office, New-York.*

THE

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No. IX.

APRIL, 1835.

ART. I.—*A Report, read before the Medical Association of the New-York Dispensary, at their regular meeting, August 30th,* 1834. By JOHN WATSON, M.D. of New-York.

GENTLEMEN,—Since my last periodical report, the class of diseases that I had charge of has been changed, and the one that I have to report on at present, includes the venereal and cutaneous diseases of the male department.

From the 17th of June last, until the 1st of the present month, I have prescribed, at the dispensary, for 105 patients. Of these, the number of venereal cases was 46; of cutaneous diseases, 57. Besides these, I have had charge of two other cases that did not properly belong to my class, viz. one case of injury of the perineum, and one case of long standing disease of the frontal sinuses.

Among the *venereal cases*, there were of recent gonorrhœa, 5; of gleet, 1; of gleet, accompanied with warty excrescences around the corona glandis, 1; gonorrhœa and testitis, 4; gonorrhœa and phymosis, 2; simple chancre, or venereal ulcer, 6; chancre and gonorrhœa, 2; chancre, gonorrhœa, and testitis, 1; chancre and bubo, 7; chancre and phymosis, 4; chancre, phymosis, and bubo, 4; simple bubo, 3; secondary syphilis, 4; secondary syphilis, with primary ulcers, 2.

From this small number of venereal cases, especially among such patients as we have to deal with, and where the result of treatment is rarely or never reported, it cannot be presumed that we can draw any thing like a definite inference as to the superiority of any mode of practice. I shall not therefore enter minutely into the history of these cases, but content myself with stating the few facts that may be either confirmed or established by them. I adopt this plan the more willingly, because I think it the most likely one to fulfil the objects of our association.

In the first place, then, I have observed that the affection usually called pains in the bones, which often follows primary syphilis, is not, as the anti-mercurial practitioners maintain, owing to the use of mercury; but that it is amongst the regular symptoms of this disease after having contaminated the general system. In support of which, I transcribe from my case-book the two following instances.

Jeremiah Downy, a laborer, aged 26, applied at the dispensary, June 20th, with chancres on the body of his penis, which had existed three months. They were followed by swellings in his groins, which did not progress to suppuration. He took no medicine other than a couple of purges, and applied a lotion of some sort to the primary sore. About two weeks ago, he had an eruption come out all over his body, consisting of thick small pustules crowded together and red at the base. For the last two months he had been complaining of severe pains in his bones. He had some erythematous redness in his fauces, and had been taking, for a few days prior to his application, a mixture of sulphur and gin, for the purpose of repelling the eruption.

William Blay, aged 19, an hostler, applied, June 21st, with a chancre on the upper surface of the corona glandis, and some others on the body of the penis, existing three months; has had also an eruption on his skin, existing one week: it had a scaly appearance, and was not very general; bowels irregular. He had not been under any treatment, and he complained of pains in his bones and in his head, particularly in his ears. He had had, within three weeks, five attacks of epistaxis.

In the second place, I have observed that secondary venereal symptoms are not prevented by the anti-mercurial practice, especially that of the Seamens' Retreat hospital, as employed by Dr. Townsend, a gentleman who has labored hard to persuade the directors of that institution, that he has discovered

the true and only mode of eradicating syphilis from the system.

Laurence Kenneda, aged 40, a seaman, applied, July 31st, with nodes on his shins, existing three months, and during this time, accompanied with so much pain as to confine him for the greater part of his time to his bed. He is at present just able to crawl about. He had the primary disease five years ago, and was at that time under the care of Dr. Townsend, at the Retreat The primary disease healed under the Doctor's chloride of lime wash, and the patient was discharged. He has since, however, had several attacks of secondary symptoms, such as sores on his head and body; but has never had a sore throat. His primary symptoms, he states, were simple chancres, unattended with buboes. After leaving the Retreat, believing himself well, he got married; he has never had primary venereal symptoms since, and I believe that his wife has not had any signs of the disease.

In the third place, I have observed that there are some forms of venereal sores that will not heal under the influence of mercury.

King Jackson, a negro, aged 59, came under my care, June 21st, having a ragged ulcer of the prepuce, extending under the integuments between the corpora cavernosa, and involving the glans; he had had the disease a year. The sores began on the lower part of the prepuce; after a time they healed there, and spread to the upper part. Within two months, the ulceration had been more rapid than formerly, and during that period he had been most of the time on the use of blue pills; but without the least improvement: he had taken mercury for the same disease at a former period. With the exception of a costive habit, his general health appeared to be good; he had never had any symptoms of secondary disease, and not even a bubo.

In the fourth place, I have seen that the venereal virus may be absorbed and carried into the system, without producing a primary chancre—a bubo being the only primary affection.

Hugh Downing, aged 19, a tailor, had the venereal disease since May 10th; never had any sore on his penis. The first sign of disease, ten days after exposure, was a swelling in the groin, which ulcerated; it was situated rather lower down and nearer the base of the penis than buboes usually are. The sore for some time was treated only with local applications. About the 7th of July, a discharge of gonorrhœal matter was observed, but the patient did not acknowledge any recent connexion. He was put upon the use of ol. terеb. et bals. capaib. āā; of the mixture, ʒj. four times a day. He returned, July 17th, with an ulcer in his throat. This removed all doubts of the venereal origin of the bubo; and on the 24th, he again presented himself, having several secondary ulcers on his body.

Case 32.—John McPherson, aged 25, applied, June 26th, with a bubo in his right groin; it had existed four months, and had been ulcerated about two weeks. He never had any sore on his penis, and no cicatrix could be discovered by examination. He was a married man, and made some hesitation in acknowledging the venereal origin of his complaint. Whether it finally gave rise to secondary symptoms or not, I cannot say, as I saw him but once.

With respect to the *treatment* of the different forms of the venereal disease, I have nothing new to offer; and as the subject has been already before the association in the two previous reports of my colleague, I think it not incumbent on me at present to enter into it. I may, however, state in relation to gleet or chronic gonorrhœa, that we are often puzzled to know what to do for it. The whole catalogue of gonorrhœal medicines is passed through in vain, and the patient, after swallowing ounces of capaiba, turpentine, and cantharides, is often left in as bad a condition as ever; he resorts to injections, and these are used until he is tired of them, without removing the disease. In such cases, the best plan is to introduce a bougie; for it is now pretty well ascertained, that most cases of this kind are prevented from healing by the existence of stricture in some portion of the urethra; and that by the removal of this, the gleety discharge subsides without further trouble.

Gonorrhœa is usually passed over as a mild disease, and one that may be suffered without serious injury to the individual afterwards; but the truth is, that its consequences are often as distressing as the severest forms of secondary syphilis. Although rather out of course, I may here mention a case of long standing and *troublesome stricture*, subsequent to gonorrhœa, in a private patient that I have had charge of, and who, I am sorry to say, after an infinite deal of suffering, has not yet perfectly recovered.

Thomas R——, a harness maker, aged 34, applied to me, April 7th, for the cure of a complicated affection of his urethra. While a young man, he contracted gonorrhœa, and after the subsidence of the running, he remained for a long time in perfect health; at length he began to be troubled in making water, and on examination, a stricture was discovered in the urethra. This continued to trouble him for four or five years, and was occasionally relieved by the introduction of a bougie. Sometime last fall, his difficulty in making water being greater than usual, he applied to a physician for relief. The medical gentleman, not perhaps having the proper instrument, attempted to introduce a curved piece of common wire into the urethra. This brought on a violent hæmorrhage, with subsequent inflammation and much febrile excitement; these were subdued by venesection, refrigerant applications, and other antiphlogistic means. After this the difficulty of micturition became greater, and an abscess formed

at the base of the penis, just above the scrotum. The patient now entered the hospital, and the abscess was there punctured. From this time until he came under my charge, the greater part of the urine passed through this artificial opening; and I was told by the house-surgeon, that a common probe could scarcely be passed an inch beyond the meatus urinarius. When I first saw him, I was unable to pass the smallest bougie more than half an inch; but after using Home's armed bougie a few times, this first stricture was overcome, and the instrument passed on about three inches; there again it met with some obstruction, which was in like manner removed by the caustic. The common bougie was now passed along 6½ inches, and met with a third obstruction, to overcome which, Home's instrument was again employed. But in this case it was unsuccessful; and finding by the use of the moddle bougie, that the obstruction appeared to be on the right side of the passage, and that the instrument, if forced along, took an unnatural course out from the urethra towards the left tuberosity of the ischium, and became almost as superficial as the integuments. I concluded that this preternatural passage must have been formed by the wire, and that caustic could be beneficial only by being applied to the right side of the passage immediately over the indurated stricture. Under this impression, I employed Lalemand's port-cautaire several times, but without the least advantage; for, in spite of my endeavors, the instrument, when forced along, would take the unnatural passage, and apparently produced more mischief than benefit. The urine still continued to pass by the artificial opening above the scrotum. The course of its passage was not directly through from the spongy portion of the urethra; on the contrary, the fistula extended down parallel with the natural passage, until it reached below the last stricture, on the vesical side of which it opened into the urethra: thus the patient, although forced to micturate almost every hour, and at every time with suffering, was really supplied with two more passages than natural—the one made by the wire, and the other by the abscess. Under these circumstances I suggested the propriety of an operation, to which he consented. But this was deferred for some time by frequent attacks of inflammation of the scrotum and integuments of the penis, brought on by the extravasation of urine, and accompanied with rigors and slight paroxysms of fever. On the 17th of June, however, the operation was performed. The patient lying on his back with his legs separated and flexed, a steel sound was introduced as far as the seat of obstruction. The hair was then removed from the perineum, and an incision about an inch and a half long was made in the course of the rapha, and carried through the fasciæ and muscular structure, down to the point of the steel instrument. On reaching the urethra, the stricture was found to consist of a hard cartilaginous deposition nearly half an inch in length. After cutting through the whole of this, the point of the steel sound was brought through the wound; and then, through the lower portion of the urethra, a female catheter was passed from the wound into the bladder. The steel sound was now removed, and a large gum elastic catheter introduced, first through the outer, and then, doubling it on itself, through the inner portion of the urethra, withdrawing the female catheter at the time the other was introduced. The wound was now dressed with lint, adhesive straps and a compress; the whole made secure by a T bandage, and the patient carried to bed. He remained comfortable until the 20th, when he had a new attack of rigors, followed by ephemeral fever. On the 21st, again comfortable, no urine having come through the wound since the operation; dressed for the first time. 22d. Catheter obstructed, and urine flowing by the side of it, and a small quantity through the cut; instrument changed. After this, the cut was dressed every day, and the instrument changed once a week. On the 26th, the wound was so nearly closed that a probe could not be passed beyond the depth of the integuments; and in about a week afterwards, it had entirely cicatrized. The patient continued to use the catheter until the middle of July, when having one day removed it himself, he had some trouble in replacing it, but finally succeeded. Next day removing it again, he was unable to restore it. On visiting him, I saw that he had irritated the passage considerably; and as his urine passed freely, and in a full stream, not a single drop coming through the artificial fistulous opening, I directed him to discontinue the instrument for a time, or to have it introduced every few days. During the month of my absence from the city, he did not once introduce the instrument, and he has regularly attended to his employment; but since discontinuing the catheter, the middle stricture that had previously cauterized has again become irritable, and on examining him, Aug. 28th, I found that a wax bougie could not be passed through the stricture without giving him much uneasiness. The part operated on is however sound, and he complains of nothing in that situation; so that I trust, as soon as this recent difficulty is overcome, the patient will be as comfortable as, from the nature of his case, can be expected.

Cutaneous affections.—Of 57 cases of cutaneous diseases, there were 5 of erysipelas, and 14 of eczema, viz. 12 e. simplex and 2 chronic eczema. There were 9 cases of herpes, viz. 4 h. simplex, 2 h. toster, and 3 h. æstious. There were of scabies, 4 cases; of ecthyma, 6; sycosis, 2; porrigo, 7; psouasis, 7; and pityuasis, 1. Besides these, there were two cases that I could not classify—one brought on by the application of some external irritant, and the other occurred in an in-

fant, and affected the greater part of the surface of the body.

With respect to the generality of these affections, having made but few observations of importance, I have very little to say. There is one mild affection, however, that for a time gave me some trouble in classifying. I refer to what is commonly called prickly heat. It cannot, I think, be referred to what the books call eczema solare, because this latter affection is produced either by the direct rays of the sun, or by radiant heat alone, and is that which often affects persons of tender skin on going into the country, or on suddenly exposing themselves for a length of time to the sun's rays. It has more of the form of erysipelas, and is very apt to affect the face, particularly the ears. I think I have once or twice suffered from it myself. The prickly heat, on the contrary, affects individuals not exposed to the sun, and is most apt to arise among the folds of the skin, and those parts usually the most moistened by sweat, as the folds of the neck, along the breast, between the shoulders, around the roots of the hair, and about the abdomen and nates, places not usually exposed to the sun. Gregory speaks of eczema solare without any reference to prickly heat; and indeed so far is he from confounding the two affections, that he calls this latter "lichen tropicus;" and if I recollect right, Cazenave gives it the same name. But this is evidently improper, since lichen is a papular disease, whilst the other at least, in the generality of cases, assumes a vesicular appearance. It remains therefore to be classed either as a new species of eczema, or to be arranged under the head of herpes. But neither Bateman nor Cazenave makes any mention of it, in treating of these two subjects. This however is not surprising, since the prickly heat is not a disease generally met with in Europe; it is peculiar to warmer latitudes, and these writers have probably never seen it. The vesicles in prickly heat have often, especially in mild cases, a distinct appearance, and in such cases might be considered as genuine eczema simplex; but where the exciting cause has been more active, and the skin more irritable, the vesicles become grouped together, and have usually an inflamed base. I have seen them collected round the neck, shoulders, and breast, in large patches, presenting one sheet of continuous inflammation for several inches square; and in the common run of cases, I believe the vesicles are inclined to be grouped; and although there may not be an areola of redness around each group, they have, nevertheless, the usual appearance of herpes. I have read a paper in some of our medical journals, in which this disease was treated of, under the head of herpes æstious, and for want of a better name I have here preserved this. But some of the milder cases I at first classed with eczema, and as the name is not a matter of much consequence, I have not thought it worth while to refer them back to their proper group.

All the cases of ecthyma occurred in men recently from sea. They generally yielded to frequent purges, aided occasionally with mild alteratives.

Psoriasis, when general, I found to yield readily to the internal use of perchloride of mercury in solution, gr. ⅛ three times a day. Where the disease was confined to the hands alone, I have had more trouble in managing it, not choosing to put the patient on the use of alteratives for an affection so limited. In one case I tried the effect of blisters, and afterwards the use of tartar emetic ointment. I had the patient, as I thought, nearly well; but in the course of a few weeks, the cuticle began to peel off as much as ever, and he is now as bad as when I first saw him. He is at present on the use of Fowler's solution.

Of the two cases that could not be classified, one occurred in Michael Donolly, (case 67), an Irishman, aged 27. He had been employed for some days in a porter cellar, at washing bottles. After finishing his job, the dorsal portion of both his hands became swelled and painful. When I saw him, the swelling was very great, and the surface of the hand was thickly studded with a small vesicular eruption on a red base; the inflamed part was exceedingly itchy.

The other unclassed affection occurred in an infant (case 86). John Ricket, aged two months, was brought to the dispensary, July 19th, his whole body covered with an eruption which broke out first upon his right upper eyelid, about seven weeks previous. The eruption did not begin to extend until the end of the second week; but after this, it appeared on his nates and about his groins, and afterwards extended to his neck and arms, and finally to the upper eyelid of the other side. The eruption over the body generally was perfectly dry, of a bright red color, and in almost every part covered with furfuraceous scales. On some parts of the face there were isolated points like scales; but even these were topped with the dry cuticular scurf. The only parts that appeared moist, were the eyelids and the fold of skin at the back of the neck, and the moisture in these situations I attributed to the irritation produced by the rubbing together of the two inflamed surfaces, as in intertrigo. If this case be not an instance of one of the varieties of straphulus, I know not what else to call it. It was materially benefited by the frequent use of mild eccoprotics, and the alkaline lotion (carb. potass. ʒij to water ℥viij) applied by a sponge to the surface three times a day.

In-door practice.—Since the 21st of May, I have had charge of the eighth district of the new arrangement; and from that period until the first of the present month, I prescribed for fifty-five dispensary patients at their own houses. The most common affections seen amongst these, were scarlatina, variola, and

functional derangement of the digestive organs. Besides these I had several cases of rheumatism, of amenorrhœa, of intermittent fever, of dysentery, and of cholera morbus.

Of the whole number, thirty-seven were cured; seven improved; three removed from my district, or went to the hospital while under treatment; one declined treatment; four died; and the result of the three remaining cases is unknown.

Of the fatal cases, one died of chronic laryngitis, one of dropsy, one of cholera infantum, and the other of dentition complicated with a cutaneous affection and great derangement of the bowels. The case of laryngitis differed in several points from the interesting case of the same affection mentioned in my last report; and though no post-mortem examination was obtained, it may nevertheless not be improper to relate the symptoms.

Thomas Wilton, aged 34, an Irish laborer, applied at the dispensary, May 10th, complaining of severe pain in his right side, and much difficulty of breathing. His face was flushed, and he had some general excitement accompanied with cough. The disease, he stated, had existed six weeks, and began with pain in his side. He was bled, and put on the use of antimonial solution, and for some days his symptoms abated; but about the middle of May, the pain in the side not having entirely left him, he became affected with sudden lancinating pains in his throat. Every time he attempted to swallow, these became aggravated, so that finally he refused to take any thing in the form of liquid. Water, he said, was like fire to him. June 2d, I found him greatly prostrated from the want of food, to which he was subjected by the difficulty of swallowing; he had had his throat blistered to no purpose, and was on the use of blue pills—three of which he made out to swallow daily, until he went to the alms-house, where he died, June 8th. The house physician of the alms-house hospital informed me a day or two afterwards, that the patient's symptoms after his arrival, and his mode of death, were exactly similar to those of another patient whom he had examined a few days previous, and who had extensive ulceration in several parts of the larynx.

This case differs from the usual form of chronic laryngeal inflammation, inasmuch as there was no affection of the voice, the sound of which was natural; neither was there for a long time any impediment to the ingress and egress of air; for, after the pulmonary affection had abated, his breathing was not at all oppressive. During the day before his death, the difficulty of deglutition entirely subsided; but a few hours before death, respiration became embarrassed, and he finally died from suffocation, having labored under the laryngeal symptoms about three weeks.

The fatal case of dropsy gave no hopes from the first; it was in an old man of intemperate habits and broken constitution, and he had been previously given up as incurable by another physician.

The fatal case of cholera infantum had been ill several days before I saw it, and the child died before medicine had time to produce its specific action.

The other fatal case was in a child that had been delicate from its birth; the mother had no milk, and she had been in the habit of feeding her infant on animal food, and every thing else that she used herself. This brought on a derangement of the digestive organs; and to increase the difficulty, the child became affected with porrigo. When I first saw him, he was nine months old, and had not yet cut any of his teeth; the gums were not, however, tender, and I did not at first scarify them. He was put on small doses of hydrarg. c. creta, and directed a diet of cow's milk $\frac{2}{3}$ to water $\frac{1}{3}$, varied occasionally with arrow root. Under this plan the eruption on his head and face cleared off, and he appeared to be getting better; but his bowels soon afterwards became constipated, and he was taken with convulsive fits. I now scarified his gums, and directed laxative medicines; and to his neck sinapisms were applied, in order to re-excite irritation of the skin. Nothing, however, relieved him; and about the fifteenth of the present month, while I was out of town, he expired.

I had six cases of scarlatina, and six of variola. They all did well. The last case of scarlatina that occurred to me was on the 25th of June, and was the only one seen in my district during that month.

Dysentery began about the 12th of July, and before leaving town I had three cases of it. They all did well under the use of scruple doses of calomel, followed by castor oil, and afterwards by Dover's powder, applying in the mean time, so long as pain lasted, warm fomentations to the abdomen. One case that threatened to prove severe, attended with thin and bloody discharges, much tenesmus and high excitement, and a good deal of tenderness of the abdomen, was cured in this way in about three days.

My first cases of cholera morbus appeared on the 19th of July; they were in all, three; they recovered under treatment similar to the preceding, except that while the patients were disposed to vomit, they were allowed the free use of warm diluents. The calomel was afterwards given mixed with sugar in the form of dry powder, in order to prevent it from being thrown up; and if the discharges from the bowels continued troublesome, they were checked by starch injections, containing a small quantity of laudanum.

I may here conclude with stating the case of *injury of the perineum*, noticed among the patients that I treated at the dispensary, although not belonging to my class.

John McGowan, an Irish laborer, aged 30, applied at the dispensary, July 15th. He had

fallen from a ladder on the 10th of July, and in descending, struck on his perineum. Since that he has passed blood from his urethra two or three times a day in considerable quantity, and blood has also been several times discharged from his bowels. There is no swelling in the perineum, but some pain on pressure, and great pain in making water. Tongue slightly furred, but no other sign to indicate that his general system participates in the injury. He had taken two doses of purgative medicine. He was now directed to keep himself in a recumbent position, and have the perineum constantly moistened with a saturnine lotion; to abstain from animal food; drink flax-seed tea, and in the evening to take the common cathartic solution of senna and salts. On the 17th he returned, his pain in micturating was not abated; but at each discharge of urine he has not passed more than two or three spoonfuls of blood; and he has still bloody discharges from his bowels. Continued the low diet and the mucilaginous drinks. Returned on the 19th. Had passed on the morning previous, a large quantity of blood from the urethra, but none since; and had discharged no blood from his bowels since the last visit; but he has still pain in micturition, and has frequently to empty the bladder. 25th. Has passed no blood since his last visit, and he has now little or no pain in making water. Quere. Would this case have terminated so mildly and so soon if a catheter had at first been introduced?

Art. II.—*Case of large Sarcomatous Tumor in the Vagina.* By N. H. Dering, M.D. of New-York.

A—— X—— has been a patient of mine occasionally for three years from this date—has been married about the same length of time, and had no children—is thirty-two years of age, and of slender constitution—has been troubled with painful menstruation ever since puberty; the pain subsiding in two or three days in a sufficiently free discharge.

In September 1832, this discharge continued longer, and was more free than usual, causing debility, and requiring some remedies. In October of the same year, while absent on a visit to friends in the country, was there seized in the night with profuse hæmorrhage, which caused syncope—she being menstruous at the time, and having ridden the day previous in a jolting waggon. The physician of the place was called, and the fainting and hæmorrhage relieved by the timely and proper application of remedies—no examination per vaginam being made. Three weeks after this, having returned to the city, she complained of leucorrhœa, for which a variety of remedies were administered without much benefit. In February 1833, she was quite sick with influenza, attended by a number of symptoms not readily accounted for at the time, especially pain in the right iliac and right lumbar regions, with considerable tumor of the abdomen generally; and not long after this, was taken in the usual way with difficult menstruation resulting in a more free discharge of blood than usual. When called to see my patient, not finding the hæmorrhage immediately alarming, I prescribed the internal use of super acet. plumb. and externally the use of a sol. sulph. aluminis, which produced good effects and considerably restrained the discharge; her anxiety, however, lest it might prove excessive, induced me, at my visit late in the evening, to decide on the introduction of the tampon. In attempting to do this, I discovered, within an inch of the os externum, a tumor filling the whole vagina; but deeming it improper at that time to use any pressure, I left my patient to the operation of the other remedies, and she was in a few days as well as usual. Subsequent examination proved that the tumor was very dense, possessed little or no sensibility, was so firm as to allow of very little compression, and was of about four inches diameter, filling the vagina, so that the finger could with difficulty be passed around it.

I now advised a consultation, and my friends Dr. Mott and Dr. Boyd were called.

On further examination by speculum and otherwise, the tumor was ascertained to be entirely destitute of sensibility, and not very vascular, and it was, after mature consideration, deemed advisable to apply a ligature. This was done by Dr. Mott, assisted by Dr. Boyd, Dr. Vaché and myself, in April 1833. Strong hooks were inserted into the tumor, and it was drawn down as far as it could be without pain, and a wire applied as high up as could be done (which was about four inches from the apex), and drawn tight through a canula, and made fast; the wire gave no pain, although the patient complained of a sensation of distress while it was on, and in attempting to tighten it a few days after, it came off. It was then resolved to leave it off for the present, and to allow the patient to recruit in strength and spirits, which had become exhausted by recent anxiety.

By the use of nourishing diet she soon recovered strength, and was enabled to walk out in a few weeks, and now felt as well as at any previous time in two years, and was not sensible of any extraneous body in the vagina. She seemed so comfortable, that the ligature was postponed, and she was for a time under the use of the hydriodate of potass, but without any apparent effect upon the disease.

March 21, 1834. Was called in haste to my patient, and found her much excited by the fact, that the tumor was in the act of being discharged, and had protruded three or four inches. I requested Dr. Mott to be informed of the circumstance, and on the second day of its protrusion, a ligature was applied

around the protruding part, which was about four inches. On the 22d and 23d, the tumor continued to be protruded more and more, and by the agency of regular pains similar to labor pains. The ligature which had been applied was removed. On pressing aside the tumor, as was done occasionally, large quantities of grumous blood were discharged, accompanied with great fœtor; and on the 24th, the tumor, which still continued to protrude, was the size of a full-grown child. The patient, from sickness of the stomach, had been unable to retain any nourishment during all the time of this protrusion, and the anxiety and debility were so great, that notwithstanding all tonics and stimulants that could be safely administered, she died at five o'clock, A.M. on the 25th.

Examination post mortem, by Drs. Vaché and Webster. The tumor was found to have its origin from the vagina on the right side, and near the neck of the uterus; it was evident that as the tumor increased in size, a corresponding development of the vagina had taken place, by which means it formed a complete sac. The uterus was low down in the pelvis on the left side, small in size, and having attached to its fundus a small tumor of the same character as that in the vagina. The os tincæ was not involved in the tumor. The ovaria had also slightly participated in the disease.

On removing the tumor, it was found to weigh five pounds and a half; its length was 15 inches, and its circumference 14½ inches. When laid open, it was found to present all the characteristics of sarcomatous tumors, and we are inclined to believe, that could the nature of its attachments have been previously ascertained by examination, it might have been removed with perfect safety, and the life of the patient prolonged at least for a time. The immense size of the tumor, the length of time it must have existed, and the consequent uncertainty of its attachments, necessarily rendered the diagnosis exceedingly uncertain, and precluded the idea that its entire removal was practicable.

New-York, March, 1834.

ART. III.—*On the Therapeutic Uses of some of the more important articles of the Materia Medica, chiefly from the Dict. de Mat. Med.* By W. C. ROBERTS, M.D. of New-York. No. 4.

TURPENTINE.

This is a resinous juice, which exudes from several vegetables, particularly those of the families of the coniferæ and of the terebinthaceæ. The name is derived from the Greek, τερεω, vulnero, because of the incisions which are made into the trunks of the trees to obtain it. Terebinthinates also must not be confounded with *balsams*; the balsams contain benzoic acid, which the turpentines never do; besides which, they differ in their origin and properties. The terebinthinates are solidified by age, by which their essential oil is dissipated, and their resinous portion oxygenated; they are rendered of a proper consistence for pills, by the addition of magnesia, which thickens, but does not combine with them. The essential oil of turpentine is the product of its distillation. The only one of the many species of turpentine which we might enumerate, that ought to be employed in medicine, is the Venetian. Our own country furnishes turpentine abundantly; and that of the Canadas, what is called Balm of Gilead, is also used in the practice of physic. Dr. Cullen asserts that the latter article does not differ in its properties from others of the genus.

The effect of terebinthinate remedies, when taken internally, is to irritate the mucous membranes, and consequently, to act upon those organs which they line. Upon the urinary organs, in particular, this action is excited; they increase the secretion of urine, and render micturition painful. Turpentine acts powerfully also upon tegumentary exhalation.

Substances of such activity can scarcely be supposed to be adapted to *fevers* of an inflammatory nature, in which symptoms of intense reaction exist. Nevertheless, they have been given in some which are thought to be contagious, less with the view of combating the fever itself, than the miasmatic principle by which it was supposed to be engendered and maintained. Dr. Chapman, of Philadelphia, in 1820, in conjunction with Dr. Hewson, treated sixteen cases of *yellow fever* in the hospital of that city, by ʒj. doses of spirit of turpentine; of these, twelve did well. In the elements of therapeutics, by this able physician, may be found a vindication of its employment, founded on his peculiar views of gastric sympathy. Dr. Moran, of Edinburgh, has given it at the commencement of a paroxysm of *intermittent fever*, in doses of half an oz. an oz. or two oz.; it produced a sensation of warmth in the stomach, retching, purgation, and the fever disappeared to return no more. "As a means of preventing the paroxysm of an intermittent," says Dr. Chapman, "as well as a stimulant throughout the apyrexia, doing away the tendency to a recurrence, my own experience, strengthened by that of others of greater authority, convinces me that it merits attention." He commends it also to check the vomiting of yellow fever, and as a diffusible stimulant in typhus. Dr. Kinneir, of Edinburgh, states that he, as well as his colleagues, have for many years employed the oil of turpentine in *puerperal fever*, in doses of one or two drachms daily; preceding his treatment by venesection and the use of calomel. He has moreover found it useful as a fomentation to the belly in the same disease. Dr. Gooch, who was no advocate for its internal use, accedes to its value as an external rubefacient, and gives an inte-

resting case in which it succeeded; "it had produced extensive redness over the whole abdomen; but, a few hours afterwards, when the superficial pain produced by the turpentine had subsided enough to enable us to inquire about the deeper pain and tenderness of the disease, we found them gone." Douglas, in his Report on puerperal fever, tells us, that to him, after seven years of experience, the essence of turpentine appears to be the most certain remedy for *peritonitis*, even in the most desperate cases. Magee, Farre, and Payne have uttered similar opinions. Dr. Atkinson, in 1815, used it successfully in a severe case. Dr. Dewees, however, attaches to it no confidence. In his work on Females, he observes, "We have known it to be tried, and we have tried it ourselves, but it has uniformly failed in our hands; nor can we obtain a more favorable account of its efficacy from our friends." He suggests its use as a cathartic at the termination of the first stage, in combination with castor oil, "thereby forming one of the most certain and peculiar cathartics we know." Upon this idea Dr. J. A. Johnson has acted, and in the Philadelphia Medical Journal, reports six cases, in which he exhibited ℥ss. of tereb. and an equal quantity of castor oil every hour, until the bowels were freely moved, and then continued the medicine at longer intervals. All terminated successfully. Dr. Lee asserts, that in the few instances in which he has tried it, it has not only produced a renewal of the pain, but has excited the most distressing nausea and sickness. Dr. Blundell, of London, in the latest work published, his Lectures on the Practice of Obstetrics, is less emphatic. "In some few cases, however, when I have had no other hope, I have tried it, and the result has convinced me that the oil of turpentine does not do any marked mischief, that it does clearly not aggravate the disease; now and then, perhaps, it may relieve." But he does not coincide with the Dublin practitioners in their estimate of its value. Dr. Dewees himself, in 1828, treated a case successfully, which was at first hopeless, by the conjoined use of oil of turpentine internally, and frictions of mercurial ointment. In *gastro-enteritis*, attended with tympanitis, the inflammation, of which the latter is a symptom, having subsided, the pain being inconsiderable, and the tongue soft, we find Drs. Graves and Stokes commending the use of turpentine internally and by injection.

Turpentine has been recommended in *iritis*, particularly that of syphilitic origin, by Mr. Carmichael, of Dublin; he gave it in ʒj doses, three times a day. The cases in which the medicine was exhibited, were those for which mercury was unfit. The strangury which it caused was easily obviated by camphor mixture and flax-seed infusion, with purging. In some cases in which this practice was followed by Mr. Guthrie, it succeeded admirably; in others again, it did not answer. The turpentine was exhibited in a solution of gum arabic and nitre. By some patients, much larger doses were borne with impunity, than by others. Although the remedy was used in common, rheumatic or arthritic, and syphilitic inflammations, Mr. Guthrie thought it most valuable in the arthritic variety, which did not yield to mercury alone. Some of Mr. Guthrie's cases are reported in the Med. Chir. Rev. for Oct. 1829 and Jan. 1830. The results of Messrs. Guthrie and Carmichael are confirmed by the experiments of Mr. Middlemore, of the Birmingham Eye Infirmary. Dr. Moran cured himself of a fit of *the gout* by the purgative action of turpentine, and commends its use in *hemorrhoids*, in which Kuhn and Chapman coincide. Cullen thought it of use in *chronic rheumatism*.

The Bibliothèque Med. (LVII. 345) contains a remarkable case of the efficacy of turpentine in *catarrhus vesicæ*; and two cases of the same malady were cured by M. Husson with it, given it immense doses for a month. M. Guibert has administered it successfully in *catarrh of the vagina*.

Turpentine evinces its greatest utility in the *neuralgiæ*. According to Cullen, Drs. Cheyne and Pitcairn first lauded it in these disorders, and in *sciatica* in particular. In France, M. Récamier employed the essence fifteen years ago, for the cure of femoro-popliteal neuralgia; and the results of his practice have been set forth in a thesis by M. Martinet, defended in 1818, at the faculty of medicine in Paris. Ten cases were cured, two were benefited, and three were unrelieved. It would appear that there ought to exist no organic lesion of the affected nerve, for the remedy to succeed. Two drachms of the essence, in four ounces of honey of roses, were given daily, in three doses and at intervals of three hours; and in most of the patients, six days only were required for the cure. In 1823, M. Dufour published his experiments on the use of the essence of turpentine in neuralgia. Six patients out of seven were cured, without any perceptible effect from the remedy. (Rev. Med. Aug. 1824.) M. Laroque employed it about the same time, and cites twelve or fifteen successful cases, (Ac. R. de Méd. 8 Sep. 1828.) In 1824, M. Martinet re-issued his thesis, and published a second edition of this memoir in 1829. In the latter he states, that of seventy patients of whom he had then had charge, fifty-eight were cured of crural or popliteal sciatica, or other neuralgiæ; three by frictions, and *all the rest by the internal exhibition of the medicines*. The symptoms which it caused were slight, when it was prudently given, and a free diaphoresis in the course of the affected nerve was a favorable omen. The remedy is never to be persevered in beyond the tenth day. We have detailed these facts at some length, because we think them calculated to lead to the mitigation of a very terrible and obstinate affection, against which medicine has hitherto waged an une-

qual war. In other of the *neuroses*, turpentine is not without its efficacy; *tetanus*, the most formidable of them all, has been cured by it. Toms has recorded a case in which three half ounce doses, given at intervals of three hours, put an end to the spasms, and was followed by copious stools and free vomiting. A very remarkable case of tetanus, from a wound successfully treated by our much respected preceptor, Professor Mott, with turpentine, in which many ounces were taken, is somewhere recorded.

A subsequent one, in which several ounces also were exhibited, and in which we were ourselves concerned, was not so prosperous. Free purging and profuse sweating followed its use, and the jaw relaxed considerably, but it proved ultimately and unexpectedly fatal. Dr. Philip, in the Med. Ch. Trans. vol. vi. tells of a case in which a glyster of an ounce of sp. tereb. rubbed up with the yolk of an egg in 8 oz. of senna, speedily put a stop to *convulsions* of very considerable severity. In an admirable practical lecture, by Dr. Graves, on that species of convulsion which is induced in children by improper diet, quoted in the Am. Jour. Med. Scien. for Aug. 1833, we find him advising, on the failure of other means, a mixture of turpentine ʒj. castor oil ʒiv. the syrup of poppies and mucilage. "Of this, when well shaken, exactly ʒj. was to be given every third hour; and what was the result? It operated on the bowels, produced a copious discharge of urine, and the convulsions ceased."

Dr. Percival has prescribed turpentine in *epilepsy* with success in three instances. Dr. Reid (Dub. Trans. vol. iv.) gives it in the same disease with good effects. "I have freely used," says Dr. Knight, in his work upon the moral and physical causes of insanity, "the spir. tereb. rect. as recommended by Dr. Ed. Percival, in the Ed. Med. and Surg. Jour. and frequently with much benefit, in the epilepsy of lunatics; the fits being often suspended from their usual accession, and when returning, being less violent." A French journal records a case of verminous *catalepsy* cured by this remedy, and in the *cephalalgia* of delicate and hysterical females, together with other measures, we find the spirit of turpentine, in considerable doses, recommended by that accomplished physician, Dr. Graves. "Since I have employed them (spir. tereb. and the nit. argenti) in hysterical determinations to the head, I have been able to overcome these and similar affections with much greater facility than formerly. The spir. tereb. is best suited to the violent stages of the disorder, and may be given in doses of one or two drachms, to be repeated according to its effects. The best vehicle is cold water; and some will bear and derive advantage from two or three doses a day, experiencing from its use a diminution of headach, a removal of flatulence, together with a moderate action of the bowels and kidneys. Slight degrees of dysuria or hematuria ought not to cause us to discontinue it."

In *colic*, a favorite prescription of Dr. Dewees, of Philadelphia, consists of oil of mint ʒj. and of turpentine ℥j.; the dose a teaspoonful p. r. n. The opinion of this gentleman as to its efficacy as a purgative, when in conjunction with the oleum ricini, we have already expressed. To obstinate *constipation*, failing other means, it seems well adapted; and in *chronic diarrhœa*, and in certain *torpid conditions of the bowels*, with furred tongue, sour eructations, and acrid slimy stools, it is pronounced by Professor Chapman to be an incomparable remedy. "In anomalous returns of *spasmodic pain* in the bowels, I have succeeded;" says Dr. Armstrong, in his work on chronic diseases, "with pretty full doses of tereb. rect.; and in doses of fifty or sixty drops, three times a day, have allayed that uneasiness which is by some felt when the stomach is empty, and which is relieved by food." A mixture of equal parts of the essence of turpentine and sulphuric ether, is said, by Durande, to allay the pain of *biliary calculi*. It has the effect of dissolving these concretions, when they are placed in it, out of the body; the practice is a very old one. Turpentine has been given in *dropsy*; and according to Orfila, it would appear to be the best means of combating the symptoms of *poisoning by the hydrocyanic acid*. A case of *asphyxia from opium*, cured by its internal use, and the exhibition of it in glysters, is contained in the Lond. Med. Gaz. 1826. There is a remark made by Dr. Prichard, in his work on diseases of the nervous system, which relates to the therapeutic uses of this medicine, and which I think has escaped observation. He is speaking of epilepsy depending upon deranged conditions of the uterine functions, and after having advised it as a stimulating glyster, proceeds to assert that it is one of the most potent diffusible stimulants in the whole materia medica, and *the most potent emmenagogue*. The black hellebore and savine, he says, are not as powerful. His mode of using it, is to give from ʒss. to ʒij. daily, in an emulsion. In *mania* connected with defective catamenia, he relies much upon it. Again: in treating of that form of epilepsy which he calls enteric, wherein acrid matters, worms, the irritation of dentition, &c. cause a sympathetic disorder of the brain, after depletion, &c. of all the remedies Dr. Prichard has ever tried, he has found none so frequently useful as oil of turpentine. "It occasions moderate and regular evacuations, corrects the tendency to a frequent repetition of griping and irritating stools, and relieves or removes flatulence. At the same time, it exerts a peculiar sedative, or tranquillizing power on the nervous system, lessens irritability and promotes sleep." P. 263.

The efficacy of turpentine against the *tænia* is well known and strongly attested. Kennedy, of Glasgow, Zanam, Gomez, Knox,

Mello, Cross, Fenwick, Latham, Laird, Bateman, Pommer and Mérat, are among its warmest advocates. From half an ounce to two ounces of this oil may be given daily; if it purges, the worm may be passed very speedily, but it is oftenest passed after an interval, dead, and in a state of decomposition. Other worms have also been evacuated by its agency; but it is thought by the authors of the Dict. de Mat. Med., that its use in cases of tape-worm will soon be abandoned, because in the bark of the root of the pomegranate we possess a safer and more certain teniafuge. In some of the *profluvia*, in *leucorrhœa*, *blenorrhœa*, *hæmatemesis* and *melana*, its exhibition has been commended; and Dr. Geddings, of Baltimore, and others of his friends, have found it of great service in arresting *ptyalism*. He used it as a gargle ʒij. to 8 oz. mucilage.

It is well known that it is by means of turpentine that Dr. Kentish treated *burns* so successfully; and many of the best authorities of the day, among whom are Mr. Lawrence and Sir A. Cooper, look upon his method as the best in severe cases. An application of turpentine to the burn was made thrice a day, and then a liniment of basilicon ointment softened with the oil, was laid on with compresses. The surgical uses of turpentine are numerous. It enters into many ointments; it is frequently injected into fistulous sinuses; and either warmed or made into a paste with Peruvian bark, it forms a useful application to *gangrenous sores and stumps*. The latter is the practice of the Glasgow infirmary, and over the cake thus formed, is laid a pledget of resinous dressing. A very successful mode of treating a *carbuncle*, is by making into it a crucial incision, and filling the cuts with lint dipped in the spirit of turpentine. By this means the pain and irritation is speedily assuaged, and a healthy action is brought about in the sore. Its uses as a liniment for exciting rabefaction need only this allusion.

Before we close this paper, we wish to take a passing notice of the utility of a substance analogous to turpentine in a medical point of view. We allude to *tar*, a resinous product which flows during the burning of the wood of the pinus. When purified for medicinal purposes, it has been employed, by M. Giron, in *psoric affections*, and particularly in *prurigo*. His formula is this: tar, one part; ⅛ of laudanum, and four parts of axungia, with which the affected parts are to be rubbed, and on which it excites a peculiar irritation. An ointment composed of one part of the ung. picis. nig. dilut. with five parts of ung. zinci, is advised by Dr. Roots, of St. Thomas's hospital, as a remedy in *porrigo scutulata*. The oil of tar is a popular remedy for *toothach*, and Colville states that *tic doloureux* has been cured by frictions with it in the course of the nerve. The enthusiasm of Bishop Berkeley has given celebrity to tar water; and Sir A. Crichton, of Russia, has introduced the practice of inhaling its fumes in *phthisis pulmonalis*. A pound of tar is allowed to evaporate by a slow fire in the chamber of the invalid, but never to boil. We learn, from the journal of the venerable Hufeland (1820) that the physicians of Berlin have satisfied themselves, in some few cases, of its utility. Of fifty-four patients, inhabiting four wards of an hospital in that city, in which tar was daily evaporated, four were cured, six experienced sensible amelioration, sixteen derived no benefit, twelve grew worse, and sixteen died. This, say the editors of the Dict., is the most encouraging of any fact yet recorded as to phthisis, and accordingly several wards in the hospital at Berlin are fitted up for the exhibition of the tar vapour.

Perhaps the catalogue of well known facts relative to an important therapeutical agent that we have thus accumulated, may induce some to make trial of its effects in maladies, on the management of which they would not have consulted their treatises on the materia medica, in which, however, most of them may be found.

REVIEW.

Art. I.—*Essays and Orations read and delivered at the Royal College of Physicians; to which is added an Account of the Opening of the Tomb of Charles I.* By Sir Henry Halford, Bart. M.D. G.C.B. London. 12mo. 1832.*

The President of the College of Physicians has produced in these essays a delightful compound of professional knowledge and literary taste. Handled with skill and feeling such as his, subjects of medical research have not only nothing dry or repulsive about them, but are of deep and universal interest and

* We make our acknowledgments to our valued correspondent for his important suggestions, of which we shall avail ourselves. His request would have been complied with at an earlier period had space permitted; but we take the earliest opportunity to present our readers with the ample notice of Halford's Essays from the Quarterly Review, which will be found exceedingly interesting.—*Eds. U. S. Journal.*

attraction. His points of view and illustrations are, in general, those of a man of the world, as familiar with men and manners as with books; his language is that of a graceful scholar—and the reflections interspersed are not more remarkable for sagacity, than agreeable for the benevolent and humane spirit which they reflect.

Sir Henry's remarks on the phenomena of the death bed will be read with particular interest. Whatever be the causes of dissolution, whether sudden violence, or lingering malady, the immediate modes by which death is brought about appear to be but two. In the one, the nervous system is primarily attacked, and there is a sinking, sometimes an instantaneous extinction, of the powers of life; in the other, dissolution is effected by the circulation of black venous blood in the arteries of the body, instead of the red arterial blood. The former is termed death by syncope, or fainting—the latter, death by asphyxia. In the last mentioned manner of death, when it is the result of disease, the struggle is long protracted, and accompanied by all the visible marks of agony which the imagination associates with the closing scene of life—the pinched and pallid features, the cold clammy skin, the upturned eye, and the heaving, laborious, rattling respiration. Death does not strike all the organs of the body at the same time; some may be said to survive others; and the lungs are among the last to give up the performance of their function and die. As death approaches, they become gradually more and more oppressed; the air-cells are loaded with an increased quantity of the fluid, which naturally lubricates their surfaces; the atmosphere can now no longer come into contact with the minute blood-vessels spread over the air-cells, without first permeating this viscid fluid,—hence the rattle; nor is the contact sufficiently perfect to change the black venous into the red arterial blood; an unprepared fluid consequently issues from the lungs into the heart, and is thence transmitted to every other organ of the body. The brain receives it, and its energies appear to be lulled thereby into sleep—generally tranquil sleep—filled with dreams which impel the dying lip to murmur out the names of friends, and the occupations and recollections of past life: the peasant "babbles o' green fields," and Napoleon expires amid visions of battle, uttering with his last breath "*tête d'armée.*"

The contrast between the state of the body and that of the mind is often very striking; the struggles of the former are no measure of the emotion of the latter. Indeed, the laborious and convulsive heavings of the chest are wholly automatic, independent of the will, a part of the mechanism of the body, contrived for its safety, which continues to act when the mind is unconscious of the sufferings of the frame, or is occupied by soothing illusions. No one has described this better than Abernethy.

"Delirium often takes place in consequence of an accident of no very momentous kind,—it may occur without fever, or it may be accompanied with that irritative sympathetic which is often the "last stage of all, that closes the sad eventful history" of a compound fracture. Delirium seems to be a very curious affection; in this state a man is quite unconscious of his disease; he will give rational answers to any questions you put to him, when you rouse him; but he relapses into a state of wandering, and his actions correspond with his dreaming. I remember a man with compound fracture in this hospital, whose leg was in a horrible state of sloughing. I have roused him, and said, "Thomas, what is the matter with you? how do you do?" He would reply, "Pretty hearty, thank ye; nothing is the matter with me; how do you do?" He would then go on dreaming of one thing or another; I have listened at his bedside, and I am sure his dreams were often of a pleasant kind. He met old acquaintances in his dreams,—people whom he remembered *lang syne*, his former companions, his kindred and relations, and he expressed his delight at seeing them. He would exclaim every now and then,—"That's a good one; well, I never heard a better joke," and so on. It is a curious circumstance that all consciousness of suffering is thus cut off, as it were, from the body; and it cannot but be regarded as a very benevolent effect of nature's operations that extremity of suffering should thus bring with it its antidote."

Occasionally the last dreams of existence are of a more painful nature; guilt is delirious with dread; remorse peoples the fancy with terrific visions—but even these are chequered with scenes of a tranquil, not to say trivial character. The death-bed of Cardinal Beaufort, terribly true, is rare; the mixed feelings and shadowings of past life, exhibited in that of Falstaff, are much more frequent.

The second mode of dissolution is marked by the absence of all corporeal struggle. The mind is left free and unclouded, to the very verge of the grave, save by the influence which the particular malady itself exercises on the current of ideas and feelings. The sufferings of the patient are incidental to the progress of the disease; but the "end of all" is placid, painless, and generally sudden. Death, in these cases, attacks the sentient principle, through the nervous system, as it were, directly. It surprises the sufferer sometimes when sighing for the consummation of life, but believing the term yet distant; sometimes in the midst of plans and schemes which are destined never to be realized. In consumption, and, in general, in diseases which are slow in their progress, this sudden termination of life is as common as that more protracted form, already noticed. It is best exemplified by death produced by lightning, in which the visible alterations in the frame afford a striking contrast to the ordinary ravages of

what is termed disease. The machinery of the body appears nearly perfect, and unscathed, and yet in none of the multitudinous forms of death is the living principle so summarily annihilated. Certain poisons appear to act in a similar manner; and, occasionally, the more important operations of surgery are followed by the like result: for which the genius of John Hunter could find no better explanation than the figurative hypothesis, that the *vis medicatrix*, conscious that the injury is irreparable, gives up the contest in despair.

Severe injuries inflicted on the great centres of the nervous system, the brain, spine, and stomach, are followed by instantaneous death; of which pithing or wounding the uppermost part of the spinal marrow of the bull, in the arena, and the *coup de grace*, or blow on the stomach of the criminal, whose limbs have been previously broken on the wheel, are well-known examples. Emotions of the mind, especially such as, by their depressing character, exhaust the energies of life, often terminate in this mode of death. The slightest causes, a mere fainting fit, trivial in every other state of the frame, in this may be fatal. It is the euthanasia of a healthy old age, and the termination assigned by nature to a life in which the passions have been controlled and the energies regulated by the authority of reason and a sense of duty.

Whether we look at the one mode of dissolution or the other, the sting of death is certainly not contained in the physical act of dying. Sir Henry Halford, after forty years' experience, says—

"Of the great number to whom it has been my painful professional duty to have administered in the last hours of their lives, I have sometimes felt surprised that so few have appeared reluctant to go to 'the undiscovered country from whose bourne no traveller returns.' Many, we may easily suppose, have manifested this willingness to die, from an impatience of suffering, or from that passive indifference which is sometimes the result of debility and extreme bodily exhaustion. But I have seen those who have arrived at a fearless contemplation of the future, from faith in the doctrine which our religion teaches. Such men were not only calm and supported, but even cheerful in the hour of death; and I never quitted such a sick chamber without a wish that 'my last end might be like theirs.'

"Some, indeed, have clung to life anxiously —painfully; but they were not influenced so much by a love of life for its own sake, as by the distressing prospect of leaving children, dependent upon them, to the mercy of the world, deprived of their parental care, in the pathetic language of Andromache—

Νυν δαν πολλα παθησι, φιλου απο Πατρος αμαρτων.

These, indeed, have sometimes wrung my heart.

"And here you will forgive me, perhaps, if I presume to state what appears to me to be the conduct proper to be observed by a physician in withholding, or making his patient acquainted with, his opinion of the probable issue of a malady manifesting mortal symptoms. I own I think it my first duty to protract his life by all practicable means, and to interpose myself between him and everything which may possibly aggravate his danger. And unless I shall have found him averse from doing what was necessary in aid of my remedies, from a want of a proper sense of his perilous situation, I forbear to step out of the bounds of my province in order to offer any advice which is not necessary to promote his cure. At the same time, I think it indispensable to let his friends know the danger of his case the instant I discover it. An arrangement of his worldly affairs, in which the comfort or unhappiness of those who are to come after him is involved, may be necessary; and a suggestion of his danger, by which the accomplishment of this object is to be obtained, naturally induces a contemplation of his more important spiritual concerns, a careful review of his past life, and such sincere sorrow and contrition for what he has done amiss, as justifies our humble hope of his pardon and acceptance hereafter. If friends can do their good offices at a proper time, and under the suggestions of the physician, it is far better that they should undertake them than the medical adviser. They do so without destroying his hopes, for the patient will still believe that he has an appeal to his physician beyond their fears; whereas, if the physician lay open his danger to him, however delicately he may do this, he runs a risk of appearing to pronounce a sentence of condemnation to death, against which there is no appeal—*no hope;* and, *on that account*, what is most awful to think of, perhaps the sick man's repentance may be less available.

"But friends may be absent, and nobody near the patient in his extremity, of sufficient influence or pretension to inform him of his dangerous condition. And surely it is lamentable to think that any human being should leave the world unprepared to meet his Creator and Judge, 'with all his crimes broad blown!' Rather than so, I have departed from my strict professional duty, done that which I would have done by myself, and apprised my patient of the great change he was about to undergo."—p. 79.

"Lord Bacon encourages physicians to make it a part of their art to smooth the bed of death, and to render the departure from life easy, placid, and gentle. This doctrine, so accordant with the best principles of our nature, commended not only by the wisdom of this consummate philospher, but also by the experience of one of the most judicious and conscientious physicians of modern times (the late Dr. Heberden) was practised with such happy success in the case of our late lamented sovereign, that at the close of his

painful disease 'non tam mori videretur (as was said of a Roman emperor) quam dulci et alto sopore excipi."—p. 89.

Occasionally, the last scene of life is marked by such strength, such unwonted vivacity of thought and solemnity of feeling, as led Aretæus to attribute prophetic power to individuals dying of peculiar maladies—especially of brain fever; the effect of which, when the violence subsides, is, he says, to clear the patient's mind, and render his sensations exquisitely keen. "He is the first to discover that he is about to die, and announces this to the attendents; he seems to hold converse with the spirits of those departed before him, as if they stood in his presence." In diseases of the intellect, the phenomena thus described by Aretæus are often observed. Cervantes has given so faithful an illustration in the death of Don Quixote, as proves him to have taken the scene from nature. But waiving the discussion of that general belief entertained by antiquity, that dying men were gifted with a prophetic spirit, illustrated as it is in the Old Testament, and in the dramatic use made by the Greek poets of the *novissima verba*, we may say, that the circumstances of the case explain all that it presents. If it be granted that diseases of the body act on the mind—if consumption excites the feelings of hope and security—palsy those of fretfulness and discontent—if diseases of the heart arouse involuntary terrors—and some morbid states of the brain excite and sharpen the faculties of the mind,—the death-bed of those about to sink under the last-mentioned class of maladies must be singularly favorable to the exhibition of mental energy under bodily decay. The passions, which during life embarrassed the decisions of judgment, are extinguished at the approach of death—and, to use the words of Sir Henry, "the inferences which wisdom had drawn from experience of the former behaviour of men are now made available to a correct estimate of their future conduct, in the sense of Milton's lines—

——— old experience doth attain
To something like prophetic strain."

We extract what follows from the sixth of these essays, that "on the Καυσος of Aretæus":

"A young gentleman, twenty-four years of age, who had been using mercury very largely, caught cold and become seriously ill with fever. His head appeared to be affected on the fifth day, and on the seventh, when I was first called into consultation with another physician, who had attended him with great care and judgment from the commencement of his illness, we found him in the highest possible state of excitement. He was stark naked, standing upright in bed, his eyes flashing fire, exquisitely alive to every movement about him, and so irascible as not to be approached without increasing his irritation to a degree of fury. He was put under coercion, and, amongst other expedients, emetic tartar was ordered to be administered to him, in doses of a grain each time, at proper intervals. On the eleventh day of his disease I was informed that he was become quite calm, and seemed much better. It was remarked, indeed, that he had said repeatedly that he *should die*; that under this conviction he had talked with great composure of his affairs; that he had mentioned several debts which he had contracted, and made provision for their payment; that he had dictated messages to his mother, who was abroad, expressive of his affection, and had talked much of a sister who had died the year before, and whom, he said, he knew he was about to follow immediately. To my questions, whether he had slept previously to this state of quietude, and whether his pulse had come down, it was answered—No; he had not slept, and his pulse was quicker than ever. Then it was evident that this specious improvement was unreal, that the clearing up of his mind was a mortal sign, 'a lightening before death,' and that he would *die forthwith*. On entering his room, he did not notice us; his eyes were fixed on vacancy, he was occupied entirely within himself, and all that we could gather from his words was some indistinct mention of his sister. His hands were cold, and his pulse immeasurably quick,—he died that night."—p. 96.

In another essay, entitled, "On Shakspeare's test of Insanity," we find various cases of the same or a like kind brought forward to illustrate the accuracy with which our great dramatist, and other poets of the first class, have delineated the phenomena of mental disorder. The minute, even technical, study which Shakspeare had bestowed on this painful subject, is indeed apparent; his delineations of mania, in its various degrees, embody quite as careful a record of realities as Lord Byron's Storm in the Gulf of Lyons, and Siege of Ismael, had been lately proved to do. Sir Henry's text is in these words of Hamlet:

"Ecstacy!
My pulse as yours doth temperately keep time,
And makes as healthful music. It is not madness
That I have utter'd: bring me to the test,
And I *the matter will re-word, which madness*
Would gambol from."

We select the following illustration:

"A gentleman of considerable fortune in Oxfordshire, about thirty-five years of age, sent for his solicitor to make his will. He was in habits of strict friendship with him, and stated that he wished to add five hundred pounds a year to his mother's jointure, if she got well, she being then (to the knowledge of the solicitor and himself only) confined as a lunatic; to make a provision for two natural children; to leave a few trifling legacies; and then, if he died childless, *to make him, the solicitor, his heir*. His friend expressed his gratitude, but added that he could not accept such a mark of his good opinion, until he was convinced that it was his deliberate judgment so to dispose of his property, and that decision communicated to him six months afterwards.

"In about six weeks time the gentleman became deranged, and continued in such a state of excitement for a whole month, (during which he was visited constantly by Sir George Tuthill and myself,) as to require coercion every day. At the expiration of that time he was composed and comfortable. But his languor and weakness bore a proportion to his late excitement, and it was very doubtful whether he would live. On entering his room one day, to my question how he found himself, he answered,—'Very ill, Sir; about to die; and only anxious to make my will first." This could hardly be listened to under his circumstances, and he was persuaded to forego that wish for the present. The next day he made the same answer to the same question, but in such a tone and manner as to extort from common humanity, even at the probable expense of future litigation, an acquiescence in his wish to disburthen his mind. The solicitor was sent for, and having been with him the preceding evening, met us, at our consultation in the morning, with a will prepared according to the instructions he had received *before the attack of disease, as well as to those given the last night.* He proposed to read this to the gentleman in our presence, and that we should witness the signature of it, if we were satisfied that it expressed clearly his intentions. It was read, and he answered, "yes,"—"yes,"—"yes," distinctly to every item, as it was deliberately proposed to him. On going down stairs with Sir George Tuthill and the solicitor, to consider what was to be done, I expressed some regret that we, the physicians, had been involved in an affair which could hardly be expected to terminate without an inquiry in a court of law, in which we must necessarily be called upon to justify ourselves for permitting this good gentleman, under such questionable circumstances, to make a will. It occurred to me then, to propose to my colleague to go up again into the sick room, to see whether our patient could *re-word* the matter, as a test, on Shakspeare's authority of his soundness of mind. He repeated the clauses which contained the addition to his mother's jointure, and which made provision for the natural children, with sufficient correctness; but he stated that he had left a namesake, though not a relation, ten thousand pounds, whereas he had left him five thousand pounds only; and there he paused. After which I thought it proper to ask him, to whom he had left his real property, when these legacies should have been discharged,—in whom did he intend that his estate should be vested after his death, if he died without children? "In the heir at law, to be sure," was the reply. Who is your heir at law? "I do not know." Thus he "gambolled" from the matter, and labored, according to this test, under his madness still.

"He died, intestate of course, four days afterwards. I owe it to the solicitor, the friend, to testify that his conduct throughout was strictly honorable; and I have pleasure in adding, that the heir-at-law has generously made good the bequest to the mother, and the provision for the natural children to the extent of more than thirty thousand pounds." —p. 60.

Sir Henry, whose acquaintance with Greek and Roman literature gives this volume many of its attractions, proceeds from Shakspeare to Horace. "Twice," he says, "it has occurred to me to find his portraits of madness exemplified to the life."

"One case, that of the gentleman of Argos, whose delusion led him to suppose that he was attending the representation of a play, as he sat in his bedchamber, is so exact, that I saw a person of exalted rank under those very circumstances of delusion, and heard him call upon Mr. Garrick to exert himself in the performance of Hamlet. The passage is the more curious, as it specifies distinctly that it was upon this one point only that the gentleman was mad:

"Fuit haud ignobilis Argis,
Qui se credebat miros audire tragœdos,
In vacuo lætus sessor plausorque theatro;
Cætero qui vitæ servaret munia recto
More; bonus sane vicinus, amabilis hospes," &c.
Epist. lib. ii. 2. 128.

"In another well known case, which justified the Lord Chancellor's issuing a writ *de lunatico inquirendo*, the insanity of the gentleman manifested itself in his appropriating everything to himself, and parting with nothing. When strongly urged to put on a clean shirt, he would do it, but it must be over the dirty one; nor would he put off his shoes when he went to bed. He would agree to purchase anything that was to be sold, but he would not pay for it. He was, in fact, brought up from the King's Bench prison, where he had been committed for not paying for a picture valued at fifteen hundred pounds, which he had agreed to buy; and in giving my opinion to the jury, I recommended it to them to go over to his house in Portland Place, where they would find fifty thousand pounds worth of property of every description; this picture, musical instruments, clocks, baby houses, and baubles, all huddled in confusion together, on the floor of his dining room. To such a case what could apply more closely than the passage—

"Si quis emat citharas, emptas comportet in unum,
Nec studi citharæ, nec Musæ deditus uli;
Si scalpra et formas, non sutor; nautica vela,
Aversus mercaturis: delirus et amens
Undique dicatur merito."—*Sat.* lib. ii. 3. 104.

"If the physician were to collect and apply the brief notices of various disorders, which have been thrown out by the great poets of antiquity, he might not only illustrate the truth of the descriptions drawn by those accurate observers of nature, but derive from them some useful hints to assist him in his own observations of disease."—p. 64.

To return to Hamlet,—his criterion of madness, however excellent as a mark for incoherence of intellect, will scarcely be used in detecting the more intricate forms of this protean malady. The Prince's testimony in favor of his own perfect sanity is treated with as little ceremony by the commentators, as similar words from the lips of a staring lunatic would be by the phalanx of modern mad-doctors. Some of them, however, are of opinion that the poet means to describe a mind disordered, and that the feigned madness is a part of the plot quite compatible with such a state of intellect; while others see nothing but the assumption of insanity in the inconsistencies of Hamlet. This discrepancy springs from the different notions included by different men in their definitions of madness. In fact, however, madness, like sense, admits of no adequate definition; no one set of words will include all its grades and varieties. Some of the existent definitions of insanity would let loose half the inmates of Bedlam, while others are wide enough to place nine-tenths of the world in strait-jackets. The vulgar error consists in believing the powers of the mind to be *destroyed* by the malady; but general disturbance of the intellect is only one form. The aberration may be confined to a few objects or trains of ideas; sometimes the feelings, passions, and even instincts of our nature may assume an undue ascendancy over a mind not disjointed, but warped, urging it with resistless force to the commission of forbidden deeds, and to form the most consistent plans for their accomplishment.

Thus, in cases of monomania, a mother is impelled to murder her children—conscious of the atrocity of the act—abhorring it, and even entreating those around her to protect her from herself—as in the instance related by Orfila; where the wretched woman, whenever she washed her children, and saw the water trickling from them, heard a voice whispering in her ear, *Laissez le couler*—let it flow—until, after a thousand struggles to banish the horrid suggestion, she plunged the knife. Damien persisted to the last in declaring, that had he been bled that morning as he had wished and requested to be, he never would have attempted the assassination of Louis XV. In another equally well attested instance, a father systematically persecuted his children for many years. During the whole of this period he was looked on by the generality as a man of great talent and probity; and it was only after the history of his life had been sifted by several of the best physicians of the day, that a tinge of insanity was perceived to pervade it. He had started with impracticable notions of virtue, and, finding these not realised in the conduct of his children, he conceived a hatred against them, which caused him to persecute his sons, even to destitution, and to accuse his daughters to their husbands of the worst of crimes. In the prosecution of his plans, and in the business of life, he evinced anything but incoherence.

Villemain, in his "Melanges Historiques," says, "Shakspeare has represented feigned as often as real madness; finally, he has contrived to blend both in the extraordinary character of Hamlet, and to join together the light of reason, the cunning of intentional error, and the involuntary disorder of the soul." Goethe, again, in his Wilhelm Meister, says—

"It is clear to me, that Shakspeare's intention was to exhibit the effects of a great action, imposed as a duty upon a mind too feeble for its accomplishment. In this sense, I find the character of Hamlet consistent throughout. Here is an oak planted in a vase, proper only to receive the most delicate flowers. The roots strike out, and the vessel flies to pieces. A pure, noble, highly moral disposition, but without that energy of soul that constitutes the hero, sinks under a load which it can neither support, nor resolve to abandon altogether. All his obligations are sacred to him, but this alone is above his powers! An impossibility is required at his hands—not an impossibility in itself, but that which is so to *him*. Observe how he shifts, hesitates, advances, and recedes! How he is continually reminded and reminding himself of his great commission, which he nevertheless, in the end, seems almost entirely to lose sight of, and this without ever recovering his former tranquillity."

Ingenious and elegant as is this German gloss, we nevertheless think Villemain right in adhering to Malone's opinion. Hamlet, after his father's death, is a totally different being from the hope of Denmark whom Ophelia lauds with such impassioned eloquence, and whom Horatio and Fortinbras both deck with the noblest attributes of our nature. Neither indecision of character nor feigned madness account for Hamlet's actions. His conduct, when he leaps into Ophelia's grave, and the reason he assigns for it, are evidences of a mind diseased. "The bravery of his grief put me into a towering passion," is the poorest of excuses for disturbing, before the august assemblage, the last rites of one whom he so loved, "that forty thousand brothers could not, with all their quantity, make up his sum." In short, we have no doubt, that Shakspeare intended to display, in the character of Hamlet, a species of mental malady, which is of daily occurrence in our own experience, and every variety of which we find accurately described by his contemporary, the author of the "Anatomie of Melancholy."

"Suspicion and jealousy (says Burton) are general symptoms. If two talk together, discourse, whisper, jest, he thinks presently they mean him—*de se putat omnia*—or if they talk with him, he is ready to misconstrue every word they speak, and interpret it to the worst. Inconstant they are in all their actions; vertiginous, restless, unapt to resolve of any

business; they will, and they will not, persuaded to and from, upon every occasion; yet, if once resolved, obstinate and hard to be reconciled. They do, and by and by repent them of what they have done; so that both ways they are disquieted of all hands, soon weary. They are of profound judgments in some things, excellent apprehensions, judicious, wise, and witty; for melancholy advanceth men's conceits more than any humor whatever. Fearful, suspicious of all, yet again many of them desperate hair-brains; rash, careless, fit to be assassinates, as being void of all truth and sorrow. *Tædium vitæ* is a common symptom; they soon are tired with all things: *sequitur nunc vivendi nunc moriendi cupido*—often tempted to make away with themselves; *vivere nolunt, mori nesciunt*—they cannot die, they will not live: they complain, lament, weep, and think they lead a most melancholy life."

It would be difficult to find a criticism more applicable to the character of Hamlet than in this page of old Burton, who drew the picture as much from himself as from observation made on others. This form of madness (the *melancholia attonita* of nosologists) begins with lowness of spirits, and a desire for solitude. The very words of Hamlet have been taken by Dr. Mason Good to describe the first stage of the malady.

"I have of late, wherefore I know not, lost all my mirth, foregone all custom of exercise; and indeed it goes so heavily with my disposition, that this goodly frame, the earth, seems to me a sterile promontory; this most excellent canopy the air, look you, this brave o'erhanging firmament, this majestical roof, fretted with golden fires, why, it appears no other thing to me than a pestilent congregation of vapors."

Thus the external world is either falsely recognised by the perception, or falsely discriminated by the judgment. The objects of former love become the objects of present indifference or dislike. If the temperament be timorous, everything is shunned or suspected; if fierce, a morose and mischievous disposition is engendered. If the unfortunate individuals labor under the scourge of religious terrors, they, like Cowper, almost invariably attempt suicide. The ideas of persons so affected are not so incongruous with themselves as with the world around them; they reason acutely in the train of their diseased notions; they draw fanciful conclusions from the most ordinary events tinging everything with the predominant hues of their own imaginations. This state of mind is compatible with length of life, during which, however, great inequalities of temper and action are observable, so that at one moment the individual shall be comparatively sane, at others wild and incoherent; to-day an agreeable and witty companion—if a poet, inditing a John Gilpin,—to-morrow driven by some irresistible impulse to the cord or the dagger.

Perhaps some may find it difficult to believe that Shakspeare observed these minute and almost technical distinctions of madness, which appear to belong rather to the province of the pathologist than that of the poet. But everything is still to be learnt concerning this extraordinary man's habits of study and observation. The variety and individual clearness of his delineations of mental malady leave on our minds no doubt that he had made the subject his especial study, as both Crabbe and Scott certainly did after him, and with hardly inferior success. The various forms of the malady he has described—the perfect keeping of each throughout the complications of dramatic action—the exact adjustment of the peculiar kind of madness to the circumstances which induce it, and to the previous character of the "sound man," leave us lost in astonishment.

As in Hamlet, the present character of Jaques is strongly contrasted with his former one, to show the violent change which had been wrought in his nature. He had been a libertine, "as sensual as the brutish sting itself;" and now, satiated, he would "cleanse the foul body of the infected world." Shakspeare makes him a muser, a gentle misanthrope, with whose "sullen fits so full of matter, the duke loved to cope." Jaques's account of himself, while it fixes the precise signification of the term *melancholy*, as understood by Shakspeare, proves how deeply the poet had studied all the various forms of this disorder, and with what art he seized the predominant characteristic in each kind:—

"I have neither the scholar's melancholy, which is emulation; nor the musician's, which is fantastical; nor the courtier's, which is proud; nor the soldier's, which is ambitious; nor the lawyer's, which is politic; nor the lady's, which is nice; nor the lover's, which is all these: but it is a melancholy of my own, compounded of many simples, extracted from many objects; and, indeed, the sundry contemplation of my travels, in which my often rumination wraps me, is a most humorous sadness."

Let us again hear Burton—

"Humorous they are beyond all measure;—sometimes profusely laughing—extraordinary merry—and then again weeping, without a cause; groaning, sighing, pensive, sad, almost distracted; restless in their thought and actions, continually meditating,

——— Velut ægri somnia vanæ
Finguntur species.

More like dreamers than men awake, they feign a company of antic fantastical conceits."

This same cast of mind, which Shakspeare has designated as melancholy in Jaques, he reproduces in Hamlet, in the grave diggers' scene. There are the same fantastic musings, a similar train of conceits, a wild mixture of pathos, wit, and ribaldry, which had the

scene been in the Forest of Arden, might have been uttered by Jaques, without doing violence to the "keeping" of that exquisitely drawn character; and it is immediately after such a preparation, be it observed, that Shakspeare has represented Hamlet in the towering passion which impels him to outrage all decency by leaping into Ophelia's grave. This sudden transition from placid musing to rage is unintelligible, if it be not intended to show the wayward disposition of the *melancholy* mind. Garrick, in his *corrected* edition of this play, expunged the grave-diggers' scene, as injuring the general effect. But this is not the only instance in which Shakspeare has preferred a close imitation of nature, however painful, to what is called the dignity of the drama. In the fourth act of Lear, the king is represented in the last degradation of madness, scampering off the stage; and an attendant exclaims—

> "A sight most pitiful in the meanest wretch—
> Past speaking of in a king."

Of that lighter species of melancholy which Shakspeare has delineated in the character of Jaques, we have an admirable portraiture—perhaps the original—in the account of Hippocrates's visit to Democritus.

"Democritus," says Burton, "was a little wearish old man, very melancholy by nature, averse from company in his latter days, and much given to solitariness. After a wandering life he settled at Abdera, a town in Thrace, and was sent for thither to be their law-maker, recorder, or town-clerk, as some will, or, as others, he was there bred and born. Howsoever, it was there he lived at last, in a garden in the suburbs, wholly betaking himself to his studies and a private life, saving that sometimes he would walk down to the haven, and laugh heartily at such a variety of ridiculous objects which there he saw.*

A most urgent letter was despatched to Hippocrates in the name of the senate and people of Abdera, to entreat him to come and visit Democritus.

"He lives (they say) forgetful of everything, but more especially forgetful of himself; watching day and night, and treating all that passes around him with the utmost derision, as utterly insignificant. Does one marry—does another harangue the people—is a third engaged in merchandise—is one a magistrate, another an ambassador—or, on the contrary, is one dismissed from office by the people, is a second sick, is a third wounded, does a fourth die,—Democritus equally laughs at all. He affirms, that the air is full of images, and that he understands the notes of birds. Now and then, rising in the night-time, he walks about with great gravity, singing to himself. He tells us that he sometimes travels immense journeys into infinite space, and finds innumerable Democrituses, doubles of himself."

In the letter to Damagetus, the physician's first view of Abdera and his patient is thus described:—

"We found at the gates, expecting our arrival, a mixed multitude of both sexes, old and young, all in deep sorrow. Philopœmen was eager to conduct me to his house; but I told them, that my first object was to see Democritus. This declaration drew forth great applause. I was then escorted through the forum, some going before me, others following, but all imploring me to save their philosopher. Proceeding to a little hill, close to the city, shaded with poplars, we obtained a view of the house of Democritus—and of himself, sitting on a stone seat under a plane tree, clothed in a short tunic, squalid, pale, emaciated, and with a long beard. Near him, on the right hand, a rivulet in soft murmurs glided down the green bank. Here, in perfect composure, he was seated, holding a book on his knees, while others lay beside him on the ground. At a little distance were heaped together the carcases of animals which he had dissected. We observed him sometimes intensely engaged in writing, and at other times he would stop, apparently in deep contemplation. He would soon afterwards rise, and take a walk, and, after inspecting the entrails, sit down again. "You behold," said the Abderites standing beside me, "how melancholy is the life of Democritus, and in how deplorable a state of insanity he is. He knows neither what he wishes, nor what he does." I desired them to remain where they were until I should hear him speak, examine his person, and ascertain the reality of the disease.

"Having descended a precipice so steep that it was with difficulty I could keep my feet, I came upon him when he was under the influence of some divine impulse, and was committing his thoughts to writing. I therefore stood still, watching for a favorable opportunity when he should lay down his pen. This he did in a few minutes afterwards, and, seeing me approach, saluted me with 'Hail, stranger, by what name shall I call thee?' 'My name,' I replied, 'is Hippocrates; I am a physician.' 'Thy fame,' said he, 'has reached my ears; but pray tell me, friend, what brought thee hither?'"*

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* "Burton," says Mr. Grainger, "wrote his Anatomie with a view of relieving his own melancholy, but increased it to such a degree, that nothing could make him laugh but going to the *bridge-foot*, and hearing the ribaldry of the bargemen, which rarely failed to throw him into a violent fit of laughter. Before he was overcome with this horrid disorder, he, in the interval of his vapours, was esteemed one of the most facetious companions of the university."

* Probably Le Clerc is right in thinking that much which was traditional with regard to Hippocrates' visit to Democritus has been interpolated in the genuine letter.

After Hippocrates has answered this question, he learns from Democritus that the object of his study is to discover the seat of melancholy; and then with great acumen and vivacity the patient rails against the vices, follies, and inconsistencies of the human race. The ideas of Democritus are not incongruous in themselves, but inconsistent with surrounding circumstances. The delusion consists in taking the vices of mankind collectively, and applying the heap to each individual of the human race severally. These melancholy notions soon disturb the affections, dissolve the ties of kindred, and crush all interest in life. Where the temperament is naturally placid, the persons so affected may, during a lifetime, be regarded only as eccentric, like Democritus or Jaques; but if it be irritable, the ordinary and inevitable ills of life jar the troubled faculties into raving madness, or urge the miserable being to form the most consistent plans for suicide or for murder. The various modes of self-destruction attempted by Cowper, and the consistent reminiscence of his thoughts and feelings while so employed, as detailed by himself, will recur to every reader.

The character of Clara Mowbray offers another example of the retiring melancholy. Scott, like Shakspeare, never appears greater than in his delineations of mental aberration, scarcely a form of which he has not embodied in his works; he is equally minute, as his great prototype, in describing the temperament, and noting every circumstance which can develop in the ground-work of his plot just that kind of insanity which a physician would say must have been originated on such a foundation. Of Clara Mowbray he tells us, that hers was a "melancholy verging on madness." The circumstances which prepared the mind to be thus affected by the incidents of the fable are presented with masterly skill. The faulty education and undue bias given to the imagination—the effect of early loss of the only parent who can direct the young female mind—the contempt for society and the influence of such feelings on the intellect—the restless movement of the body, never formally told, but ever appearing before the reader—the abrupt half-connected wit, "that happiness of reply that often madness hits on," which, glancing and sparkling, threads, with the rapid motion of the eccentric lightning, the incongruous subjects of a mixed conversation—alarming some, offending others, and leaving all in that subdued sort of astonishment excited by the view of conduct not explicable by obvious causes—all these things are indicated with a master's hand. The meeting of Clara and Tyrrel, however, at the Buckstone, is the scene in which the author's consummate knowledge of the workings of insanity is most strikingly displayed. The struggle between reason and madness—the alternate mastery of each—the difficulty of distinguishing between the reality of the impression from without, and the vivid image which deep passion and long and solitary contemplation had planted in Clara's perturbed phantasy, are characterised by touches worthy of Shakspeare.

Ophelia, again, and Madge Wildfire, though differing from each other in the train of disordered ideas and feelings, exhibit the same general features of insanity which characterize the *mania mitis* of Crichton—the "roving melancholy" of other systematic authors. This species of insanity is in some essentials the reverse of that just described. "These persons," says Crichton, "hate solitude; they are busy and loquacious; their attention can rarely be fixed to external things for any length of time; and often, under the pressure of this form of malady, feelings and expressions are acquired little consonant with female decorum. The men are kings, emperors, and popes; the women ladies of distinction." The taste of his age permitted Shakspeare to be faithful to nature in every point of the above description. Madge Wildfire, which Mr. Coleridge has pronounced to be the most original of Scott's characters, is intended by the author to exemplify "derangement of a mind constitutionally unsettled by giddiness and vanity." Let the reader turn to the tale, and observe with what art this hint has been worked out—how it is made to pervade the whole range of the poor maniac's feelings and actions, and how it peeps forth even in the very selection of scraps from John Bunyan with which the author has filled her head. As Madge is made to select from her slender stores of reading such passages as portray her vanity, so the industry of Shakspeare's commentators has shown us, that the disjointed sentences in which Ophelia indicates her "fond distractions," are made up of snatches from the popular works of that day. It would have been easy to put arbitrary ravings into Ophelia's mouth, but then these would not have conveyed that feeling of intense reality which the *groundling* of the Globe derived from observing on the stage one day a minute transcript of what he might on the morrow see exemplified in a madhouse; the inhabitants of which must have been influenced by the age in which they lived, and the society in which they moved, and consequently disjoined in madness the ideas which they had derived from these sources. The principle is so correct, that we forgive the author for the anachronism by which the Danish lady is made to rave in expressions chosen from the common authors of the Elizabethan age. Guided by the same principle, Shakspeare has taken the odd jumble of names uttered by Edgar when he feigns madness almost verbatim from Harsnet, whose work had been published very shortly before he wrote his play.

Jaques was an early delineation—Hamlet was drawn several years sooner than Lear—and we may trace the improving skill of the

poet in the growing fulness and boldness of his touch. Well may "Lear" have been called a study even for the pathologist.

We cannot, however, follow our author further in his illustrations of the powers of Shakspeare in correctly depicting disorders of the mind; it is an interesting study, and we commend our readers to the work of Sir Henry.

ANALYSIS OF MEDICAL JOURNALS.

Art. I.—*Mémoires de l'Académie Royale de Médecine.* Tome troisième, 3me fascicule. Paris, 1834.

The first article in this number of the Memoirs of the Royal Academy, is, The Progress of Surgery for the last two years, by Roux, professor at the Faculty of Medicine, surgeon at La Charité, &c. &c. &c.—In this paper, M. Roux, after alluding to the deaths of his collaborators, Cullerier, Percy, Deschamps, &c. glances very briefly at the progress of surgery in France, England, Germany, Italy, and America, and makes a few remarks on the vast importance of topographical anatomy. He then considers certain points of surgery in detail.

1. *Gangrene.* It is now ascertained beyond a doubt, says he, that spontaneous gangrene never exists; the apparent cases of it arise from some lesion of the arterial system, with a derangement in the circulation. Look at gangrena senilis; does it not generally, if not always, depend on a contraction of the arteries caused by the ossification of their parietes? the melancholy attendant of old age. Spontaneous gangrene, as it is termed, when occurring at other periods of life, is caused, sometimes by the compression of the principal artery of a limb, sometimes by the formation of simple clots in this artery, sometimes also by arteritis, or an inflammation of the parietes of the arteries; all these circumstances prevent the free course of the blood. M. Roux mentions two cases of gangrene occurring in the practice of M. Baffos. In one, a child three years old, sphacelas commenced in the left limb very suddenly, and without the apparent existence of any external or internal cause; the limb was amputated, but the patient died; on examination, the lower part of the aorta, the iliac artery, the left crural and its branches were obstructed by clots, so dense and compact, that they must have been formed anterior to the gangrene. The second case was that of a young man, 18 years old, who was affected with violent pain in his foot and leg, which soon became gangrenous. The limb was amputated at the thigh, and the patient recovered; on examining the part removed, the popliteal artery and this alone had been slowly and gradually obliterated before the gangrene commenced, of which it was the cause, and not the consequence. Numberless observations demonstrate, that notwithstanding the force and rapidity of the motion of the blood in the arteries, even the largest of them may be obliterated without compression, without the application of a ligature, and without the ossification of their parietes. M. Roux observed the case of a young girl, 20 years of age, in whom the right hand and fore-arm were gangrenous, from an inflammation of the arterial system. The limb was amputated, but the patient died. On examination, it was found that the nerves of the arm and fore-arm also participated in the inflammatory affection, and several of them, particularly the median nerve, contained small abscesses of pus.

2. *Wounds.* Among several cases of wounds detailed to us, the following are the most remarkable. A poacher discharged a badly made gun; the breach of it separated from the stock and from the barrel, and entered lengthwise into the parietes of the cranium, directly above the orbit. On examination, the foreign body was found to be wedged in firmly, and was immovable. With scissors, mallet and chisel, M. Roux enlarged the opening, removed the foreign body, and the patient recovered; although the frontal sinus was much injured, there was no air fistula. A soldier attempted to commit suicide by shooting himself with a musquet: the left two thirds of the lower maxillary bone, and the left superior maxillary bone, were blown away; the eye was destroyed, and there was an enormous wound of the soft parts. He was cured by Baron Larrey, who extirpated the eye, removed the numerous fragments of bone, and brought the integuments together wherever it was practicable, by sutures. Another case of severe wound presented itself in a soldier, who, while sitting on a bench, was stabbed with a sabre at the anterior and left side of the chest; the weapon passed downward the distance of nine inches, and there was a penetrating wound of the thorax, injury of the lung, and a penetrating wound of the abdomen and abdominal viscera, through the diaphragm. The wound was followed by the usual symptoms, as hæmorrhage both internal and external, feebleness of pulse, extreme

difficulty in respiration, frequent fainting, hiccough, vomiting, and severe pains in the abdomen: the patient passed fourteen or fifteen pounds of blood in the alvine evacuations and urine. These formidable symptoms, however, disappeared under appropriate treatment, and in forty days he left the hospital cured.

It is well known that wounds of the heart are not always fatal; the following case, however, is extremely curious. A man stabbed himself in the region of the heart with a sharp-pointed file; there were no symptoms to indicate with certainty that the heart was injured, and more particularly, none to show that if the heart was injured, a portion of the instrument remained in it. In twenty-one days the man died: on examining the body, the cavity of the left ventricle was found to be transfixed by a portion of the file which caused the wound, and which had broken off just on the inside of the parietes of the thorax, doubtless in a clumsy effort to remove it. This fact is certainly curious, and deserves to be recorded. Regarding it in a practical point of view, we would ask, if, when in a wound of the heart the presence of the wounding body is suspected, it would be rational or prudent to extract the latter?

3. *Fractures.* The profession is well acquainted with the subject of simple longitudinal fractures of the round bones; it is also known, that in the broad and flat bones, as those of the skull, scapula, ribs, and bones of the pelvis, the inner or deep table may be broken from the effects of a blow on the external table: hence a species of fracture by counterblow, which is most common in the bones of the skull. We would now ask whether a long or round bone can be partially broken transversely, that is, can a bone of this kind be partially fractured perpendicularly to its axis, so that a portion of it remains uninjured, or is at most but slightly bent? This question has been answered in the affirmative by M. Campaignac. On examining the body of a young girl, who died from rougeola, complicated with peripneumonia, he found an imperfect fracture of the fibula: the bone was broken in about two-thirds of its extent, and was pushed towards the tibia and slightly bent, in the same manner as the branch of a tree, or any other long flexible body is broken by bending its extremities. In this young girl, the femur also had been broken; the right thigh having been caught between a coach wheel and a stone post. She died before the fracture had united.

Imperfect fractures of the long bones take place probably only in very young subjects; perhaps also they occur only where two bones are situated parallel to one another, as in the leg and fore-arm; and each of them finds in the other a support, which limits and arrests the motion by which the osseous fibres tend to break. Possibly also these imperfect fractures may be more common than is generally imagined, as they have been frequently produced in cadavers by M. Campaignac. On dissecting a limb amputated at the hospital of Clermont Ferraud, a semi-fracture was found in the tibia; and our colleague, M. Murat, thinks he has seen a case of imperfect fracture of the fore-arm.

Shall we now speak of two fractures of the skull, with depression of a piece of bone, and compression of the brain, where the operation of trepanning was successfully performed? Even if they are not rare, they will enlarge the number of those cases which demonstrate that although this operation has been much abused, it ought not to be proscribed. While alluding to trepanning, we would mention the details of a case, which, if not unique, is at least extremely rare, and where this operation was followed by the happiest results, and was indispensably necessary. A young man, 15 years old, received a violent blow on the head; inflammation followed, and an abscess formed within the cranium. After some time, the pus made its way through the parietes of the skull, and emerged from a very small opening in the centre of the left parietal region. The discharge continued for nearly four years; sometimes it was free, but sometimes the pus continued within the skull, producing symptoms of compression of the brain. The young man was brought to us. Observing that the fistulous opening penetrated within the skull, we suspected a caries of the inner table of the parietal bone to a greater or less extent, and a stagnation of pus between the parietes of the cranium and the dura mater. The indication was to remove the diseased portion of bone by trepanning. On removing a disk of the parietal bone which comprised the opening from which the pus flowed, we were much surprised to find the bone healthy; but in the corresponding part of the dura mater, there was a foramen several lines in diameter, communicating with a circumscribed pouch or abscess formed on the surface of the brain, in the cavity of the arachnoid membrane. The pus in it having escaped, we saw distinctly the cerebrum which was depressed at this part, and separated from the dura mater. It was useless to remove more of the bone, or to enlarge the opening in the dura mater; in fact, the depressed brain gradually rose to the dura mater, adhesions formed between the parietes of the abscess, and the patient soon recovered.

4. *Diseases of the urinary passages,* and operations relating to them. Is it not remarkable that 678 calculi of different sizes have been found in the bladder of an old man? About the same time I extracted 193 from a patient who recovered. These calculi were nearly of the same form, and about as large as the end of the little finger. In regard to extracting bodies from the urethra, Dumont states that he has removed small calculi from the urethra several times by forcibly dilating this canal with an elastic sound; and Amussat has invented an instrument, an urethro-

tome, for the same purpose. In strictures of the urethra, M. Amussat has frequently succeeded in dilating the strictured part by means of injections.

The subject of dissolving calculi in the bladder has again attracted attention. Many years since the dangers and sufferings attending lithotomy led chemists to think upon this subject; but they soon found, that if re-agents were introduced into the bladder, in such a weak state as not to irritate it, they would not act on the calculus. Hence the idea was abandoned. Lately, however, Messrs. Robinet and Thibaut have each presented the model of a small apparatus, by the aid of which the solution of calculi in the bladder may be attempted. These inventions are by no means perfect; probably, however, they will be much improved. The idea of this operation belongs to M. Seigneurgens, of Amiens, and may be found in detail in a work by this gentleman on pathology, published many years ago.

It is useful both in lithotomy and lithotrity to know exactly the form and dimensions of the calculus contained in the bladder. This has hitherto been attempted by sounding the patient, and by examining the bladder through the parietes of the abdomen, or through the rectum. This mode was extremely uncertain, and to obviate it, M. Leroy has invented a catheter with a slight curve and short beak, composed of two moveable pieces arranged in such a manner that they can act on a calculus in the bladder transversely to, or parallel with, the axis of this organ.

5. *Removal of bones.* In a female, 50 years old, the whole of the right scapula was affected with an osteo-sarcoma; the humerus was moveable in the glenoid cavity, which indicated that the articulation of the arm did not participate in the disease. The scapula was removed by M. Jeanson, of Lyons. Another of the Lyonnese surgeons has extirpated the half of the lower jaw, disarticulating it, for the condyle was affected. This operation has been performed by Dr. Mott and by M. Walther, of Bonn, the latter of whom removed the entire jaw. In regard to these operations, a serious question arises—are not the resources of nature too much disregarded, and are not surgeons too much dazzled by the glory of performing a difficult operation? To prove that advantage may be derived from a mode of treatment much less expeditious, but also much less cruel, M. Larrey has exhibited to us a young lady affected with osteo-sarcoma of the lower jaw; she has been treated with depuratives internally, and moxas externally, and the tumor is now a third of its former size.

2. Melancholy.—The next article is by J. H. Reveillé-Parise; it is entitled, *Medico-philosophical considerations on Aristotle's remark, "that most celebrated men are affected with melancholy."* The author inclines to the same opinion, and supports his views by reference to the character of some of the most eminent men of modern times.

3. Cancer of the Rectum.—Lisfranc's description of his new operation for the excision of carcinomatous rectum, is the next paper; this was translated entire for the last number of the journal.

4. On the Eclampsia of Young Children compared with Apoplexy and Tetanus, by Ant. Dugès, the able professor at Montpelier, &c. &c. By eclampsia, the author understands that kind of acute epilepsy, which affects children and females in childbed; a disease, in fact, resembling epilepsy in its symptoms, and its occurrence by paroxysms, but differing from it by its accidental appearance, its short duration, and the apoplectic character it assumes in many cases, and which it presents almost constantly in females who are either pregnant, or in childbed. The author enters largely into this subject, and details many cases, the results of post mortem examinations, &c. The following summary presents at one view the practical information to be derived from this article. M. Dugès concludes from his researches, 1st, That the eclampsia of children is a peculiar disease, which seems to arise from an idiopathic or sympathetic irritation of the encephalon, and particularly of the cortical substance of the circumvolutions of the cerebrum and cerebellum.

2d, That it sometimes takes on an intermittent type, appearing in distinct and *epileptiform* paroxysms.

3d, It is sometimes *preceded by an apoplectic state* which causes it, or they both depend upon the same cause; sometimes also it is followed by an apoplectic state, which is the effect of it: hence in both cases primitively or secondarily, an *apoplectiform* state appears.

4th, Finally, eclampsia is sometimes continuous, or remittent, and *tetaniform*, either with a combination of symptoms which obscures the diagnosis, or with so much distinctness, that it is termed tetanus of new-born infants.

These distinctions are essential in a practical point of view; for, 1st, If the disease be sympathetic or essential, it must be treated by antispasmodics, or it will be cured spontaneously, especially if the indigestible food be removed by an emetic or purgative.

2d, If it arises from a congestion or an effusion of blood within the cranium, depletion should be employed at the commencement.

3d, If the congestion of blood appears during the first paroxysm, or in those paroxysms which succeed the first, we must still have recourse to depletion.

4th, If the progress of the disease is chronic, and the type continuous, we have reason to suspect arachnitis, or some effusion on the spinal marrow, and leeches, &c. must be em-

ployed. The same will hold true, if the paralysis of some part indicates the continuance of an effusion which compresses the encephalon externally, or which impedes its functions internally.

5. Remarks on the employment of the Misletoe (*Ilex Aquifolium*) in Intermittent Fevers, by A. F. Chomel, to whose lectures at La Charité, many Americans have listened with pleasure and benefit. In the space of a few months, twenty-five patients with intermittent fever entered the hospital. Of these, seven recovered without medicine; four more were convalescent immediately on entering the hospital, and were cured by a few grains of quinine; in eight, the disease was complicated with inflammatory affections, and required of course complex treatment. The powdered misletoe was used in the three remaining cases, in double, triple, and even quadruple the usual doses, but without effect; and Chomel seems to want faith in its curative powers.

6. Experiments on the Coloring of Bread by the Melampyrum (Cow-wheat), *and on the mode of detecting its presence in flour*, by M. Dizè.—M. Dizè states the following to be the best mode of detecting the adulteration of flour by this plan. Take fifteen grains of the flour to be tested, and make it into paste with the requisite quantity of acetic acid, diluted by two-thirds of pure water: this mixture should be placed in a large silver spoon, exposed to heat, and baked. If the flour is adulterated, the inside of the loaf has a violet tinge.

7. Osseous Substance in the Lungs.—The fasciculus concludes with an account, by M. Dupuy, of the dissection of an ox five years old, in which an osseous substance or chalky tubercles were found in the tissue of the lungs, liver, lymphatic ganglions, and mucous membrane of the small intestines; also the report of the same gentleman on an epidemic which prevailed extensively among cattle in 1821 and 1822, in the Arrondissement of Wirtemburg. D.

Art. II.—*The North American Archives of Medical and Surgical Science.* No. VI.

1. Cases in Surgery, by Dr. N. R. Smith, who commences the article with some judicious observations on amputation of the leg, which are deserving of notice. Surgeons generally prefer amputation about two or three fingers' breadth below the tuberosity of the tibia, for obvious reasons; Dr. Smith prefers the operation, when practicable, near the ankle joint, conceiving that an artificial member can be so adapted that the patient may walk with little difficulty and much less deformity.

1. *Lacerated wound of the thumb.* This case is of trifling interest; the member was nearly severed from the hand, but the parts being accurately adapted by sutures and strips, complete union of the soft parts took place.

2. *Wound of the Liver.* This case is interesting, and we select it as illustrative of the fact, that wounds of the liver are not necessarily fatal.

"I was called in haste to Mr. Richardson, of Old Town, a tavern keeper, who a few minutes before had been stabbed by a maniac, beneath, and a little on the right, of the extremity of the ensiform extremity of the sternum. The instrument with which the injury had been inflicted, was a dagger made from a common table knife by grinding off the back and edge to an acute point. I was associated in the treatment of the case with my friend Prof. Hall. The only examination of the wound which we deemed it prudent to make, was made by introducing a smooth probe into the orifice, and allowing it to penetrate (rather by its own weight than by any force) as far as it would pass. This was about two inches, and it was therefore manifest that, although Mr. R. was somewhat corpulent, the instrument must have penetrated the walls of the abdomen. But in regard to this, the symptoms which had resulted, left no doubt on our minds. The patient's countenance was pallid and anxious—his breathing short and quick—he complained of great pain and sense of fulness and distension in the region of the wound—his pulse was a hundred and forty in the minute, frequent and small. We found him on his bed, but his trunk was supported almost erect by pillows, and he found it impossible to recline for a moment, without aggravated pain and difficulty of breathing. It should be remarked that, at the time of the infliction of the wound, the stomach was empty. Had it been otherwise, it is probable that the stomach, and not the liver, would have been the suffering organ. At it was, there was no vomiting or other symptom particularly affecting the stomach.

"At the first moment of our arrival the patient was therefore in no condition for active treatment. Re-action, however, soon occurred in a degree to justify the use of the lancet, and blood was pretty freely taken. An anodyne had been previously administered. In the evening, we found our patient nearly in the same condition, and blood was again taken, and a fomentation applied to the external wound.

"On the morning of the second day, other symptoms remaining as before, the skin had assumed very strongly the hue of jaundice, as had also the eyes. There was pain and tenderness in the region of the liver, and there was distressing pain in the right shoulder. Blood was again taken from the arm—a mild aperient prescribed, and the fomentation continued.

"On the fourth day, the unpleasant symp-

toms began to yield, and our patient was soon restored to perfect health."

3. *Strychnine in Paralysis.* Dr. Smith has employed his remedies in several cases without success, in one with partial benefit, and in the following it proved successful.

"Two years since, a seaman was received into the Baltimore infirmary, laboring under paralysis of the exterior muscles of the left leg. He stated that, some days before, he had received a blow on the anterior part of the thigh, which had produced contusion and consequent soreness of the muscles. The immediate effects of the injury soon passed away, but there supervened an increasing sense of weakness in the member, which soon terminated in paralysis. The muscles on the anterior part of the thigh now felt soft, relaxed, and flabby. When the patient carefully kept the leg perfectly extended upon the thigh, he was able to bear his weight upon the member; but whenever he flexed it in the slightest degree, in attempting to walk, the leg was instantly doubled under him, and, if he trusted to it for support, he fell. When he was seated in a high chair, and the leg allowed to hang downward, he had no power to swing it forward.

"I directed a small blister to be applied upon the anterior part of the thigh, near its middle. When vesication had been produced, the cuticle was removed, and one fourth of a grain of strychnine applied to the denuded surface. This was done in the evening. In the course of that night the patient was waked by involuntary spasmodic twitches of the diseased muscles, occurring at frequent intervals, and rendering it impossible for him to keep the limb quiet in bed. This continued at intervals during the night. In the morning, when the patient rose, he found, to his surprise, that he had now the power of extending the leg upon the thigh, and of securely standing and walking, although the member had not recovered all its natural power. On the following evening I directed the application to be repeated. The same involuntary movements did not recur, but further improvement took place in the contractile power of the muscles. This improvement, without further resort to the remedy, continued to progress, and in a few days the natural strength of the member was perfectly restored."

The concluding observations on the inverted toe nail present nothing of peculiar interest.

2. Fracture of the Spine.—Dr. F. M. Robertson, of Augusta, Georgia, relates a case of complete paralysis and insensibility of part of the body, excepting that portion above a line drawn around the neck on the level of the clavicles. The patient had fallen from a dray; and after death, which took place 33 hours after the accident, it was found, on examination, that the spinous process of the fourth cervical vertebræ was broken from the body. It was separated from the fifth, and driven to the right side, showing a dislocation, and complete rupture of the posterior ligaments.

3. Spontaneous Salivation.—Dr. S. Chew, of Baltimore, relates the following case.

"In 1830, while residing in Calvert county, in this state, I was called to attend Mrs. B., who had been suffering for two or three days from a severe attack of remittent fever, the endemic malady of the district. I found her laboring under the ordinary phenomena of the grave forms of that disease,—an accelerated and irritated pulse, great uneasiness of the stomach, intolerance of the least pressure over the scrobiculus cordis, and an intense hyperæmia of the tongue and fauces. In addition to these symptoms, she was harassed by a profuse ptyalism. She experienced a brassy taste in her mouth; there was a continual and copious flow of saliva; and the peculiar fœtor of the breath and perspiration, which is the common effect of mercurialization, was strongly perceptible immediately upon entering her apartment.

"As mercurial salivation is a favorite expedient of the domestic practitioners of the county, I concluded that the lady had been subjecting her constitution to the customary discipline. Upon inquiring, however, I was assured, that she had taken no preparation of mercury, and indeed no medicine of any kind whatever. She stated, that seven months previously, she had been attended, during an attack of bilious fever, by a physician, who found it necessary to give her a very large dose of calomel, with the effect of producing a free ptyalism. From her disease, and from the consequences of this rough mode of medication, she gradually recovered, and had enjoyed tolerably good though not robust health, until a few days before I was requested to see her. She was at that period attacked by the fever for which I attended her. On the day after its incursion, the ptyalism made its appearance, though her mouth had been, as she thought, perfectly well for more than six months. Her gums and fauces had been certainly entirely free from any manifest indication of disease, and there had been nothing abnormal in the action of the salivary glands.

"The ptyalism was the only remarkable feature in her situation, and by proper treatment she was speedily restored to her ordinary state of health."

4. Clinical Reports.—This paper is by the editor, Dr. Geddings; four cases which terminated fatally are reported, and they are preceded by the following remarks: "With some of the magnates of the profession, who find no interest in any thing pertaining to medical science, unless it bear upon it either the stamp of novelty, or a character out of the

usual course of things, the following cases and reflections will doubtless be deemed of little value. As there may be others, however, who regard every pathological or therapeutical fact or principle of sufficient importance to be treasured up, we do not hesitate to fall in with their sentiments, and shall consequently, regardless of the contrary opinion, make a record of the cases, with such remarks as may be suggested by them."

We select the following, together with the judicious "Remarks" of Dr. Geddings, which will enable our readers to judge of the correctness of the views expressed in the passage above quoted.

"*Jaundice—inflammation and pulpy disorganization of the mucous membrane of the stomach.*—The subject of this case was a young man, aged about 25, by trade a watchmaker, whose body we were requested by a medical friend to examine a few years ago. His habits had been intemperate, and the affection of which he died had been probably brought on by the immoderate use of ardent spirits. His principal symptoms had been, an unconquerable irritability of stomach, and almost incessant vomiting, which nothing could control. He had also complained of pain in the hypochondriac and epigastric regions, and the whole skin and conjunctiva were of an intense yellow color.

"*Autopsy.*—The omentum was highly red and injected,—the intestines presenting externally something of the same appearance. The mucous membrane of the stomach was intensely inflamed, and, at several points, was softened, and detached to the extent of an inch or more. It also exhibited several dark colored spots, and the capillary veins were distended with black blood. The organ contained a small quantity of a brownish-colored fluid, mingled with minute fragments of disorganized mucous membrane. Some of the same kind of matter had been ejected at different times, by vomiting. Nothing was found either in the liver or gall ducts to account for the jaundice; the gland only being somewhat congested. The gall bladder was filled with thick viscid bile, having the aspect of pitch, but the ducts were perfectly pervious. The pancreas was considerably enlarged and indurated, but the spleen was healthy.

Remarks.—This case strongly corroborates a pathological principle which has received extensive sanction in modern times,—that there are many cases of jaundice in which the disease does not originate in the liver or its excretory appendages, but in the mucous membrane of the stomach and duodenum. To this fact, promulgated by Bichat, and confirmed by the observations of Broussais and Andral, we have had repeated occasion to advert in the course of our editorial labors, and it cannot be too often repeated. It was formerly too much the custom to consider jaundice merely as a consequence of mechanical obstruction of the excretory ducts of the liver, and to treat it by emetics, cathartics, resolvents and antispasmodics—to emulge, as it has been expressed, the biliary ducts. If the disease proceed from an extension of irritation from the mucous membrane of the alimentary canal to the liver, along the lining membrane of the common duct and the radicles which form it, the impropriety of this practice is too glaring to require comment; and that it does originate in this manner, in some cases at least, is fully proved by this case, and many others of a similar character which have been reported. Here the mucous membrane of the stomach was inflamed even to the extent of disorganization, yet there was no perceptible organic disease of the liver on any of its appendages. In such a case, emetics and cathartics could scarcely fail to prove mischievous; and antispasmodics and resolvents would be altogether inadequate to afford relief. The jaundice was a consequence of acute gastritis excited by intemperance, and could only be successfully combatted by such means as would be calculated to subdue the primary affection.

"While on this subject, we will take occasion to remark, that we have seen several cases of jaundice attended with much febrile disturbance, and strong evidences of gastro-enteric inflammation, in which the patient became speedily affected with a profound comatose state, from which nothing could rouse him. Associated with the febrile symptoms, there was great thirst, epigastric tenderness, constipated bowels, nausea and vomiting; the tongue at first being red and contracted, but soon becoming dry, brown, and scabrous, and assuming all those characters which it presents in typhoid fever. With this change of the tongue, the comatose symptoms generally set in, attended with muscular twitchings, and other indications of impaired or disturbed innervation. We have recently seen allusion made to this form of disease in several of the journals, with reference to its extremely fatal character. It seems to be an intense gastro-enteritis in its inceptive period, speedily involving the nervous system, in the manner in which that system becomes affected in typhoid fever, and is probably a variety of that disease. It has been generally remarked by those who have observed it, that it is almost constantly fatal, and every case we have seen terminated in that manner. We have sometimes seen yellow fever presenting a similar train of symptoms; and Dr. Stokes has given an excellent description of an epidemic form of gastro-duodenitis, which prevailed with great fatality in Dublin, the leading characters of which correspond very accurately with the disease to which we allude. He remarks, that the first sixteen cases which fell under the observation of himself, and his colleague, Dr. Graves, in the Meath hospital, terminated fatally."

ART. III.—*The Medical Magazine.* Edited by J. B. FLINT, E. BARTLETT, and A. A. GOULD. February and March.

1. REVACCINATION.—Dr. W. Hooker, of Norwich, Connecticut, makes some interesting observations on this subject. The small-pox having recently occurred in his neighborhood, he was called upon to vaccinate more than five hundred persons, "nearly half of whom had been vaccinated before. The results were very interesting. In most of those who were vaccinated a vesicle appeared, though it was in nearly all an abortion to a greater or less degree. That is, the vesicle would run through its course, which was an irregular one, in a shorter time than a genuine vaccine vesicle, and would also be of a smaller size, and have a smaller and less regular areola around it, or none at all. The length of its course varied much; dying away in some cases in a day or two after first making its appearance, while in others, it was scarcely distinguishable either in the length or regularity of its course from an original vesicle. Generally, the earlier the appearance of the vesicle, the shorter was its course. In no case did I perceive a marked constitutional affection, except in one, and that a female of lively susceptibilities. Neither in the most regular cases were the arms as sore as in a first vaccination.

I found it to be generally true, that the longer the time which had elapsed since the first vaccination, the more nearly would the vesicle follow the course of the regular vaccine disease. In some few cases, in which only a few years had elapsed since the first vaccination, no effect at all was produced, except in some of them a slight irritation, which lasted but a day or two. We have good reason to conclude then, from these facts, that the influence of the vaccine disease upon the system is gradually diminished from year to year, and in some cases is almost, if not entirely lost. *And so far as this influence is lost* in any individual, just so far there exists in his system a susceptibility to the cow-pock, as is shown by vaccination, and to the small-pox, as is shown by its occurrence in such persons in its milder form of the varioloid. And besides, as those who have had small-pox may have the varioloid, so also can they have the cow-pock, as I have proved by vaccination in many instances. They have it in the same abortive form that the revaccinated do.

"It appears clear to me from these facts, that the vesicle of a revaccination has the same relation to that of the original vaccination, as the varioloid has to the small-pox. The first is an *abortive* cow-pock, and the latter is an *abortive* small-pox. And as in some cases the modified cow-pock vies in severity with the genuine, so does the modified small-pox. The more minutely and extensively we compare the two diseases, the more striking will the analogy appear."

This subject is one which demands the attention of the profession, and we trust the views of Dr. Hooker will receive a careful examination. He then further remarks:—

"If the view which I have presented of this subject be correct—if it be indeed true, (as I think a candid examination of the facts would convince any one,) that the influence of the vaccine disease is gradually lost, and with this there is a proportionate loss of its protective power against the small-pox—that the susceptibility to cow-pock, and consequently to small-pox is gradually renewed; the inference is a very clear one, that this renewed susceptibility can be destroyed by revaccination, or, in other words, that revaccination is a preventive of the varioloid. This subject appears to my mind to be of great importance, and it is with the hope that others may be induced to examine it, that I have presented it at this time to the readers of your Magazine. If the experience of others shall establish the correctness of the statements which I have made, revaccination should be universally practised."

2. SPURZHEIM'S BRAIN.—It was stated recently in the London Medical and Surgical Journal, that the brain of the celebrated Spurzheim was in the possession of Dr. Wm. Grigg of Boston. The editors of the Magazine thus correct the error:—

"The brain of the illustrious Phrenologist is not in the possession of Dr. Grigg, nor of any other individual. Such an appropriation of it would greatly misrepresent the extent of that interest which exists here, in all that has been preserved of the person of the amiable and admired philosopher. That relic, like the sentiments and affections of which it was the honored instrument, should have no exclusive nor selfish destination—it was eminently 'made,' and zealously employed, during life, 'for mankind,' and is the last thing which could befitingly minister to individual vanity, or be yielded even to the more generous demands of private affection. It is in the possession of the Boston Phrenological Society, a numerous and highly respectable association, which its living energies brought into existence, and inspired with the worthy purpose in which it is now engaged—the investigation of phrenology. The noble relic, prepared for preservation with great anatomical faithfulness and art, by Dr. Winslow Lewis, is neatly arranged in a colored glass vase, and will be carefully preserved in the archives of the Society, as a public treasure—a precious memento, held by them in trust for all who may desire to behold and examine the material instrument of that wisdom and philanthropy which have rendered the name and memory of Spurzheim precious, wherever they are known."

3. AFFECTION OF THE FIFTH NERVE.—This is an interesting case by Dr. Charles T. Jackson, of Boston, and illustrates the importance

of a knowledge of the views of Sir Charles Bell, for investigating the pathology of the nervous system.

"Reflecting on this case, it will appear that the disease must be seated in the posterior roots of the fifth nerve, or in that portion devoted entirely to sensation, for the motions of every part of the face were perfectly free and natural, which could not have been the case had the anterior roots been diseased; for, according to the admirable researches of Sir Charles Bell, the anterior roots of this nerve are those of motion, while the posterior are for sensation, and one portion might be diseased without necessarily involving the other. That the disease is at the root of the nerve, in or close to the brain, will appear from the circumstance that all the sensitive branches of the nerve were affected, which could only be accounted for by referring its seat to that origin.

"The direction and extent of the burning and pricking pains, which darted like lightning through the face, indicated the course, direction, and extent of these nervous branches with far greater accuracy than the most delicate dissection could demonstrate them on a dead body; and it appears reasonable to suppose, that a study of their morbid phenomena would give us a better idea of their functions in health, than could possibly be obtained by any other mode of research. It is, however, only by the study of minute anatomy that we are able to account for such phenomena; and such preparatory study admirably fitted Mr. Bell for his splendid discoveries in the physiology of the nervous system.

"When we reflect on the case before us, it will be remarked that the fifth nerve, becoming paralyzed in its sensitive portions, must also affect the functions of relation in those parts with external things, and with themselves. Thus the filament of the opthalmic portion of the fifth nerve, which supplies the external membranes of the eye, being paralyzed, that part suffered from ordinary exposure, so as to become congested, inflamed, and ulcerated, although not the least sense of feeling remained, as was proved by passing the extremity of the finger over it, and no pain was felt when the blood-vessels were divided by a stroke of the scalpel.

"The sense of 'numbness or burnt feel' in the left side of the tongue, shows that the sensitive branch of the fifth nerve which supplies it was paralyzed; and we observe that the patient was not sensible of the presence of food on that side of the mouth. The left half of each lip was also devoid of sensation, as was the corresponding side of the nose.

"The disease being seated so deeply at the connection of the nerve with the brain, rendered all chance of relief from surgical division of the nervous branches out of the question; and the advanced state of the disease when the patient came under my care, (his age being considered) gave but feeble hopes of successful cure. The method of cure pursued is such as physiology would teach us was adapted to the case; and such as is recommended by Mr. Bell and other distinguished authors who have written on this disease. I had no doubt that the most effectual cure would be an entire paralysis of the sensitive root of the nerve, and such is the process now pursued by nature in this case, and the result is nearly obtained."

4. Contributions to Pathological Anatomy, by E. Bartlett, M.D. one of the editors, contains the history of two interesting cases of ovarian disease, with remarks. We select the following—

"Mrs. E. W., aged 53, died after a week's illness with symptoms of acute peritonitis. She had one child about twenty years ago, and has menstruated regularly ever since, her last monthly evacuation having occurred three weeks before her death. This function has been performed with pain during the last three or four years. Six years ago, a tumor was felt just above the pubes, which continued gradually enlarging to the period of death. This growth was not attended with pain or soreness, and gave the woman little or no uneasiness.

"On examination, the peritoneal cavity was found to contain a sero-purulent fluid to the amount of more than a pint. The membrane itself was preternaturally red, especially those portions of it lining the inferior region of the abdomen and the pelvis. A hard, oblong tumor occupied the lower part of the abdominal cavity, extending down into the pelvis. The inferior surface of the tumor was slightly attached to the fundus of the uterus. The tumor, when removed from its connexions, was found to consist of two lobes,—one superior and one inferior,—surrounded and united to each by several distinct layers of dense cellular tissue. The structure of the tumor itself was uniformly hard, and of a white color. It was six and a half inches long; its smallest circumstance was ten inches, and its weight was twenty-seven ounces. Lower down in the pelvis, on each side of the fibrous tumor, but not attached to it, and in the situation of the ovaries, was a globular tumor or sac, about the size of a goose's egg. On removing these bodies, it was evident that their coats were thin, and that they contained fluid. They were opened, and found filled with healthy looking pus, and a large quantity of hair of a reddish color. The principal part of the hair was matted together in the form of a ball, wholly unconnected with the inner surface of the sac. The hairs were from half an inch to six inches in length, most of them having one extremity very slightly bulbous or abrupt, the other terminating in a point. Their external surface had the same kind of rough, bearded structure which belongs to common hair, as was easily ascertained by the familiar

process of passing them between the thumb and finger. Many of the hairs were attached with considerable firmness to the inside of the sacs, their extremities in some instances being inserted into a soft, reddish membrane lining the sacs, and in others, some portion of the body of the hair being passed under or into this lining, while both extremities were free and unattached. In one of the cysts was imbedded a small, irregularly shaped piece of bone. The walls of the sacs consisted of membrane about as thick, and nearly as firm as the dura mater. The uterus was apparently healthy. No distinct remains of the ovaries could be detected."

5. Popliteal Aneurism.—This case presents some peculiarities, and is reported by Dr. Charles H. Stedman, U. S. N. A man aged 29, was admitted into the Marine Hospital in August last. He "stated that three weeks preceding entrance, he experienced a slight pain in the right knee, unaccompanied by throbbing, which he attributed to his being obliged to work in a kneeling posture for four or five hours daily, while scraping decks. This pain daily increased in violence, and four days from the first symptom of uneasiness, swelling of the ankle, and soon after, of the whole leg and thigh was perceived, and he was compelled to leave his work. A week after commencement of attack, pain and swelling had so much increased, as almost entirely to prevent his walking or standing for more than a few moments at a time. Among other symptoms, sharp shooting pains in the course of the sciatic nerve were frequently experienced. Considerable febrile excitement was also present, manifested by frequent chills, flushes of heat, loss of appetite, &c.

"On his entrance into the hospital, no pulsation about the knee could be discovered, nor was complained of by the patient. The leg and thigh were much swollen and œdematous, presenting a smooth and even surface, painful on pressure throughout. The cutaneous blood-vessels were more injected than common—color of skin somewhat heightened—motion of the limb almost entirely impeded by the pain and swelling.

No suspicion of aneurism having been awakened at the first examination, such topical applications were directed as were supposed would have the effect of mitigating what would seem to be the result of inflammation. The bowels were at the same time kept soluble by saline laxatives. Under this treatment, the pain and swelling, together with the general febrile affection, subsided with considerable rapidity. The two former, becoming at the same time more circumscribed, and confined to a single point, the knee, a careful examination was again made, and a true aneurismal tumor was discovered on the upper and inner side of the ham.

"The nature of the disease having been explained to the patient, he cheerfully submitted to the operation for tying the femoral artery," which was successfully performed. In conclusion, Dr. Stedman says, "it may be asked, why all the usual symptoms of aneurism were for so long a time absent in this case? Was it not because of the pressure exerted upon the tumor by the fluid effused in such great quantity into the cellular membrane about the knee, and throughout the whole limb? And in addition to this state, may not the aneurismal sac have been filled in a great measure by a coagulum, which, being supported and protected on all sides by the firm and equable pressure of the effusion, tended to bring the column of blood in the artery within its proper diameter? If one or both these conjectures be true, and could have been ascertained to have been so, and if these processes be considered as the efforts of nature to restore the integrity of the artery, was not the interruption of these processes by the administration and application of remedies, an injudicious interference?"

6. Legislative Protection.—This is a very judicious article and we agree fully with the writer "that all the legislative interference for protection of the regular practice of physic, both in Great Britain and this country, has hitherto had very little effect in preventing empiricism.

We quote the following:—

"If the body of regular physicians only adhere to their own rules, in their intercourse with each other, and with their patients; if they are careful to admit none but those who are well qualified into their society, and study to keep up with the discoveries and improvments of the age, the world cannot long remain ignorant of their merits, and they will have very little reason to complain of want of patronage, or of the intrusion of empirics.

"I am not for interfering, in any respect, with the charters of medical colleges and societies, leaving them to manage their private affairs as they do now, and as much better as they please, except I would remove all penalties for practising without license, and would subject the regular physician to no legal embarrassment in the collection of his debts. I have no fear, that the public at large will ever be so stupid, as to prefer a Thompsonian to a graduate of Harvard University.

"A profession must make itself obviously useful and necessary, and then there will be no lack of that kind of patronage which is worth having. If there is not spirit, industry and emulation enough in the medical faculty, to make themselves obviously superior to empirics, it must be their own fault. If they possess real eminence, and as a body conduct themselves with dignity, affability, and courtesy, they cannot long be undervalued by their fellow citizens, and will have no need of keeping up the appearance of monopolies and exclusive privileges. These privileges, however, are apparent and not real, their incumbrance being greater than their support. A crutch, to any but the lame, is a burden."

ANALECTA.

1. Fœtus vomited by a Child.—The Greek journal, the Sother, of the 8th of Aug., contains an account, by M. Ardoin, formerly surgeon in the French navy, of a fœtus vomited by Demetrius Stamatelli, a young boy of Syra. Dr. Ardoin was called to this child the 19th of July, and found him in a very critical situation; suffering from severe pains in the stomach and bowels. Several remedies were administered, but without any success: the child continued very sick, and as a last resource, the Doctor prescribed an emetico-cathartic. After much retching, the young Demetrius vomited a fœtus. The head of the fœtus was well formed, and, together with one arm, was slightly arched; but instead of lower limbs, there was only a fleshy, or rather a membranous continuation, thin at its extremity, and united to the placenta by a kind of sheath in place of an umbilical cord. This fœtus appeared to have been one of forty or fifty days old. The third morning, the patient was much better, and has continued improving ever since. Dr. Ardoin concludes as follows. "I carried the fœtus home with me, and then, in the presence of all the physicians, and particularly of Messrs. Milonas and Corco, we examined it minutely, and afterwards put it into alcohol. These examinations were made in the presence of the French and Austrian consuls."—*Gazette Medicale.*

2. Nutritious Enemata.—On administering nutritious enemata, we must not forget that the large intestine is not an organ of digestion, and that liquids, like solids, in order to be converted into blood, must first be submitted to the process of chylification. Although bile exists in the large intestines, yet none of the saline fluids which aid digestion are found there. To supply their absence, Dr. Nasse adds to these enemata a small quantity of hydrochloric acid; and also, before preparing the enemata, he macerates the vegetables which are used to prepare them, in the stomach of an ox recently killed.—*Horn's, Nasse's and Wagner's Archiv.*

3. Puerperal Hæmorrhage.—In the *Constitution Médicale de l'année* 1833, *dans le cercle de Langenau,* is detailed a rare case of puerperal hæmorrhage which was first described by Boer, and which deserves attention. Dr. Camerer was called to a woman, thirty years of age, nine hours after her confinement; he found her feeble, and suffering excessively from heat in the abdomen, particularly above the pubic arch, supervening in consequence of an internal hæmorrhage, which probably occurred during labor, after which the blood flowed from the genital organs; the pulse was small and frequent. The Doctor found that the external hæmorrhage had ceased, but it still seemed to continue internally, in the cellular tissue behind the wall of the vagina, especially on the right side, where a large, hard, painful, and reddish-blue tumor had formed, which extended nearly to the summits of the iliac bones and sacrum. This tumor had enlarged since parturition, and was still increasing. He prescribed Rivière's potion, with nitre and gum arabic, of each ℥j.; watery extract of opium, gr. iv.; syrup of marsh mallows, ℥j.; cherry water, ℥v.; mix. A table spoonful every hour. Warm fomentations made by boiling cicuta, hyosciamus, oak and elm bark, with water and vinegar, to be applied to the tumor. The next day the patient had improved, and the tumor had diminished. Six days after, there was again hæmorrhage from the external organs. When the physician arrived, the pulse was full and frequent; the hæmorrhage was less copious; the tumor had disappeared, but the bluish color of the right thigh remained. The patient had found great relief from the discharge of a clot of blood the size of a child's head. Fourteen days after, she had entirely recovered.

Joerg, in his treatise on the diseases of females, mentions the two following as causes of these effusions of blood. 1. "Slight ruptures of the vagina in the cavity of the pelvis, or near the vulva, during labor. In this case, as the blood cannot escape externally on account of the presence of the child's head, it flows towards the bones of the pelvis, and causes tumefactions of the external labia, and discoloration of the adjacent parts. 2. The rupture of a varix during labor, behind the wall of the vagina, in consequence of labor-pains and of the pressure of the child's head.

4. Death from Rupture of a Varix.—Dr. Elsaesser has published three cases of death, in consequence of the rupture of varices during labor; the varices were situated in the external labia. M. Riecke also mentions three cases of the same nature: the first patient was saved by applying cold fomentations; the second patient died; and in the third case, the tumor was discussed by compression.

These cases unfortunately are not so rare as is generally supposed; a number of them are detailed in the memoir of M. Deneux, *Sur les Tumeurs Sanguines de la Vulve et du Vagin; Paris,* 1830.—*Ibid.*

5. Sulphate of Copper in Croup.*—We have already alluded to the successful employment of this remedy in croup by German physicians. We now present the results of twelve new cases, occurring in the practice of Dr. Düzz.

1. The twelve patients were affected with croup in different stages, most of them with the inflammatory stage, but several in that of effusion of lymph. Only one died with hydrencephalic symptoms; in this case, the symptoms of croup ceased thirty-six hours before death.

2. In addition to this remedy, leeches were applied five times, and blisters twice; but in six cases the sulphate of copper was employed alone, with the exception of oily emulsions.

3. In all, vomiting was followed with transpiration, which did not fatigue the patients, and was caused solely by the sulphate of copper.

4. Attacks of suffocation yielded to the action of the sulphate of copper more quickly than to any other remedy, probably on account of its *antispasmodic* and almost *specific* quality.

5. The intestinal secretion, although already more abundant, was not increased, and the secretion of urine was not diminished.

6. The remedy was given in doses of from one-eighth to three-eighths of a grain every fifteen minutes, till it operated several times as emetic; and afterwards every one or two hours.

7. Two to four grains have been sufficient for a cure.

8. All the children thus treated now enjoy good health; and the sulphate of copper seems to cure the disease without injuring the organism.

9. The author, in the course of his observations, has verified the efficacy of Hegewisch's mode of distinguishing croup. This method consists in pouring boiling water on the matter vomited: if croup exists, we observe in the matter vomited some transparent flocculæ, which, when removed from the water, become membranous. This albuminous matter, coagulable by warm water, ought never to be absent in croup, and with continued dyspnœa is a certain diagnostic sign.†—*Rust's Magazine.*

6. Complete Dislocation of the Knee.—Benjamin Constant fell down while walking in the country down a very sloping hill. The weight of his body pushed the lower part of the thigh downward and backward, while the foot being firm on the soil, carried the leg forward: hence the right knee was dislocated. The two condyles of the femur were placed between the bones of the leg, and the muscles of the calf; the upper extremity of the tibia, covered with the patella and the integuments, projected anteriorly. The limb was considerably shortened. The dislocation was readily reduced by M. Dupuytren, and the patient was improving rapidly; but obeying the calls of his country, he went to the Chamber of Deputies, and injured the limb. Probably it will always be semi-ankylosed.—*Gaz. Med.*

7. Knife-Eater.—W. M. aged four years, while playing with a pocket-knife, on the 28th of November, swallowed it. The knife was about two inches long, four lines and 3-10ths broad, and one line and 2-10ths thick. The handle was ornamented with stars painted in red and blue. On examining the belly, there were no traces of any foreign body. The little patient was ordered to take fresh butter; a strict diet was recommended, and an emulsion of castor oil, extract of hyosciamus, nitre, and syrup of manna was prescribed. The next morning, the patient had a slight headach; but the stomach was neither hard, nor tense, nor painful in any part; the appetite was good, the tongue presented a whitish-yellow coat. During the day, the child had three dejections; (the same potion; oily frictions to the abdomen.) From the 30th of November to the 1st of December, there were two dejections; the last with some difficulty. On examining the stool, the knife was found; the blue and red colors had disappeared. The presence of the foreign body caused neither local irritation nor general symptoms; the knife passed through the alimentary canal in thirty-six hours.—*Medicinisches Correspondenz-Blatt.*

8. Dr. Hauff on Syphilis.—1. Syphilis may be communicated in many modes. Dr. Hauff attended a family of seven persons, who lived in the same room, and used the same utensils, and all of them were affected with venereal. Two of them were aged. In another case, a young girl wore a chemise belonging to her sister, who had several chancres. The former became infected by the contact of the chemise, which was stained in several parts with pus.

2. Whatever may be the mode in which the syphilitic virus affects the body, the disease soon appears in the genital organs and the adjacent parts.

3. Chancres in the mouth are usually secondary; they are more superficial, and have not that lardaceous layer seen in those of the palate and pharynx; they are extremely difficult to cure. The author has remarked, con-

* In Hufeland's Journal der Practischen Heillhunde, Dr. Korting mentions six cases of croup, in which this remedy proved efficacious.

† The use of the vitriolic emetics in croup, particularly after the formation of the adventitious membrane, has been attended with great success in cases of the most discouraging character. This practice was suggested in this country, about 18 years ago, by Dr. J. W. Francis, and was found by him eminently availing in several instances after the effusion of lymph has nearly proved fatal. It has repeatedly been followed by other practitioners with a like favorable result.

trary to the general opinion, that the chancres developed suddenly, are more common in the lips, tongue, and walls of the cheeks, than in the palate and pharynx.

4. Dr. Hauff has known syphilis to appear first in the form of an angina, with redness and dryness of the throat, and difficult deglutition. After six weeks, the disease was developed in the genital organs. In one case the angina was the only symptom seen: hence he recommends physicians to be on their guard, when patients present themselves with sore throats.

5. Condylomata are more common in females than in males; they occur more frequently at the posterior than at the anterior commissure of the vulva; chancres are usually seen in the latter situation.

6. When the syphilitic virus has penetrated deeply into the organism, into the osseous system, it will not be communicated by coition. Thus a woman, whose palate was perforated, and who finally died from syphilitic caries of the frontal bones, cohabited with her husband for twenty years, and bore perfectly healthy children.

7. Children are less subject to constitutional syphilis than adults; but are more disposed to relapses.

8. A very interesting observation made by Dr. Hauff would seem to lead to the opinion that syphilis neutralizes the vaccine disease. Two children born of syphilitic parents, and also bearing marks of this disease, were vaccinated seven times; the vaccine disease was not developed till the last vaccination.

9. Dr. Hauff approves of a prompt and simple treatment; the corrosive sublimate has always answered a good purpose; and he has never known it to irritate the lungs or stomach; he admits, however, that the disease often recurs. This remedy is taken internally, and it is used externally in the form of lotions; at the same time the patients drink a decoction of sarsaparilla, and are put upon a strict diet. When the corrosive sublimate fails, the Doctor succeeds with the red precipitate, as recommended by Berg: to children, he gives the mercurius solubilis Hahnemanni, or calomel: he prefers the latter.—*Journ. der Pract. Heilkunde par Hufeland and Osann.*

9. Cephalotriptor.—For the purpose of introducting to our readers a new instrument, the Cephalotribe or Cephalotriptor, the knowledge of which has not been made very general in this country, we present them with an abridged analysis of "a Report made by Mess. Boyer and Duméril to the Royal Acad. of Sc. Paris, Oct. 19, 1829, upon a Memoir by M. Baudelocque, (nephew) entitled, A new method of terminating laborious parturition, by crushing the head of the fœtus, *after its death in the womb.*" The pelvis being deformed, delivery per vias naturales being utterly impossible, and an absolute certainty of the death of the fœtus being obtained, though the latter is often difficult to arrive at; all authors advise that the head should be opened and emptied, with a view to lessen or do away the disproportion which exists between its bulk and the dimensions of the pelvis.

This operation, as it is now performed, produces no change in the size of the basis of the cranium, unless this be subsequently effected by pointed hooks, or cutting forceps, instruments which are dangerous alike to the mother and the accoucheur. To obviate these serious inconveniences, has the instrument of M Baudelocque been invented, by means of which, in an instant, the head may be so crushed, as readily to pass through the narrowest outlet.

Like the forceps, it consists of two interlocking branches, resembling that of Smellie. The blades have no finistræ, but are solid, three lines thick, and only sixteen lines in width, so as to pass a deformed pelvis with every facility, and are long enough to seize a head at the upper strait of the pelvis, and curved in that direction. The branches, measuring from the centre of the instrument, are an inch longer than the blades; are five lines thick and seven wide; are grooved at one end to receive a screw *six and a half inches long, and having a handle also six inches in length.*

The forceps being applied upon the head in the usual way, the crank is turned, and the arch and basis of the cranium are instantly crushed; the hairy scalp remains entire, and the central substance escapes by the orbits and nostrils. The forceps is then withdrawn, and the case left to nature.

That the instrument possesses the necessary power is undoubted; but will it be easy, and above all, will it be safe, to carry up above the upper strait of a very narrow and illshaped pelvis, into the uterus, an instrument weighing nearly seven pounds, and two feet long? We doubt it; for all know the danger of a common forceps, even when applied under more favorable circumstances. But if the instrument of M. Baudelocque be hazardous, much more so with the use of the usual pointed crotchets, over which the former deserves, it appears to us, the preference. M. Baudelocque's zeal for the advancement of his art seems to us worthy of praise.

(Signed) Dumeril. Boyer.

And certified, as being adopted by the Academy, by its perpetual secretary,

"Bn. Cuvier."

Upon the subject of the doubts expressed by the reporters, as to the great size of the instrument, its inventor adds a note, in the printed pamphlet, containing the above report, which issued in 1833. He says he has now reduced it to little more than *four pounds* in weight, and has used it thrice with success. A case is cited, but we do not copy it. The instrument has been described in various journals, and in two theses by two of his pupils, Mess. Francois and Thevenin, sustained in

1832, all information relative to it may be found. A note is appended to the memoir, in which M. Baudelocque, the nephew, asserts his claim to that affinity with the late celebrated professor Baudelocque, which, it seems, is disputed by one of his "homonymes."

A plate of the instrument is also affixed, in examining which, one cannot fail to be struck with the immense size of the screw and crank, each of which, be it remembered, are six inches long.

Messrs. Dumeril and Boyer, in their report, state, we observe, that "when the pelvis is so narrow and deformed as that accouchement, per vias naturales, is, whether by the use of forceps, or by version, impossible, we ought either to divide the symphysis, or to employ the Cesarean section, according to the degree of the deformity, *the child being still alive.* These principles," they say, "are generally admitted; but to determine the extent of deformity, or the non-existence of the child, being oftenest extremely difficult, an operation which might save both mother and fœtus, is often neglected, or the child is sacrificed under a false idea of its death, by a process dangerous to the mother."

It would appear then, that Mess. Boyer and Dumeril think that rather than destroy the fœtus under an uncertainty, the patient ought certainly to be made to suffer either hysterotomy, or the section of the symphysis pubis; an opinion in which no American practitioner, we are sure, will coincide. Dr. Ryan is surely incorrect, when he states, in his midwifery, that *we* prefer the Cesarean section to the death of the fœtus. With Dr. Blundell, all must agree "that without babbling about theology and syringes, the life, nay, the preservation of the patient from the graver lesions of her person, is to be looked upon as paramount to every consideration relating to the fœtus; and where these require the sacrifice, craniotomy becomes justifiable."

10. Two Diseases hitherto undescribed, read before the Academy Pontanienne, by Dr. G. Semmola.

One of these diseases, to which the author merely alludes, reserving a fuller description for an especial occasion, is a morbid hypertrophy of the entire voluntary muscular system, occurring at the same time in two brothers, both of them youthful, of the parish of Pescolamuzza; and a third brother, in whom the disease was beginning to develop itself.

The other is especially interesting, inasmuch as it realizes a pathological affection in man, the results of which have hitherto been observed only in animals.

Case.—C. A. Viola, 26 years of age, of a sanguine and excitable temperament, addicted from youth to the debaucheries of the table, and especially to excesses in wine, was attacked, at the age of eleven years, with convulsions, which came on suddenly, whether asleep or awake, and which were preceded by a violent scream and loss of consciousness. He then commenced running with rapidity, without deviating either to the right or left, without being arrested by slight obstacles, although by those which he could not pass by under such circumstances. It frequently happened, that on being seized with his attacks whilst going up stairs, he ascended with the same rapidity, but always in a straight line. When nothing crossed him, the run continued for several seconds, and he accomplished at most from twenty to thirty steps. He then stopped and recovered his senses; his countenance was more animated than usual; his eyes were bright—but he remained astonished and confused, and without recollection of what had occurred; he only remembered having felt, before the loss of sense, the impression of an *aura*,—of a vapour which proceeded from his feet to his head, in the course of the spinal column, which gradually obliterated his intelligence.

These convulsions continued at irregular intervals during seven years; but always occurring once or twice a day. At a later period, the disease underwent some change. Instead of running he would fall, and commenced rolling in one particular direction for ten or twelve feet, with the loss of his ordinary consciousness. This constant and regular rolling only ceased with the paroxysm and the return of sense. He did not then emit a cry, strictly speaking; but a long and continued howl during the access. Within the last two years, the convulsions, more frequent and prolonged, have again changed their character; the rotatory motions have ceased, and the most extravagant contortions have taken their place. At present, it is seldom that a day passes free from accessions, and frequently there are four in twenty-four hours.

It is equally important to mention, that during the intermissions, his moral and physical state is disordered, and that he is afflicted with permanent nervous derangements. He has frequent shocks in his sleep, the ordinary precursors of the attack; he feels a pricking sensation in the spines of the dorsal vertebræ conjoined to a certain collision in the same place; he is taciturn, dull and passionate, and he is frequently visited by fantastical images and ideas which confused his mind.

This affection has hitherto proved very intractable. Dr. Majone, who has treated it for a length of time, has failed in every effort, and has become a mere spectator to the advance of the disease.—*Il Filiatre-Sebezio, Giornale delle Scienze Mediche.*

11. Reunion of the Nose.—The 5th Nov. 1832, a fight having arisen between a woman and a man, the latter seized the nose of the former between his teeth, and bit it off even with the bones, and after having chewed it, threw it into the mud in the presence of six witnesses, whose names are reported by the author. In this state the girl repaired to the

commissariat, where she received the professional assistance of D. Lauritano, A. Parisa, and F. Pizzuti. About three hours afterwards, Dr. Carlizzi, happening to be at the police, and hearing the circumstances, prevailed on commissary, Signor Portaluppi, to endeavor to retrieve the lost portion. Three persons, whose names are also given, went in search of it, who, after two hours and a half, returned with the piece, shriveled, fetid, and covered with filth. Dr. Carlizzi then removed the first dressings, washed the portion of nose in boiling water, and re-adjusted it with the interrupted suture and appropriate bandages. The operation was performed in the presence of nine new witnesses. The parts were uncovered on the 7th day, when it was found to be united. On the 37th day, the reunion and cicitrization were complete; but the nose, in consequence of the redness of the scar and the lividness of the extremity, presented a hideous appearance. It was then determined to bathe the entire organ with a moderate solution of the nitrate of silver, which, on the falling of the eschar, was found to be of an uniform color, and it would have puzzled any one to have discovered that it had ever been severed. Several professors called to examine it, and in order to convince them of the fact, the author was obliged to present his patient at the police, where the company above named, and the surgeons who had first seen the case, confirmed the truth of the story.—*Observatore Medico.*

MEDICAL INTELLIGENCE.

We give place to the following trial at the request of a number of our readers. We confess surprise at the verdict of the jury, and our medical readers will judge for themselves of the character and tendency of the letter on which the action was brought—and such a letter from a professional man! We know neither of the parties concerned; but we should be glad to see an example or two made by a jury of our country, of some of those "talking Doctors," who look for *nothing else to do*, and who, unfortunately for the character of the profession, exist among us. We have heard some of our professional brethren, the most elevated for moral and intellectual worth, occupying the high places in our institutions, and enjoying the confidence of the community, slandered by these unfortunate creatures; and though the "vipers bite against a file," yet as they bring discredit upon an honorable calling, they richly deserve exposure, and shall meet with it ere long. *Eds. U. S. Journal.*

1. Supreme Court, Feb. 10, 1835.—*Action for Libel, before Judge Edwards.* Isaac F. Merkle *versus* Marinus Willet.—The parties in this suit are respectable physicians of this city, well known to the community, and enjoying a considerable degree of reputation. It was an action to recover damages for a libellous letter written by the defendant to one of the plaintiff's patients, in which he was described as a person professionally unworthy of confidence; and as one who had, in a particular instance, nearly caused the death of a patient by an improper administration of medicine.

Mr. Ogden Hoffman, who was associated with Mr. Staples and Mr. Willet, as counsel for the defendant, rose and said that the plea in defence was a justification of the libel, and admitted its writing and publication. The plaintiff, under this plea, having nothing to prove, the defendant was bound to prove its truth; and, therefore, holding the affirmative position in the suit, his counsel were entitled to open it and bring forward their testimony.

Mr. Western, of counsel for the plaintiff, said, that although he did not expect this mine would be sprung upon them, they were not altogether unprepared to meet it. The replication to the defendant's plea reiterated all the charges in the plaintiff's declaration; and being bound to prove the truth of his replication, he therefore stood precisely in the same position he would have occupied had not the defendant brought this plea, and was consequently entitled to the opening.

Judge Edwards decided that the defendant was bound to prove, affirmatively, the truth of his plea; and if he failed to do so, the plaintiff would be entitled to a verdict. The replication, however, of the plaintiff merely put at issue the truth of the plea, and did not affect the defendant's right to open.

Mr. Willet then stated the facts in justification nearly as they appear in the following testimony; contended that the statements in the alleged libel were true, and that the manner in which the plaintiff had obtained possession of the letter that contained them, was dishonorable and perfidious. He then read the letter, which was in the following words:

To Mrs. Tucker.

Dear Madam,—Your son appeared to think last night, that those powders had injured

him. His disease is attended with a very weak stomach, and a little water will often make him vomit. So also a little powder will be thrown off sometimes. But these powders are now proved so useful in this disease, that all good physicians give them. Sometimes, when the stomach is very weak, they are made into pills. I am sure I have seen more than 400 persons cured by them this summer of cholera in its different stages. It is necessary when they are thrown off, to give some drops to stop the vomiting. When I first called he was not vomiting. If I had been at home when you sent the second time, I should have given him something to relieve it. I could have nothing to do with Dr. Merkle. When I was out of town a short time ago, Mr. Cooper, the sexton of Mr. Baldwin's church, had a daughter sick with cholera. In the hurry they called upon Dr. Merkle. He attended; but she became so ill, that they thought she would have died; and Mr. Baldwin advised him to send for Dr. Childs. Dr. Childs came and saw the patient with Dr. Merkle. Dr. Merkle did not follow Dr. Childs's advice, but gave some medicine of his own will, which made her so much the worse, that she had like to have died. Dr. Childs's medicine was then given, and Dr. Merkle was discontinued. She soon began then to grown better, and recovered. I have no doubt your son will recover with proper treatment. I have no confidence in Dr. Merkle; and to prove to you that I only wish your and your son's good in this matter, send for Dr. Childs, and not for me. His life is very valuable to your family; and in Dr. Child's hands, I shall feel every thing will be done which should be done.

I am, respectfully,
MARINUS WILLET.

P.S. Dr. Child lives in East Broadway, next to the corner of Market street, next to the druggist's. When other physicians are called in the absence of the family physician, the other physician is discharged when the family physician arrives.

The counsel then called—

William C. Tucker, who deposed that he knew both parties in the suit. The defendant, Dr. Willet, he had known many years, and he had long been the physician of witness's family. Dr. Merkle, the plaintiff, he first knew in November 1832. Being then alarmingly ill of cholera, Dr. Merkle was called in to attend him during the temporary absence of Dr. Willet. Previously to this, however, he had, when first affected, taken medicine without advice, and growing worse, sent for Dr. Willet, the family physician, who recommended him to take certain powders [alluded to in the letter.] These only made him worse; and Dr. Willet being then from home, his mother sent for Dr. Collet; and he also being absent, at length sent for Dr. Merkle. This gentleman at first refused to prescribe, because Dr. Willet was the family physician, and because the witness had already been under his treatment in that case. He was, however, at length prevailed on to give a few drops to stop the vomiting, which had that effect, and the patient became much relieved. He was requested to take charge of the case, but he declined, on the ground that there had been a disagreement between him and Dr. Willet, and that he did not wish to interfere with his patients. The witness having felt himself relieved by the drops prescribed by Dr. Merkle, wished his mother to decide upon retaining him instead of Dr. Willet. The latter physician coming in at this juncture, and being made acquainted with the patient's wish, withdrew; and the former accordingly attended about six weeks, until the witness fully recovered. In the interim, a sister of the witness was attacked by the same disease, and was also attended by Dr. Merkle, but she died.

The original letter, of which the above is a copy, was then handed to the witness, who identified it as one which was sent to his mother whilst he was recovering from the cholera. He was in possession of this letter during that period. Dr. Merkle being one day in conversation with him about his disagreement with Dr. Willet, alluded to the case of Miss Cooper, upon which that disagreement had arisen. Being then in bed with the letter in his hand in which this case was alluded to, the witness spoke of its contents, and Dr. Merkle insisted upon seeing it. Having read it, he laughed, and retained it in his possession, but promised to return it in two hours. He did not keep his promise, and being asked for it the next time he came, he said he had not quite gone through it, but that he would certainly return it on his next visit. He several times afterwards made the same promise, adding, upon his word and honor, that nothing unpleasant should arise frrm his retaining the letter. Hearing that he had brought Dr. Willet before a board of physicians on the matter of that letter, witness felt offended and told him it was ungentlemanly to have used it against Dr. W., desired him to send in his bill. He said he should some future time, and return the letter with it; but ultimately admitted he had commenced a libel suit against the writer, and could not return it until the trial was over.

Q. Did Dr. Merkle say any thing of Dr. Willet's practice?

A. He spoke disrespectfully of his practice in the Rivington Cholera Hospital, saying that his patients there died very fast, and that he treated them cruelly. He did not, however, say that he was ignorant of his profession.

Cross-examined.—Three or four members of the family read the letter, as did some other persons who attended during the sickness. He would certainly have died but for the drops

administered by Dr. Merkle, or some other timely aid. Dr. Willet continued to be the physician to the family until witness's mother's death, which occurred the following spring from consumption.

Q. By Mr. Staples—Did Mr. Merkle administer to your sister, and she died?

A. Yes.

Q By Mr. Western.—Dr. Willet administered to your mother, and she died?

A. Yes.

Western.—Well, that was just one a piece from the same family.

Dr. Childs deposed that he was intimately acquainted with Dr. Merkle, and knew the circumstances connected with the case of Miss Cooper, which he would narrate. On the 18th of Agust, 1832, Mr. Cooper called on me early in the morning, and requested that I would visit his daughter who had been ill some days, and who had recently become much worse. Dr. Willet, he said, was the physician who attended his family, but being out of town he called in Dr. Merkle. I replied that Dr. Merkle having charge of the case I could only meet him in consultation. He made some remark to the effect that I had a want of confidence in Dr. Merkle; but I said I had no prejudice against him, and agreed to meet him at nine o'clock the next morning. I accordingly went there at that hour, heard from him a statement of the case, and what had been prescribed, and agreed with him upon a certain course of treatment to be pursued. The remedies agreed upon were a pill of calomel and opium, containing one grain of the former, and three of the latter, with a watery solution of camphor in small doses. I think the chalk mixture was also prescribed, which is composed of prepared chalk, gum arabic, and aromatics. The object was to allay the irritation of the system, the patient being greatly relaxed and excited. The family said it was an attack of cholera; and the doctor was of opinion that she had many of the promonitory symptoms. Some external applications were also ordered, such as mustard pasters and sinapisms, which I left to Dr. Merkle to administer. On leaving the house Mr. Cooper said he wished to speak to me, and then explained by saying he was apprehensive he should not get Dr. M. to administer these remedies. To satisfy his mind I called Dr. M. and said, it was of course understood that the remedies should be administered as agreed upon, and I enumerated them severally. Having received his assurance I left. But meeting Mr. Cooper in Broome-street in the afternoon of the same day, and asking for his daughter, he said the medicines prescribed had not been given, and that Dr. Merkle had brought in another physician, Dr. Conger, with whom he had agreed upon another course of treatment. He wished me to go into his house, but I declined until Dr. M. was also here; and promised to call there at six that evening to meet him. He was not there, and after waiting some time, I examined the medicines which he and Dr. Conger had agreed upon and which had been given. I found the plan of treatment similar, but that blisters had been applied instead of mustard plasters; that opium had been given instead of opium and calomel combined, and the tincture of camphor instead of its watery solution. The patient seemed easy and composed, and I told them to go on till nine o'clock the next morning, when I would meet Dr. Merkle according to appointment. The family in the morning when I called were much excited: Dr. M. had been there so early as seven and had left after giving the patient some medicine which had distressed her very much. I examined and thought it contained squills, and I think he afterwards told me that squills were a part of its composition. At all events it was not in the course agreed upon by Dr. Conger and him the day before. Miss Cooper was very excited and seemed to be of an excitable temperament. Squills in large doses will produce vomiting. The family were so distressed and anxious, that they said unless I would take charge of the patient they would call in somebody else. I said that as I had shown Dr. Merkle every civility, and he had violated his engagements with me I would do so. Shortly afterwards he came with Dr. Conger, and I told him that I thought he had acted wrong, and but for this the patient would have remained under his care.

I then related the circumstance to Dr. Conger, who said he was very sorry; that he was not aware of my having been consulted in the case before, and that he would withdraw. I immediately went to the druggist's shop, got the medicines I had first prescribed, and gave her a pill which sat well upon her stomach. Her state was much the same as when I first saw her, only her strength a little more prostrated. Her condition in the evening was composed by the anodyne. I called on Dr. Willet and asked him to attend, which he did on the Sabbath morning. She was then recovering without any change of medicine, except, perhaps, the omission of calomel, and in the care of Dr. Willet she continued to get better upon this treatment; and this is all I know of the case.

After the cross-examination of Dr. Childs,

The counsel for defendant here rested, believing that they had proved their plea.

Mr. Western then opened for the plaintiff, and called

Dr. John. S. Conger, who recapitulated the occurrences of the case nearly as before given, and stated that under no circumstances should he consider it probable that any ordinary dose of squills would produce death. With regard to following a course of medicine agreed upon with a physician called into consultation, he said that in an instance in which he was sure he was quite right, he should certainly be induced to depart from that course, but not even then, unless re-

quired by some imminent danger, nor without informing the consulting physician of his reasons for doing so.

Mrs Nesmit testified that she was a friend of Miss Cooper's family, and attended her during a part of her illness: that the family generally at that time gave Dr. Merkle the credit of curing her of the cholera; and that Miss Cooper herself told her that the vomiting, so far from injuring her, had "done her a great deal of good."

Mrs. Wasling, a sister of Miss Cooper, stated that Dr. Willet himself had approved of Dr. Merkle's treatment of the case, until he heard of the vomiting, supposed to have been occasioned by the squills.

Dr. G. S. Bedford stated, that when Dr. Willett's letter was laid before the Medical Society, he admitted that he was wrong in writing it, and apologized for it as a violation of the by-laws of the Society, but positively refused to make any apology to Dr. Merkle.

Dr. Joseph W. Duval, the secretary of the Society, proved that both Dr. Merkle and Dr. Willet were regular members, and had subscribed the by-laws. Mr. Western moved for permission to bring in the laws of the Society in evidence to prove the aggravated character of the libel, and to exonerate Dr. Merkle from his alleged violation of them; but the court having decided that they were inadmissible, he rested his case upon the testimony.

Mr. H. P. Edwards then commenced the arguments for the plaintiff, and was followed by Mr. D. B. Tallmadge. Mr. Ogden Hoffman and Mr. Staples concluded for the defendant, having this privilege from the form of his plea.

The judge charged at some length, and the jury, without retiring, found a verdict for the defendant.

We learn that an appeal has been taken from this decision, and it is probable that a new trial will be had.

2. Improved Edition of Good's Study of Medicine. By Dr. A. Sidney Doane.

We mentioned in our last, that the Messrs. Harpers, of New-York, having lately received a copy of the last London edition of this important work, have committed it to the press for immediate republication. The present edition appeared in London in December last; it is a greatly enlarged copy, with additions from the last manuscript improvements of the learned author, and still farther increased in value by many additions of a practical character by the distinguished editor, Prof. Samuel Cooper, the writer of the popular surgical dictionary, and other works. The contemplated edition now about to appear from the accurate and excellent press of the Harpers will include the whole work and emendations of Dr. Good, and all additions and improvements by Cooper; and to these throughout will be still further added a large and copious body of practical notes by the American editor, Dr. Doane, of New-York, who has for some time been advantageously known to professional readers and practitioners as a gentleman of eminent erudition and capacity. The notes and improvements of Dr. Doane will embrace the leading facts and principles of American practice; and these researches of the editor will enable him to associate with the labors of Dr. Good a large amount of the opinions and observations which have resulted from the clinical experience of the most prominent American authors throughout the United States. It is believed that the fidelity with which this act of justice will be performed towards the character and capacities of native writers in different parts of our widely-extended country, will give to the projected undertaking a consideration far superior to that of any former edition of this elaborate and valuable work.

We feel justified in thus noticing the present edition of the Study of Medicine, inasmuch as we have carefully examined a considerable number of the sheets already printed; and if Dr. Doane continues to exercise the same industry and judgment throughout the book, we feel satisfied that the profession will be subjected to lasting obligations to him for his services.

We are informed that some few weeks must necessarily elapse before the appearance of the present work, as it is extensive and will be executed in a very beautiful manner; it will be included in two large octavo volumes, and offered for sale at a very reasonable price. —*Eds. U. S. Journal.*

3. Connecticut Retreat for the Insane.—We have the tenth Report of this excellent institution, which, since the decease of the lamented Dr. Todd, has been under the charge of Drs. Silas Fuller and Wm. H. Rockwell. We make the following extract from the Report of the medical visitors for 1833,

"In making their Report, the medical visitors cannot but feel a high degree of satisfaction in assuring the patrons of the Retreat, that no exertions have been wanting on the part of the resident officers and their attendants to render the institution worthy the confidence of its friends and the public; and with respect to the great object in view, the restoration of its inmates, these exertions have resulted in their wonted success.

"This success must be referred, in a great measure, to the just adaptation of the various means of cure to the peculiar characters of each individual case. For, while all have been subjected to the sanative regulations of the institution, some have received only moral, others only medical treatment; while others have undergone a combination of both kinds, as their cases seemed to require."

"It being the duty of your committee to watch with vigilant care the internal proceedings of the institution, especially with regard

to the comfort and humane treatment of the patients—it is highly gratifying to our feelings, and must be peculiarly so to the feelings of those whose friends and relatives are among its unfortunate inmates, that we have every reason to believe, that the patients, though their actions may have been ever so violent, have been treated with becoming humanity and tenderness.

"We are gratified to report, that so far as household accommodations are concerned, the institution now wants nothing; and that it is as complete and as convenient, for the purposes intended, as the present state of knowledge will allow."

From the Report for 1834, we have an account of the number of patients.

"There have been, during the past year, 116 patients in the Retreat, of whom 70 have been under curative treatment. Of this number, 36 were old cases, and 34 recent. Of the chronic cases, 11 have recovered, being in the ratio of 30 4-9 per cent; and of the recent, 31 have recovered, being in the ratio of 91 1-6 per cent. During the whole of this time, almost the whole care of the institution devolved on Dr. William H. Rockwell, who for a number of years has filled the station of assistant-physician. Great credit is due to him for the faithful and judicious manner in which he has fulfilled his arduous trust.

"The order, neatness and contentment which have prevailed through the whole establishment give evidence that the steward and matron have fully sustained their well-earned reputation for a faithful discharge of their duties, and that the conduct of the attendants has been correct and considerate.

"Your Committee have not only visited the institution at stated monthly periods, but individuals of their number have frequently called and examined the state of the institution at unexpected times, so that if abuses had existed the could hardly have escaped detection.

"The whole number of patients admitted since the establishment of the Retreat has been 516, of which 253 have been recent cases, and from which number, 230 have recovered, a ratio of a little more than 90-9 per cent. Of 263 old cases, 62 have recovered, a ratio of 27-3 per cent."

The following gentlemen compose the board of medical visitors.

Dr. George Sumner,	Dr. Amariah Brigham,
Dr. John L. Comstock,	Dr. Archibald Welch,
Dr. E. P. Terry,	Dr. Milo L. North.

4. London Bill of Mortality, 1834.—Consumption carried off the greatest number of persons in the year, viz. 3792, old age and debility 2393, convulsions 1875, inflammation 1723, dropsy 836, asthma 796, dropsy on the brain 682, cholera 630, whooping cough 602, measles 528, scarlet fever 523, small-pox 334, child-birth 289, teething 395, fevers (intermittent, typhus and common) 599, inflammation of the lungs and pleura 375, insanity 150, diseased liver 287, mortification 225, paralysis 158, thrush 90, unknown causes 948, gout 70, stillborn 1000. A number of other complaints make up the awful catalogue of deaths.

Of the casualties that have occurred in the course of the year, it appears that 125 persons have been drowned, 38 died by the visitation of God, 49 excessive drinking, 16 found dead, 185 killed by various accidents, 5 murdered, 10 poisoned, 42 committed suicide.

The number of persons christened in the course of the year:

Males, 13,601; females, 13,615. Total, 27,210.

The total number of persons buried in the same time:

Males, 10,811; females, 10,868. Total, 21,679.

Of the number buried were—

Still-born	1009
Under 2 years of age	4955
2 and under 4	2044
5 and under 10	988
10 and under 20	850
20 and under 30	1520
30 and under 40	1192
40 and under 50	2020
50 and under 60	1979
60 and under 70	1978
70 and under 80	1611
80 and under 90	736
90 and under 100	86
100	1
101	1

Decrease in the burials reported this year, 4898.

There have been executed this year within the limits of the bills of mortality, 3; but not reported to have been buried as such.

5. Messrs. Editors,—Allow me, by the columns of your journal, to direct the attention of practitioners to a very simple means of relieving the distended mammæ after parturition. I have never seen a nurse who had known of its application, nor have I ever known it to be used by a physician. I am indebted to the following passage in Gooch's Lect. for the suggestion. "Take a pint decanter, or a wine bottle with a smooth mouth; fill it to the neck with *boiling* water; pour out this water almost immediately, and provided it is not too hot, apply the mouth of the decanter to the flattened nipple. As the decanter cools, a vacuum will be created," &c. p. 247, Am. ed. Dr. Gooch restricts its use to elongating the nipple; but my experience, which is ample, shows me that it is by far the best way of drawing the breasts. Nurses soon learn how to use it properly; it can be applied in the recumbent position; it requires no fatiguing process of suction on the part of either nurse or mother, and is incomparably less painful than any breast-pipe I have ever seen, and quite as effectual. I have seen it remain on for more than an hour, even whilst the patient slept, and with the happiest effect.

A white glass half-pint bottle, such as contains Florida and other perfumed waters, or what is called the castor oil bottle, has appeared to me to be the best for the purpose, and the vacuum is increased by wrapping around it a wet cloth at the time of its application. The suction effected is very powerful, and the milk, in several tiny streams, plays from the nipple upon the bottom of the bottle with freedom.

I will not descant more upon this happy little contrivance, which I consider as very valuable in the lying-in chamber, but recommend it to the notice of my brethren, who will not be long in detecting its advantages. I wish that the imperfect hints now thrown out may produce an instrument, upon the same principle, and of no more power. I am sure it would meet with general adoption; for I have never seen a female who did not give it the preference. C.

6. Medical Students at Paris.—The number of students attending the present course of medical lectures at the Ecole de Medecine, exceeds 3500. That our readers may judge of the manner in which anatomy is taught at Paris, we give the following abstract of a course of lectures on this subject, as applied to physiology and surgery, delivered at the "Ecole Pratique" by Alph. Sanson.

The physiological part of the course comprises—

1. Description of the organs of the human body, the functions of which are known—70 lectures.
2. The principal features of comparative anatomy—25 lectures.
3. Embryogeny—12 lectures.
4. General anatomy (Bichat's classification) —15 lectures.
5. Microscopical and chemical alterations of the tissues—20 lectures.
6. Pathological anatomy, subdivided into
   1. Monstrosities—16 lectures.
   2. Alterations of the tissues and liquids —25 lectures.
   3. Mechanical injuries of the organs— 20 lectures.

   The surgical part will embrace—The anatomy of the regions and operations —30 lectures.

7. At a meeting of the College of Pharmacy of the city of New-York, held on Friday evening the 20th inst. at the city dispensary, the following gentlemen were chosen officers of the institution for the ensuing year:

Constantine Adamson—*President.*
Oliver Hull—*First Vice-President.*
Henry T. Kiersted—*Second do.*
Jas. H. Hart—*Third do.*
Wm. L. Rushton—*Treasurer.*
Geo. D. Coggeshall—*Secretary.*

Trustees.

Jno. Milhau,	Lindley Murray,
Marshall C. Slocum,	Chas. M. Olcott,
Jno. Caile, jun.	Jas. W. Smith,
Edward N. Lawrence,	Jas. Crumbie.
Chas. L. White,	

8. Washington Medical College.—At the late commencement of this Institution, held on the 19th of March, inst. the degree of Doctor of Medicine was conferred on each of the following gentlemen:

Samuel R. Jones, of York, Pennsylvania.
David J. Maulsby, Maryland.
John Q. Eoff, Wheeling, Va.
John W. Geyer, Maryland.
John H. Anderson, do.
Edward W. Dill, Baltimore.
William Grier, do.
Marmaduke Handy, Maryland.
William L. Smith, Baltimore.
Samuel D. Lynch, Maryland.

Samuel K. Jennings, *Dean.*

It will be recollected that we published a circular from the above institution in our December number, to which we call the attention of gentlemen, who may be disposed to accept professorships in this respectable medical school. The appointments are to be made on the first of next month.—*Eds. U. S. Journal.*

9. Practical Cases.—We insert the following extract of a letter from one of the most respectable practitioners in the western part of this state. We shall not only be pleased to receive the promised communications, but hope the profession generally will send us statements of their interesting cases for publication. Such a plan cannot fail to be useful to the profession. For our views on the subject, we refer to our first number, articles 18 and 19, page 40.

"I much admire your plan of publishing cases. Let any one peruse the cases of Pott on Surgery, of Bard and Perfect on Midwifery, and a host of others that might be adduced, and their importance cannot fail to strike at once. I much blame myself that I have not before this, made public many interesting and valuable cases I have on record, and shall take an early opportunity to endeavor to discharge part of what I conceive to be every professional man's duty."

10. British Surgery.—From the report of the proceedings of the Institute of France, we learn that of fifty-seven essays, forwarded by the competitors for the Monthyon legacy, the commission had decided that that of B. Phillips, Esq. of Wimpole-street, was entitled to the first place. The subject of his essay was "a mode of curing aneurismal tumors, without ligature or the knife, by passing through the sac, one, two, or more threads of silk."—*Medical Gazette.*

11. University of Maryland.—At a public commencement held on the 18th of March, the degree of *Doctor of Medicine* was conferred on the following gentlemen respectively:

	Residence.	Subject of Thesis.
Samuel G. Baker,	*Maryland,*	De Variola.
Alex. H. Bayley,	*Do.*	On Lues Venerea.
Joseph C. Cockey,	*Do.*	On Aneurism.
John Pearson Smith,	*S. Carolina,*	On Cholera Maligna.
Daniel G. Keedy,	*Maryland,*	On Delirium Tremens.
Walter T. Belt,	*D. of Colum.*	On Hæmorrhage.
John H. Boarman,	*Maryland,*	On Hepatitis.
William H. Calvert,	*Do.*	On Cathartics.
Theodore Linthicum,	*Do.*	On the Atmosphere, etiologically considered.
George A. Yearly,	*Do.*	On Catarrhus Epidemicus.
J. C. P. Wederstrandt,	*Louisiana,*	On Blenorrhœa.
Richard Harwood,	*Maryland,*	On Phthisis Pulmonalis.
Charles H. Steele,	*Do.*	On Measles.
M. Montrose Pallen,	*Virginia,*	On Spinal Irritation.
James B. Waugh,	*New-York,*	On the History of various Pathological Theories.
Alexander H. Bear,	*Virginia,*	On Digestion.
William Power,	*Maryland,*	On Delirium Tremens.
Charles R. McClellan,	*Do.*	On the Fever which appeared at the Baltimore Alms House in the fall of 1833.
Samuel T. Knight,	*Do.*	On Phrenitis.
Charles M. Hitchcock,	*Ohio,*	On the Physiology of the Iris.
George C. Perry,	*Maryland,*	On Hemorrhoids.
John W. Stone,	*Do.*	De Pathologia.
Cadmus Dashiell,	*Do.*	On the Circulation.
William W. Watkins,	*Do.*	On Delirium Tremens.
Benedict J. Gardiner,	*Do.*	On Acute Rheumatism.
Charles Minor,	*Virginia,*	On Medical Observation and Experience.
Peachy H. Gilmer,	*Do.*	On Phrenology.
Nathan H. Crawford,	*Do.*	On Intermittent Fever.
Charles J. Gilleland,	*Pennsylvania,*	On the Catamenia.
James L. Anderson,	*Maryland,*	On the generation of Intestinal Entozoa.
Edward H. Henry,	*Virginia,*	On Cholera Infantum.
John Ch. Nairn,*	*Maryland,*	De Natura Chemica et Medica et de Pathologica bilis.
Allen Bowie,	*Maryland,*	On Peripneumonia notha.
Creed Thomas,	*Virginia,*	On Scarlet Fever.
Robert H. Archer,	*Maryland,*	Oh Dysentery.
John F. Price,	*Do.*	On Medical Education.
Charles McCormick,	*D. of Columb.*	On the Study of Medicine.
James G. Coombe,	*Do.*	On Spasmodic Cholera.
Thomas A. Healey,	*Maryland,*	On Erysipelas.
William H. Creager,	*Do.*	On the Theories of Conception.
Washington Lyon,	*Tennessee,*	On the Anatomy of the Eye.
Washington Finley,	*Maryland,*	On Intermittent Fever.
Thomas H. Buckler,	*Do.*	On Animal Heat.
George W. Wilson,	*Do.*	On Digestion.
William T. Jones,	*Do.*	On Animal Heat.
Marcus Ahlenfield,	*Pennsylvania,*	De Morbis Venereis.
Frederick Butler,	*Maryland,*	On Vaccination.
Robert H. Ayres,	*Do.*	On Pericarditis.
Dr. W. K. Schley,†	*Georgia,*	On the best Winter Residence for the Consumptive.
Dr. John Mayo,†	*Virginia,*	On Erysipelas.

ROBLEY DUNGLISON,
Dean of the Medical Faculty.

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* The medal for the best Latin dissertation was awarded to this gentleman.
† Drs. Schley and Mayo were already graduates of the University of Pennsylvania.

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Advertisements.

TO READERS AND CORRESPONDENTS.

Communications from Professor Coventry and Drs. Hull, Lee, and Webster, will appear in our next.

We should be glad to receive correct lists of the Graduates of the different Medical Schools.

The "Surgical Blunder" mentioned by our correspondent "L." might have occurred without detracting the least from the reputation of the distinguished gentleman alluded to.

"Crito" cannot appear.

"M. P." shall have the free use of our pages as he requests, and we challenge him to the issue.

The Proceedings of the Ohio Convention came too late for this number.

☞ *James Webster, the Publishing Agent of this Journal, being much absent from the city, all Communications concerning the same may be addressed,* (post paid) *to him, Post-office, New-York.*

THE

UNITED STATES

MEDICAL AND SURGICAL JOURNAL.

No. X.

MAY, 1835.

ART. I.—*A Report, read before the Medical Association of the New-York Dispensary, at their regular meeting, December* 20, 1834. By JOHN WATSON, M.D. of New-York.

DURING this term I have received at the dispensary fifty-three new cases, and attended forty-five at their own houses. Of the fifty-three cases at the nine o'clock hour, I have learned the result of only thirteen. I have not, as was formerly the custom, received all the cases of venereal diseases that have made application; only five of these were considered proper objects; all the others were either recommended to the commissioners of the alms-house, or discharged as able to procure private medical assistance.

Four of the cases treated at the nine o'clock hour did not properly belong to my class of patients; one having a tumor on the neck; one a case of spina bifida; one intermittent neuralgia of the supra orbital nerve; and the other a case of epilepsy, to which I shall return directly. The remaining forty-four were all cases of cutaneous disease, viz. seven cases of lichen, one of urticaria, ten of scabies, five of eczema, two of herpes, one a peculiar case, probably herpetic, although not marked such at the time; one case of pemphigus, five of ecthyma, three of impetigo, five of porrigo, two of psoriasis, two of lepra, and one of purpura.

Lichen.—With respect to this genus, I have little or nothing of interest to communicate. I may, however, notice three cases by way of illustrating the difference between the chronic form of lichen affecting adults, and those forms of the disease that are observed in children, and by some writers denominated straphulus.

Case of Chronic Lichen.

James Dalton, an Irish laborer, somewhat more than a year ago, had the inner part of both thighs chafed by riding on horseback: a troublesome eruption has ever since continued on these parts, presenting neither vesicle nor pustule, but exciting so much pruritus as to induce the patient to scratch and abrade the cuticle. For several months the disease affected no other part, but spread gradually along both thighs, until it finally covered a space of nearly six inches square on both limbs. About a month prior to his application, it appeared at the inner flexures of the elbows, and on the upper part of both arms. He had used various stimulating unguents without any permanent relief. He was at first directed to apply to the affected surface the following lotion:

Carb. potassæ,
Sulphuret potass. āā ℥ij.
Aquæ, ℥viij. M.

and at the same time to use mild aperients, and to observe strict temperance. He returned several times, and appeared to be gradually improving, but whether he entirely recovered or not I cannot say.

Case of Chronic Lichen in a child eleven months old.

William H. Caldwell—had an eruption all over his body, neck, arms and legs for seven months; he had not yet cut any of his teeth. The skin was beset in places with small furfuraceous scales, in other places fiery red spots, and then again small papular patches resembling that variety of lichen, which Bateman calls red gum. The patient was put on eccoprotics, his gums were scarified, and he was directed a weak alkaline lotion with the warm bath daily. He continued on this course about two weeks, and the eruption gradually declined, but did not entirely disappear. The child was somewhat cachectic. I now put him on the use of tincture of cinchona, and at the last time I saw him, the eruption had disappeared.

Case of Lichen acute, mild.

Michael McCarty, four weeks old, had a scurfy eruption on his scalp and about his eyebrows, and small clusters of faint red papulæ of a crescentic form in different parts of his body and limbs. The child's bowels were constipated, the duration of the disease not noted. Put on small doses of magnesia, and the daily use of the warm bath slightly alkaline. He was seen three or four times, and entirely cured. This child was observed to frown and wrinkle the eyebrows in the manner mentioned by Cheyne, as indicative of hydrocephalus. I believe, he says, that the symptom in young infants is rarely or never observed, except where the brain is affected; but in this case I had no reason to suspect any thing so serious.

Eczema.—Of the five cases of eczema, only one is worthy of notice.

Case of Eczema, labial, chronic.

Michael Conolly, aged 8, had an affection of his upper lip extending round his mouth, and existing ever since he was an infant. The lip is swelled, and the cuticle abraded; the raw surface gives rise to a constant irritating secretion, and is very sore. The patient is of scrofulous habit. When the lip becomes dry, he is troubled with a discharge from his ears, and at present both submaxillary glands are enlarged. The affection of the upper lip is aggravated by a constant discharge from the nostrils. The patient was at first put on the use of iodine to the amount of half a grain daily; his bowels, in the mean time, moved occasionally with eccoprotics. He continued on this plan for a month without much benefit, the swellings under the jaw still remaining. He was now put on tinct. cinchona ℥j. three times a day. In the course of a few weeks, the patient's general health appeared much improved. The eruption, however, was as bad as ever. The lip was now touched with the lunar caustic, and a solution of the caustic directed to be applied twice a day, using an occasional cathartic, and confining the child to farinaceous diet. This patient is still under treatment; but at the last time at which he was seen, the lip was nearly well.

Pemphigus.—The following case I was at first disposed to consider eczema; but, on reflection, I have headed it pemphigus.

Anthony Galagher, aged 6, has had for five or six months a diffuse eruption in most parts of his body. It began on his face; but when first examined, it was over his back and abdomen, and on all his limbs It appeared in large vesiculæ interspersed with blebs, as if produced by a drop of scalding water falling on the part. These blisters breaking left an ulcerated surface beneath, about as large as a split pea, or larger. They were usually preceded by sickness and vomiting; they caused much itching, and were not contagious, since none of his brothers had taken the disease. He had used no other medicine than sulph. magnes. I put him on small and repeated doses of calomel and rhubarb, directed the daily use of the warm bath, and abstinence from animal food. He followed this plan for three weeks, and the eruption, though perhaps less copious, had at that time shown little disposition to recede. On the 4th of October, he was put on tincture of cinchona; on the 13th, the spots were disappearing from his body, although they still remained about his face. On the 20th, he was nearly well. I have seen this child within two weeks, and his skin is free from all disease.

Ecthyma.—Among the cases of ecthyma nothing was observed of any interest, they were mostly in persons that had recently arrived from sea. This was also the fact in the same group of affections as mentioned in my last report.

Psoriasis.—The two cases of psoriasis were confined to the hands. The psoriasis pulmaria, as it is called, is the most difficult of all the forms of the disease. I have found more tailors affected with it than any other class of men. I have at different times had many patients troubled with it, and cannot recollect ever to have effected a single cure.

Lepra.—The two cases of lepra are the only two that I have met at the dispensary since I have had charge of the first class. One of these patients has been under treatment for nearly three months, and the spots on his skin are slowly disappearing. The other patient has been discharged for non-attendance.

Before concluding my notice of cutaneous diseases, I may state, that of late I have made much use of tonics, particularly the tincture of cinchona in the cutanei of children. I was led to the practice by a remark in one of Dr. Fothergill's papers, in which he deprecates the use of reducing means in the phlegmasiæ of children, especially when there are any evidences of a strumous diathesis.

The *epileptic* case already alluded to, occurred in Hugh McInnes, a Scot, aged 32. This man in his own country had always enjoyed good health; but about three years ago, he removed to the West Indies, where, after a few month's residence, he became subject to occasional fits of epilepsy. The attacks were at first at intervals of several months; within a year he has had them much more frequently; and for some weeks previous to his application, he had an attack almost every day, particularly if subjected to any kind of excitement. His countenance indicated ill health, his bowels were habitually constipated, and he had the peculiar sallowness of one injured by residing in tropical climates; he was a carpenter, a temperate and intelligent man. He complained of stiffness or numbness in the right arm ever since the first attack. The aura epileptica always begins in the second and third fingers of the right hand, and if attended to early enough,

the paroxysm may be stopped at times by pressure on the arm. Sometimes the use of stimulants will suspend the attack, but when more severe, nothing will arrest it. He had been salivated without the least benefit.

After giving him some medicine to regulate his bowels, I put him on the use of argentum nitratum in pills, each containing half a grain of the caustic; of these he took three daily, and continued them until he had taken about four dozen. In the course of a month he returned, quite a different looking man. Whether the pills had been the cause of the change or not, I cannot say; for, in the mean time, he had been using a mixture of tincture of aloes and tincture of rhubarb. But his general health had greatly improved; his countenance, and particularly his eyes, had acquired a healthy and lively appearance, and he had not had more than one or two returns of the paroxysms. I saw this patient again several weeks afterwards; he still continued free from the fits; his health appeared sound, and he was attending to his daily occupation.*

The forty-five patients treated at their own houses were the following, viz.

One case of *secondary syphilis*, accompanied with marasmus, in a female. She was left in a condition to attend at the dispensary.

One case of *scrofulous and ill-conditioned ulcer* in the groin, and an ulcer of similar character on the arm. This patient was a married woman, and denied the presence of any venereal taint in her system. The ulcers had existed several months, and that in the groin had extended so far as to involve the right labium pudendum, which it almost destroyed, reaching along the course of the inguinal region up towards the anterior and upper spine of the ileum. To render the case more aggravated, the woman was in the latter months of gestation. I put her on tonic remedies, giving at the same time the perchloride of mercury in small doses, and dressing the ulcer with simple poultices, on the surface of which was sprinkled a layer of powdered cinchona. This plan was regularly followed for about a month, at which time the patient engaged a private physician to attend her during her confinement. When I left her, the sore in the groin had nearly healed, and that on the arm had been cicatrized for some time. This woman stated, that when a girl, she had been subject to similar ulcerations.

One case of *contusion*. Discharged cured.

One case of phlegmonous *inflammation of the left mamma* shortly after confinement. The abscess was opened, and before the breast healed, the woman went to the alms-house.

Two cases of *diarrhœa*. One in an aged woman was treated, as I think, improperly at first. The patient, between 70 and 80, was taken with a mild diarrhœa subsequent to a long term of constipation. She was ordered by the physician that first saw her, to abstain from food, and use chalk mixture. Such a plan might have answered in a patient of full habit in the prime of life, and where no inflammation or irritating substance in the bowels was supposed to give rise to the disease. This, however, was a case of debility from the first. The looseness had existed several days when I saw her, and she was then too feeble to speak. I put her on stimulating cardiacs, but she never rallied.

Five cases of *pneumonia*, of which one died; two were sent to Bellevue, one cured, and one left in an improving condition; he finally got well, I believe, under the care of Dr. Vandervoort. The fatal case was in a child between two or three years old. It had been ill many days before I saw it; and the parents being filthy and depraved, the poor thing had little or no chance of recovery from the first.

One case of *pleuritis* cured.

Four cases of *phthisis*, of which three went to Bellevue, and one is still lingering on the use of anodynes and expectorants.

Three cases of *cephalalgia* cured. In one of these there was a disposition to convulsions. The patient, a plethoric woman, was bled, actively purged, and blistered behind the neck, using at intervals a warm foot bath containing some mustard. She had undergone similar treatment for a previous attack of the same affection. The last case of cephalalgia was in a servant girl, aged 21, rather nervous; the attack was excited by sudden suppression of the menses, after exposing her feet to cold and moisture. Besides a severe headach, her vision was disordered, and she had some febrile excitement. She was bled freely, put upon the tinct. aloe, cum tinct. rhei, āā in purging doses, and directed to use the warm bath to her hips and lower extremities. In the course of a week she was sufficiently well to resume her work.

Two cases of *pertussis* cured.

One case of *acute peritonitis*, the result of which I do not know, as the patient passed to a private physician.

One case of *tabes* following hooping cough, uncured when I left the district in which the patient resided.

One case of *constipation* accompanied with anasarca. This patient, a girl about three years old, was seen for the first time on the 5th of September. Her mother stated that for more than twenty-four hours the child had not passed urine. The region of the bladder was examined, there was no disposition to micturate, and there was apparently no secretion of urine. There was no arterial excite-

* The patient returned to the dispensary on the 29th of December, and stated that for two months he had been entirely free from his former complaint; but of late he had indulged in animal food, and withal his bowels had for a few weeks back been more than usually confined. On the evening of the 16th, while in bed, he had a severe return of his fits. His general health was good, and believing his costive habit to have been the exciting cause of the recent attack, I put him on the use of laxative medicine, and directed him to change his diet, to abstain from animal food, and to use mush and molasses at least once a day.

ment, the child was excessively cross, she was constantly picking at her nose, her legs were œdematous and her countenance unhealthy, leading me to believe some important derangement of the system. There was no pain in the abdomen, but it was distended and hard. I directed her to have a bath, and afterwards a purge of calomel and rhubarb, (cal. gr. vi. pulv. rhei, gr. xvi. M.) The medicine produced but a partial effect; the discharge was not seen. Next day the child had passed water in small quantity, but the bowels were still hard. I saw her again in the course of a day or two. Her legs had become much more swollen; her feet, arms, hands, and face greatly tumefied; her eyelids so swelled that she could scarcely open them. Abdomen still hard, bowels again confined, and no secretion of urine. No arterial excitement, lips dry and chapped, tongue moist, countenance expressive of ill nature rather than of pain. She cries and frets much if touched, and refuses all sorts of nourishment. Believing the seat of disease to be her abdomen, I put her on small and repeated doses of calomel, jalap, and supertartrate of potassæ, directing the daily use of the bath. This plan was followed for several days. The stools at first were scanty, and had an unnatural dark-green glairy appearance—excessively offensive—watery at times, and containing flakes as if from the scrapings of potatoe skins. About the fourth day, the purgatives being continued, the patient began to pass water more freely; her stools became more copious, and assumed a healthy character. On the fifth day, the quantity of feces discharged was wonderful, and they continued for three or four days to be voided in surprising quantities. The abdomen gradually grew soft, and the anasarcous swellings at the same time disappeared. The patient's temper and appetite now returned; she ate with avidity every thing that was allowed her. On the 15th of September, the eleventh day after I first saw her, she was discharged cured. The dropsy in this case was no doubt owing to the wonderful accumulation of feces in the bowels.

Three cases of *remittent fever*. Two cured; one sent to Bellevue.

Six cases of *intermittent*, cured.

One case of *hydrocephalus*, fatal. No post mortem (see case-book 2.)

Two cases of *variola*, cured.

Seven cases of *scarlatina*, cured. Five of these occurred in one family—

Thomas Phebe,	aged 8		Sept. 18.
John	"	5	24.
Sarah	"	20 mo.	24.
Elizabeth	"	10	25.
Henry	"	3½	25.

all of the common type, and terminated mildly. They were taken at first with diarrhœa; their discharges were of a light pale color and soft consistence. The youngest had considerable nausea at the onset. They all had sore throat. The sickness at stomach and diarrhœa subsided as soon as the eruption became fully developed. The first case was nearly well before the others were attacked, and they were all convalescent on the 1st of October. What is peculiarly worthy of notice in this family, is, that a younger one, an infant, three or four months old, was not at all affected by the disease. It is Withering, I believe, who states that children under two years are not often subject to scarlet fever. I think he should have applied his remark only to children at the breast. But of the fifty-four cases of this disease, all of which have occurred to me since January last, three were under the age specified by Withering; one was ten months old, and another nine and a half. This last was the only case that was still at the breast. In my first report, I stated that no cases of this disease fell under my notice beyond the age of 26. I have since attended a married woman, aged 30, who recovered from a regular and pretty severe attack of it.

Such is a summary of my dispensary practice during the time above mentioned, to which I may append the following case of what may be considered *neuralgia of the plantar nerve* subsequent to an injury.

Eliza Fitzpatrick, a single woman, aged 22, of plethoric habit about six years ago, stepped on a piece of glass, and cut the sole of her right foot just under the metatarsal bone of the middle toe. The cut soon healed, and for a long time she felt no further inconvenience from the injury. But about three months before she applied to me, she began to feel shooting pains in the foot, which were increased by pressing on the cicatrix. The pains became gradually more troublesome, and rendered the patient lame. The outer part of the foot felt numb, and acute pains following the course of the nerve along the maleolus internus up the leg and thigh. The limb was somewhat swelled and varicose, and in one spot was disposed to ulcerate. Thinking that the pain might depend on her remarkable fulness of habit, I bled her copiously, and put her on a depleting regimen, with occasional cathartics, and directed the foot to be kept elevated. This plan reduced the swelling, but did not remove the pain. I applied blisters; but owing to the thickness of the cuticle of the foot, they did not draw well. She now was sent to the hospital; here the blisters were repeated, but produced very trifling vesication, and without any relief. Veratrine in the form of ointment (gr. x. to simple salve ℥j.) was tried. This brought on severe inflammation of the foot; and the patient had an attack of influenza, attended with derangement of the bowels. These disorders being subdued, the house surgeon tried the effects of leeches and poulticing, but the pain in the foot remained still the same. It was then proposed to make an incision through the cicatrix, but her friends would not allow her to submit to it; and she left the hospital un-

cured. The pain still continues, and renders her lame, and unable to attend to her business.

ART. II.—*Case of Calculus, with Anomalous Symptoms.* By A. B. SHIPMAN, M.D. Cortlandville, N. Y.

The subject of the following complicated case of disease, is Miss ——, æt. 36, of a thin, spare form, light hair and eyes, and pale countenance, subject to scrofulous tumors when young; catamenia never regular, not oftener than once in three months—then scanty, with much pain; has been troubled with gravel for seven years past, during which time has voided much sand; habitual leucorrhœa; severe gastric disease; cough for the last five years.

This young lady came under my care in the month of March 1834, for an inflammation of the left arm, of a peculiar kind. It appeared very much like the eschar made by nitric acid; it was hard, dry, and of a dirty yellow color, extending from the shoulder to the elbow joint, involving half of the circumference of the arm; its edges were perfectly defined; the skin around it red, inflamed, elevated and painful. It came on a few nights before with an intolerable itching and burning, which deprived her of rest entirely; three or four narrow streaks of the same appearance extended off in various directions from the main disease, as if some caustic burning liquid had ran over the skin. The whole arm was swollen and painful, with an inability of extending the fore-arm; tongue dry and red, thirst, costiveness, not having a stool oftener than once in ten days; urine scanty, high-colored; strangury; urinates not oftener than once in four days, then in small quantities; has had no appearance of the catamenia for six months; vomits after eating; bowels tumefied, tender, great pain and heat across the lumbar region; tenderness in ileum and hypogastric regions: gave a cathartic of jalap and tart. potash and soda; cloths wet in a solution of sulphuret of potash were applied to the arm; ordered a decoction of the root of taraxacum and parsley for a drink, with sulphuret of potass and cream tart.

The cathartic operated but little, but the wash produced a cooling and soothing effect upon the arm, and at the end of three or four days there was some amendment.

As it did not improve sufficiently fast to suit me, I applied a solution of murias hyd. three grs. to the oz. of rain water; cloths were kept constantly wet with this upon the skin, which immediately put a stop to the itching and smarting. From this time there was a rapid improvement, and in the course of a week, the dry, hard crust separated, and left the surface smooth, red and tender, and in one week more it was well. My attention now was directed to the stomach and bowels; the former rejecting every thing except the cathartic remedies, which were retained better than the most simple food. It required four times the ordinary quantity of medicine to operate as a cathartic; injections were of no service: gave mucil. gum arab. oxide bismuth, blue mass, &c. At length two large blisters, each of the size of the palm of the hand, spontaneously appeared, one at the pit of the stomach, the other lower down on the abdomen. There was a sensation as if boiling water was being poured on the part a few hours before the blisters appeared; their edges were as defined as if made by an epispastic, and the skin around them natural; they discharged a watery scalding liquid freely for eight or ten days, when they suddenly healed. While these blisters remained, there was a great improvement in the gastric symptoms; at the same time the place on the arm, which had formed a new skin, and had been well for some time, vesicated as far as the limits of the former disease; this likewise healed in a few days.

A blister was now applied to the epigastrium, and although the skin was well rubbed with vinegar and mustard seed, and the blister kept on twenty-four hours, not the slightest vesication had taken place, not even redness of the surface.

During most of this time, she was able to keep about the house, and even to do some light work. She improved gradually until the 1st of June, when I was informed that she had passed no water for six days, was in much pain, great distension of the abdomen, chills and fever. I introduced a female catheter, and felt it distinctly come in contact with a calculus; two quarts of highly-colored urine was drawn off of a strong ammoniacal odor. On questioning the patient, I ascertained that for more than a year she had been subject to retention of urine at various times, which would continue from three to six days, when she would get relief; and often when passing urine in a full stream, it would suddenly stop, and by changing her position, it would again flow.

Supposing that a great many of the bad symptoms depended on the calculous affection, I advised the removal of the stone as most likely to benefit her in any way. She had been seen by a number of physicians within a year, but delicacy had prevented her from calling their attention to this particular complaint.

After much persuasion, she at length consented to its removal; and on the 28th day of June, I commenced by dilating the urethra by different sized bougies. This was easily accomplished; and after a short time, a wax bougie, the size of the fore-finger, could be easily passed. A pair of lithotomy forceps was next introduced, and the stone seized and crushed; the largest fragments were removed by the forceps with very little difficulty, and with a syringe the bladder was

several times filled with warm water, and the particles of sand washed away. She suffered much pain during the operation, and had a slight hysterical convulsion, which caused some interruption. After the operation, an opiate was administered, and as she was very cold, some warm brandy and water was administered. Slept well during the night; urine passed off involuntarily. 30th. No unpleasant symptoms, except that the urine continues to pass involuntarily. This continued for several days, when the opposite took place, and required the use of the catheter for a few days, when she was able to control it for most of the time. On the 4th of July, the catamenia appeared for the first time within eleven months; it lasted three days, was scanty, and attended with pain. There was now a great amendment in her health; her stomach retained light food, but the costiveness remained as obstinate as ever. The ordinary laxatives were of no service; blue pill every night, volatile tinct. guaic. with steel dust, was now the course which I pursued for two months with evident good effect. A cathartic of half an ounce of jalap once a week to procure a stool. On the 10th of October her stomach became more irritable, rejecting every thing in the form of food within twenty minutes after eating, yet retaining medicines uniformly well. The most nauseous, as jalap, aloes and gamboge were retained most pleasantly. By way of experiment, an emetic of zinc and ipecac. was given; but so far from producing emesis, it seemed to allay the irritability. She does not complain of feeling sick at the stomach, but vomiting takes place without any effort, the stomach contracting and throwing off the contents without the ordinary phenomena of vomiting. No remedies would appear to control it in the least; at length it subsided, and she enjoyed comparatively an interval of health for three months. The emenagogue remedies were continued, such as tinct. cantharides, guaic, steel dust, &c. About the 15th of January 1835, the catamenia appeared for the first time since the 4th of July; it lasted four days, and recurred again in two weeks. At this time she was seized with symptoms of phrenitis, chills, fever, &c. violent headach, intolerance of light and sound, delirium. She was bled, and took a cath. of calomel, antimonials, &c. On the third day of the attack, an erysipelatous inflammation appeared on the face and head, with great swelling and vesication; the eyes were closed by the tumefaction of the lids; the face and head were well smeared with oil of olives, and the calomel continued every other day for four days, when the disease gradually subsided, and desquammation of the cuticle took place. The secretion of urine, which had been irregular for some time, now became more so; there would be days when none would be voided; the secretion would be entirely suspended; this was ascertained by introducing the catheter when none had been voided for three days. At such times a very trifling quantity of thick fœtid urine, almost black, was all that was to be found in the bladder; while this state lasted, which would be from two to three weeks, there would be an anasarcous appearance, the abdomen bloated, and a general infiltration of the cellular tissue; then suddenly a spontaneous flow of urine would commence, which would be clear and copious, amounting at times to three gallons in the space of four hours; after one of these attacks, the anasarca would disappear for a few days. In this way she continued for two months. While this copious flow of urine continued, she would be cold and exhausted, and immediately preceding it hot and feverish. I think it was about the first paroxysm which she had, she voided by urine a quantity of substance, in all perhaps a table spoonful; in shape they resembled precisely a kidney bean, yet not larger than a grain of wheat; they were all of a size; surface rough, and indented with little pits of the size of a small pin head. They were not gritty, but tough and hard; and when struck with a hammer, would flatten like a piece of lead. The bowels remaining obstinately costive, it was necessary to give large quantities of medicine to procure an evacuation, in one of which a fleshy body was discharged per anum of the shape and size of a small pear; it was organized, and resembled a polypus tumor in structure and consistence; bloody stools followed, with tenesmus and irritability of the rectum. From this time her health began to improve, although the irregular secretion of urine in some measure was a troublesome symptom; bowels more regular; catamenia once in two weeks; appetite good; food sits pleasantly on the stomach; strength improves.

March 1st. Has been taking syrup sarsaparilla for some time past; enjoys better health than for some years; is able to walk out of doors, and to ride some miles to visit her friends; the catamenia continues to recur once in two weeks, but it is scanty, and lasts but three days each time.

I have thus far followed this case in all its multifarious and protean phases for more than a year, during which time almost every class of disease in nosology has been represented, and some which would come under no class or order now extant.

The small bodies voided by urine were different from any substance with which I am acquainted; nor do I recollect to have read or heard of any thing similar. I regarded them as formed in the kidneys *sui generis*, or dependent on that depraved secretion of urine which obtains in lithiasis.

The substance voided per anum must have been an intestinal polypus. I examined it attentively, and am satisfied that the extreme costiveness was in part the result of mechanical obstruction.

From the tumefied and tender state of the iliac regions, I strongly suspect ovarian disease, of course the prognosis must be unfavorable.

The nervous system is but little affected. Hysteria, which we should expect to hold a prominent feature in this case. She is almost entirely free from pain, is cheerful most of the time, and bears pain with the most admirable fortitude.

Art. III.—*Pneumonia of Children.* Translated from the Repertoire Annuel de Clinique Medico-Chirur. Deuxième année. Paris, 1835.

When frequenting the Hospital des Enfans, one feels astonished that Hippocrates, the most profound observer among the ancients, has said that children were not affected with acute diseases of the chest, and that they did not appear before the age of puberty. Boerhaave, Cullen, Sauvage, Pinel, Stoll, Frank, Rosen, and especially Underwood, Chambon and Capuron, who have published treatises professedly on the subject, have not even mentioned this kind of affection in children. Much credit, therefore, is due to Dr. Constant for having carefully studied these diseases, which, as he states, are much more frequent in children than in adults. Thanks to the precious modes of investigating the thorax, made known by Laennec, and to the researches of pathological anatomy, this truth is demonstrated beyond a doubt. Peripneumony affects not only children at the breast, but also appears frequently from the period of dentition to that of puberty. Of three hundred and seventy patients with acute diseases, Dr. Constant has observed seventy-two cases of pneumonia, which are divided as in the following tables:

From 2 to 4 years	24	January	8
4 to 6 —	10	February	7
6 to 8 —	14	March	9
8 to 10 —	7	April	18
10 to 12 —	5	May	16
12 to 14 —	5	June	14
14 to 16 —	7		—
	—		72
	72		

Thus about one-fifth of the patients admitted into the hospital were affected with pneumonia, which is the proportion generally observed by Dr. Guersent. This affection presents in children the same varieties in the part affected, and the degree and complication of the malady, as in adults. Taking into view all these forms and these varieties, Dr. Constant divides pneumonia into primitive and consecutive. This distinction is very important in a practical point of view, since the rules of treatment are founded on it.

Symptoms of primitive pneumonia. An attack of pneumonia, in a healthy individual, presents different characters, according as it affects children in early life, or appears in those near the period of puberty. In children from eight to sixteen years old, it is generally developed from the influence of atmospheric causes, sometimes however without any determinate cause, and presents nearly the same symptoms as in the adult. Thus there is generally severe pain in the affected side, dyspnœa, frequent cough, expectoration which is sometimes bloody and sometimes purely catarrhal: when blood is drawn from a vein, it is buffy, respiration is as through a tube, and there is bronchophony. When the inflammation is properly treated soon after its commencement, it is resolved very quickly.

Treatment. M. Constant has carefully observed the good effects of general bloodletting, which must be regulated by the intensity of the disease and the strength of the patient. He thinks that modern physicians neglect too much the employment of general bleedings in diseases of children; they commonly depend on local depletion. They must not forget, however, that a parenchymatous organ is affected, and that general depletion not only weakens the inflammatory orgasm, but also diminishes the quantity of blood which passes through the vessels in a given time. After general bleeding, leeches and cups must be applied to the painful part. Their action should be assisted by diluents, as infusions of violet, barley water, &c. taken warm and sweetened with the syrup of gum arabic, or of marsh mallows. If the pain continues, M. Constant recommends the application of a blister, and of an antimonial plaster to the affected side of the thorax. The preparations of antimony have been found as advantageous in these cases as they are in men: they have never, however, been employed until after bloodletting. Tartarized antimony prescribed, according to Rasori's method, seems to expedite the resolution of pneumonia in some cases. This remedy has been administered in orange flower water, to which two drachms of syrup of diacodium are added. The dose was four grains the first day, and sometimes twelve grains were prescribed the first twenty-four hours. When there was evidence of gastric derangement, tartarized antimony given, so as to produce vomiting, has been used with success.

M. Baudelocque, physician of the female department at the hospital des Enfans, has derived great benefit from the white oxyde of antimony, which he prescribes directly after bleeding; of this he administers from twenty grains to a drachm and a half in twenty-four hours. This drug promptly resolves severe cases of pneumonia, and as it produces neither vomiting nor purging, it is much superior to tartar emetic. Kermes, when given in full doses, has been known by M. Constant to derange the digestive organs.

The remarks hitherto made apply particularly to children who are more than eight years of age. We have now to speak of the therapeutical indications in the pneumonia of young children. In these cases, the diagnosis becomes much more difficult, as the expectoration is absent in young children: they do not indicate the pleuritic pain, or rather they refer it to organs more or less remote from the seat of inflammation. We must also guard against considering as primitive symptoms the cerebral phenomena which appear, and which a scientific physician will regard as sympathetic: cough, dyspnœa, and fever should excite the attention of the physician, and induce him to examine the chest by percussion and auscultation, which will often confirm the suspicions excited by these general symptoms. At the hospital des Enfans, a vein is opened in all those affected with pneumonia who are more than three years old. The practice of taking from four to six ounces of blood has been very successful. Cupping is preferable in children from one to three years of age, because its action is more certain, and the little patients are less irritated. In children at the breast, two or three leeches may be applied to the affected part of the thorax; in most cases, the morbid symptoms are relieved by their application. In children affected with pneumonia, if depletion be carried too far, the inflammatory symptoms diminish; but from the want of reaction, the phlegmasia becomes subacute; this continues indefinitely, and sometimes passes to the tubercular state.

Children ought not to be dieted too strictly. As soon as the fever begins to diminish, the patient should be allowed to take a little chicken water. In children who are affected with pneumonia during the period of lactation, M. Constant thinks it sufficient for them to nurse less frequently, and that the mother should take diluents.

The application of the leeches is favored by placing warm emollient cataplasms on the chest. In the hospital des Enfans, warm baths are used daily with much success, and the children experience much benefit from them. We regret that many men of the world, and even physicians, are so prejudiced, that this powerful remedy is neglected in acute affections of the chest; a remedy which we have found very beneficial. Large doses of tartarized antimony ought to be strictly forbidden; in very young children, they sometimes cause obstinate vomiting and diarrhœa; the remedy has sometimes been tried, but it was soon found necessary to suspend it. Ipecacuanha, on the contrary, administered in the form of powder and syrup, is very useful as an expectorant.

REVIEWS.

Art. I.—*A Treatise on the Vaccine Disease, and on variolous or varioliform Eruptions; compiled at the order of the French Government, and preceded by the Report from the Royal Academy of Medicine.* By M. J. B. Bousquet, &c. Paris, 1833. 8vo. pp. 363.

It is much easier, in every pursuit, to acquire knowledge by experience, than to obtain it by patient study of the labors of others. Study, without experience, can never constitute a skilful practitioner; but it is the combination of both which forms at once the ornament of his profession, and the scientific and successful physician. The observation of no single individual can equal the combined records of professional investigation; and he who, relying upon the one, neglects the other, will, no matter how brilliant may be his capacity, remain in ignorance of much which it would have been proper and profitable for him to have known. Nor is there any thing so likely to be overlooked by the mere observer, as the minute details of subjects with which a daily intercourse has rendered him familiar, and about which he is consequently careless. These remarks apply with peculiar force to the subject of the treatise which we are about to analyze. It is, indeed, an every day affair to perform the trifling operation of vaccination; but it will be seen, upon a perusal of this very elaborate work, that something more is needed to constitute a scientific acquaintance with the details of the vaccine disease than the mere capability of engendering it, and of pronouncing upon its progress and appearance. Many are the doubts, and many the fallacies which cloud and obscure it; many are the problems it suggests, and the solutions it requires. The utopian dreams of the early vaccinists are now no longer indulged in; the fell disease, which for some years had slumbered, as if to allow its infant enemy to grow into maturity unchecked by failures and defeat, has again roused itself, and is stalking about the earth; and though stript of much of its malignity, it has yet enough left to shake the confidence, both of the public and the profession, as to the power of vaccination to oppose it with success. A work like that of M. Bousquet, in which every point connected with the subject is considered with candour and ability, by a man of great practical experience, is just now peculiarly

valuable; and in order to disseminate extensively its valuable contents, we shall freely avail ourselves of its pages. The pleasant style in which it is written, the liberal spirit which pervades it, and the fearless independence and ingenuity it displays, will not fail to conciliate our readers, and much enhance the merit and interest of the work.

M. Bousquet begins his preface by asserting, that in medicine, it is always desirable to ascertain the position of an author, as a criterion of the fidelity of his narration, and he proceeds to set forth his own. He gives a sketch of the establishment, in 1820, of the Royal Academy of Medicine, than which, he says, no society was ever founded upon a plan more useful or extensive. Vaccination, under the second article of the constitution, comes under its surveillance; and upon the establishment of its vaccine committee, a physician being needed who would perform the gratuitous vaccinations, the council "had the goodness to add this new office to that of its secretary, which he already held," an appointment, which the Academy "deigned" to sanction by a special article. During the ten years which have since elapsed, has M. Bousquet vaccinated *twice a week regularly*, in the name and at the halls of the Academy; "and thus it is," says he, that my attention has been directed to vaccination." In 1828, the small-pox ravaged the town of Marseilles. Terrified by its havoc, the authorities of that place transmitted the details to the government, which laid them before the Academy, and invited that body to draw up an "instruction, to re-assure public confidence, and to extend, as widely as possible, the diagnostic marks by which variola might be distinguished from every simulating disease, and from *the varioloid*, in particular." The result of this demand was a treatise on vaccine, much more voluminous than the minister had originally contemplated; but which was nevertheless printed and circulated at the expense of his department. To M. Bousquet the task of preparing it was allotted, and this is the origin of the work under review. In it, he believes himself to have touched upon, if not to have solved, every interesting point connected with this subject; his information has been drawn from every source, he has endeavored to arrange his facts into general principles, and hopes to have reduced them to the subjection of general pathological laws." The work having, when finished, been submitted to the judgment of a committee of the Academy, consisting of MM. Husson, Itard, and Chantourelle, they reported that "it was more complete than any other, and gave the best view of the actual state of our knowledge of the subject on which it is written."

The first chapter, treats of the discovery of vaccination. While he admits that the practice of vaccination is of much greater antiquity than was at first supposed, M. B. maintains that the illustrious Jenner was ignorant of this fact; and that not the less merit attaches to his discovery. With laudable candor he silences the empty claim of his own countrymen to that honor, and proceeds to detail the progress of investigations of Jenner, his hopes, his doubts, his difficulties and their removal, and the ultimate conclusions to which he attained, with all of which our readers are familiar.

The second chapter is upon the subject of the disease which occurs on the udder of the cow, and which is called the cow-pox. Several eruptions upon this part of that animal are vulgarly designated by this name; but whether Dr. Jenner's powers of observation surpassed his powers of authorship, or for some other reason, the description of the *true cow-pox*, which he has left us, is very imperfect. No one, says the author, has, in my opinion, so successfully dissipated the vagueness of Jenner's description, as one of our most skilful veterinarians, M. Hurtrel d'Arboval. The premonitory symptoms of the disease, in the cow, are those of fever; three or four days after they set in, flat and circular pustules appear upon the teats, which are hollow in the centre and surrounded by a narrow red circle; they enlarge, become diaphanous, and the red circle assumes a livid hue; the fluid, at first limpid and inodorous, thickens, and begins to dry upon the 11th or 12th day; the desiccation is completed in a fortnight, when the scab falls off, leaving beneath a round cicatrix. Dr. Jenner was of opinion that the origin of the cow-pox, was the *grease* to which the heels of horses are subject. Upon examining the grounds for this belief, M. Bousquet finds that but two are stated; one is, that cows have cow-pox only when horses have the grease; the other, that the grease was found, like the cow-pox, to secure from small-pox those whom it had affected. "I confess that, to me these reasons are not at all convincing. The cow-pox has been met with in farms where there were no horses. The fact that two or three grooms had escaped the small-pox, proves nothing, because whole families have been known to possess a like immunity. But although the experiments of Woodville, Simmons, Coleman, Buniva, and others, who inoculated with the matter of grease, failed, there are those who are said to have been more fortunate. A much cited case is that of a coachman in Paris, who, while dressing a horse affected with the grease, had an eruption precisely like that of vaccine upon his fingers. This matter was inserted and succeeded, then it was thought the demonstration was complete. Not so; the matter of the *grease* ought also to have been inserted, else how could we be certain of the cause of the coachman's infection? Until new lights shall beam upon this subject, we incline to believe that cows have the vaccine disease, as men have the gravel and the gout, without our knowing why." p. 18. The cow-pox is an exceedingly rare disease. M. Bous-

quet has known of no authentic observation of it in France.

The third chapter is of more practical importance; it investigates the age which is most favorable for vaccination. "Small-pox occurs at every age, from the tenderest infancy to the extreme of senility. The fœtus even perishes with it in the womb. One of the most recent instances of uterine infection which has come to our knowledge, was communicated by M. Deneux to the academy, in the month of July last. A woman was delivered of a child, at the full time, who, from head to foot, was covered with well characterized and confluent pustules of the small-pox, which might have been developed for eight or ten days. The infant lived for seven hours. Whence did it receive the infection? the mother had been vaccinated, enjoyed good health, and no small-pox prevailed in the vicinity."

Unless during the prevalence of an epidemic, it is generally unnecessary to vaccinate very early; yet on an infant of three days old vaccination is very mild and M. Husson vaccinated his son an hour after birth. M. Bousquet fixes the period at three months, because it is found, by statistical examinations, that children are scarcely ever attacked before that age; longer than this he thinks it would be hazardous to wait. "If it be never too early, it is never too late, to vaccinate. The small-pox respects no age nor temperament; it is a tax of nature, which all indiscriminately are obliged to pay, and with La Condamine, it may be said, that they only escape the small-pox who do not live long enough to be attacked by it. *Omnem ætatem occupat, et senilus pejor.* The Count de La Cépède, who laughed at vaccination, had reached his 70th year: he confided in his age. An epidemic small-pox broke out at Epernay, in which he resided in 1825, and he fell a victim to it. It was the fate of him, who had shed so much lustre upon the natural sciences, to perish by a blind prejudice." p. 26. Vaccination may be performed at every period of the year; generally speaking, the spring is the most favorable season, when it is in our power to choose. Some springs are, however, exceedingly unfavorable, and without any apparent cause, to the success of vaccination. But this is not singular. Where is the malady which is observed to be always similarly developed; and why should the vaccine disease differ from the small-pox, the measles, or other constitutional disorders? It is well known that intense heat hastens, and that cold delays the progress of the vesicle; but not beyond a certain limit. A Dr. Ives, of Montluçon, vaccinated twelve children in August, at mid-day, when the heat was sultry; every operation failed. He vaccinated twelve, with the same matter, at eight o'clock in the evening of the same day, and all with perfect success. The phenomenon is probably owing to the derivation which the heat causes towards the skin, and which is inversely as the cause of the absorption.

The fifth chapter is devoted to an inquiry, whether there be any preparation of the system needed, previously to vaccination. The author asserts that none is requisite; it is so simple an operation that all that is necessary is the enjoyment of good health. To this may be added, an exemption from cutaneous, febrile or inflammatory, diseases, which, it would appear, diminish the force of vaccination." As we see whole families who, by a singular privilege, are exempted from the small-pox; so also we find persons who resist the action of the vaccine virus. Generally, a little patience is all that is needed, and the best and surest way is to try again and again, until our object has been attained. Unless the danger is imminent, it is better to allow an interval to elapse between each attempt. During this lapse, time and the organization change, and a moment arrives when the vaccine enters with sa much facility, as it had before encountered resistance."

Of the contents of chapter sixth little need be said. Vaccination may be performed indiscriminately on every part of the body; upon the thigh, if the mother dreads the disfigurement of scars upon the arm; in the vicinity of a tumor or ulcer, if it be desirable to resolve, or dry up the one, or the other; but chiefly, upon the arms, at its upper part and on its outer surface. In taking matter from a pustule, it is to be remembered that the cells do not communicate, and hence several openings must be made. In puncturing, care must be taken not to do so too near its base, as otherwise a little blood will flow, to the great disgust of the parents of the child. The author speaks only of vaccinating from arm to arm, and gathers the virus on a lancet. It is well known that our usual custom is to take it upon pieces of a quill. He also advises us to make a simple scratch, for an extent of two lines. The virus is deposited at the bottom of the wound as the instrument furrows the skin, and is as speedily absorbed. In France, vaccination is generally performed by puncture; it is sure and simple. Any instrument suffices for its performance. As it is but little used among us, we shall not describe it. The author considers them equally certain; though, perhaps, the incision being more extensive, places more virus in contact with the mouths of the absorbents. To show that dilution of the matter with blood, has no effect upon the success of the operation, the author relates that being engaged in vaccinating, some one passed behind him, jogged his arm, and his lancet entered for some distance into the flesh. The wound bled abundantly, and yet a noble pustule was the result.

How many punctures ought to be made? Upon this subject there is a difference of opinion: some vaccinators suppose that the security of the system is in a direct ratio to the number of pustules; but the majority believe

that a single one preserves as certainly as two or more. "Faithful to my system of toleration toward those who do not think as I do, I would assign no limits to the number of pustules; but I would advise them to be placed at least *an inch apart*; otherwise the areolæ, as they spread, will at length become blended, and the general inflammation, doubly excited by the number and proximity of the foci, will be more intense and alarming." It is recommended by most writers, that some moments should elapse before the dress is allowed to come in contact with the bleeding incisions, lest it should remove the virus. "This precaution," says M. Bousquet, "seems to me to be superfluous. I have seen it neglected so often with impunity, that I have every reason to believe that the vaccine virus is absorbed with remarkable rapidity, or so to speak, in an indivisible instant of time. In this opinion, I am confirmed by the experiments of M. Itard. This ingenious experimenter, in my presence, made several attempts to prevent the vaccine infection, without success. He first washed the punctures with water, the very moment they were made; next with a solution of sal ammoniac, and lastly, with the chloride of soda. All were ineffectual. Whether the matter was out of the reach of the lotions, or whether, as is most probable, it had at once been absorbed, the pustules came out in due time, as if nothing had been done to prevent them. I have covered the punctures with a cupping-glass; the blood has flowed abundantly, and yet the absorption has gone on. There is, however, an immense difference between children and adults in this respect. The number of those who obstinately resist vaccination, is exceedingly small; and the cause, if sought for, will often be found to be only apparent. "Some have small pox whilst at nurse, unknown to their parents; others, *whilst in the womb* of the mother. This is a supposition which must be readily admitted, when children are seen to come into the world covered with pustules. There is a fœtus in Guy's Hospital, which confirms this fact. A woman at Versailles was verging towards the end of her pregnancy, when her daughter was attacked with varioloid. She attended her in her illness, and shortly after lay in of a child which bore the marks of the same disorder. This infant was afterwards repeatedly vaccinated, but showed itself insensible to that inoculation." p. 51. There may be some constitutions which are exempt from a burden which lies on every head; and in every case, it is consoling to know, where vaccination is resisted, small-pox is not expected to meet a ready entrance.

The seventh chapter treats of vaccinia, that peculiar eruption which arises from the inoculation of man with the matter of the cow-pox. *True vaccinia* alone, is a prophylactic against the small-pox; hence the deep interest of a due diagnosis between it and the *false*. True vaccinia is never of spontaneous origin; and is always the result of a special operation. The progress of its developement, we cannot here minutely detail; it has its period of *incubation*, of four days duration: of *inflammation*, which lasts till the eleventh day, on which day slight fever may supervene; of *desiccation*, which ends on the twentieth or twenty-fifth day. The scar is indelible and characteristic: it is round, deep, crossed by radii, and sprinkled, as it were, with several darkish points, which doubtless correspond to the cells with which the pustule is supplied. In adolescence, true vaccinia is less perfect in its stadia, and has more resemblance to the false: adults too suffer more than children from its consequences. Here again is perceived its analogy with small-pox. Vaccinia has its anomalies; and it is sufficiently remarkable that they generally relate to the period of incubation. The appearance of the pustule has been delayed to the seventh, eighth, tenth, fifteenth, twentieth and thirtieth day; the eruption is not lost, it only slumbers, and will awake when it is least expected; or it awaits a new impulse. If a second vaccination be performed, the first makes its appearance along with the last. Another phenomenon which is sometimes seen, is that one pustule shall have completed its stages, while another, inflicted at the same time, is only beginning its career. A fact yet more extraordinary, has been witnessed by Mons. Frébault. He saw a vaccine pustule go quietly through all its stages to the last, and then, when all was finished, it arose, as it were, from its ashes, and again pursued its regular course. Sometimes, but very rarely, the developement is precocious, which is always a suspicious circumstance. Lastly, a curious fact is, that notwithstanding the natural antipathy between vaccinia and variola, the two disorders have often been seen to proceed together, as if either had been alone. "An anomaly, yet more rare and much more extraordinary, still remains to be spoken of. It is not, as is well known, the nature of the vaccine to extend beyond the place of its insertion, nor, consequently, to produce more pustules than there were made punctures. But where is the rule which has not its exceptions? In some instances, vaccinia has been seen to transcend its limits, and to create, either upon the arm, around the pustules, or elsewhere, a few supernumerary pustules. Nevertheless, even with these anomalies, the vaccination is as good, as useful and as preservative as if they had not existed.

In chapter eight is described the false vaccine, to which too much attention cannot be paid. "False vaccinia has neither the progress, the form, nor the duration of the true; neither does it secure against the small pox. It begins upon the first or second day, and is developed with such rapidity, that it is at its height when the other is just beginning. The pustule offers no central depression, no silvery lustre, and no elevated rim. It rises rapidly

to a point, its apex becomes crowned with a yellow layer, bursts, and gives issue to a single flake of matter, which, when dry, is not unlike gum in appearance." All is over in eight days at the utmost, and this is the only variety which the author allows. The obstacles to which this abortive progress is owing, are to be found in the use of matter which is too far advanced, or in the resistance offered by the economy from previous vaccination, or variolation.

M. Bousquet doubts very much whether it be in the power of art to cause vaccine virus to degenerate by mere physicali rritation, not even by superficial cauterization.

With the process of vaccination, therapeutics have nothing to do. It is one of those maladies, and there are many, all of whose parts are linked together, and follow each other beneath the subjection of a law superior to all the powers of medicine. No change, according to M. Bousquet, is requisite either in the dress, aliment, or regimen of the vaccinated individual. If indeed, as is very uncommon, the local inflammation attains much intensity, and fever runs high, a few leeches may be needed to the tumor, with emollient fomentations, and a diet, which, without being absolute, shall satisfy the stomach and yet not feed the fever. "Two occurrences, though they do not exactly belong to vaccinia, sometimes supervene. One is erysipelas; the other certain ephemeral, uncharacterized eruptions. The former is generally owing to too close an approximation of the pustules. The best way to check its spread is early to cauterize the sores with a concentrated acid, or the lapis infernalis. The dread of destroying, in embryo, the preservative virtue of the vaccine virus, by this process, I shall prove, in another chapter, to be chimerical. The benign exanthemata, as roseola, &c., which sometimes coexist with vaccinia, do not impede its progress. Physiology indicates, but Therapeia neglects them. They are attributable to the sympathetic links which connect all the organs of the body, and particularly all the parts of the same apparatus; a sublime law, which will for ever separate the living matter from the dead! Such is vaccinia; so mild in its progress, so invaluable in its consequences, that never perhaps was it granted to man, to enjoy so great a blessing at a less cost."

The author next considers, *in extenso*, the vaccine virus. He details its properties, physical and chemical, but these it is unnecessary to introduce. It possesses all its properties, he says, from the instant of its formation, and preserves them until the eighth or ninth day. With matter taken on the fourth or fifth day, he has always produced the pustule, and he is now indifferent as to its age, so that it be but fresh (young) enough; indeed the younger it is the greater he believes its energy to be. The less matter a pustule contains, the more certain is that matter; and that virus from the youngest children has appeared to him to be most sure in its effects. "A means of multiplying the vaccine virus, is to dilute it with water. How many times should I not have been deprived of it, had I not resorted to this expedient! When I see that the pustule is giving out, I moisten its surface with my lancet, collect this mixed fluid, which, though diluted is not enfeebled, and use it with as much security as the purest virus." The scab M. Bousquet considers a faithful means.

The tenth chapter discusses a question which must be interesting to every one engaged in practice, all of whom will feel the force of the remarks of the author. It is this; are there several qualities of vaccine matter? By the public, it is generally supposed that the vaccine fluid changes in different subjects, and follows in its composition, each condition, good or bad of the vaccinated person; and hence becomes capable of transmitting any disease under which he may labor. The solicitude of mothers about the health of the child or person from whom their offspring is to receive the infection is extreme; and very many physicians act upon and encourage the belief. "Every very potent cause," says M. Bousquet, "is, for that very reason, unlikely to vary; the viruses are so powerful, that, in spite of the diversity of organizations, they affect all in like manner. They are, *par excellence*, specifics; their effect is certain and invariable, and can only be produced by themselves; two infallible characteristics in etiology, as in therapeutics. But to descend from these more scientific considerations, to proofs more palpable and direct. Inoculate the matter from the pustules of either disease, when vaccinia and variola are progressing in the same individuals. Each virus produces its separate and specific eruption. Professor Leroux saw a vaccine pustule implanted as it were in the centre of a variolous pustule; he inoculated with either virus; the one produced vaccinia, with all its advantages; the other, small-pox, with all its dangers. Secondly, the matter from children actually affected with syphilis, has been taken and used, sometimes from ignorance, but often by design. What has occurred? the vaccine pustule has always been reproduced in all its purity, and without giving rise to any evidence of the impure source whence it had been drawn. Thirdly, matter has been taken from children with the itch, and never has the itch mingled with the results of the inoculation. Fourthly, many have been vaccinated from persons labouring under herpetic disorders; yet I know not of a case in which the vaccine carried with it the germ of herpes. Let usthen be persuaded, that, just as the virus of rabies can give but rabies, the virus of syphilis but syphilis, &c., so only can the vaccine virus communicate the vaccinia alone, uncomplicated and without mixture, good or bad. But whenever we can, let us consult the feelings of the parent. We have felt bound to protest against a fatal prejudice, and to defend the rights of science;

and were small-pox prevalent, it would be an unpardonable weakness, on this account, to delay the operation. Firmness has then its place; and if man can ever speak with authority, it is undoubtedly when his science supplies him with the means of being useful to his fellow men." (p. 88.) We commend these observations to the consideration of our readers,

The eleventh chapter contains an elaborate examination of the various methods in use for preserving and transporting the vaccine virus. In the time of Jenner, threads were impregnated with it, which, when inclosed in a letter, were easily sent from place to place. In the French plan of vaccinating by puncture, the matter is collected on the point of the lancet, with which the puncture is made. The author thinks, that just before it is inserted it should be slightly moistened, so as to hasten the softening of the matter and facilitate its being absorbed. Nor ought it to be allowed to remain long enough upon the point of the lancet to oxidize it; and with these precautions the operation very rarely fails. "In England," says the author, "to obviate the rusting of the instrument, sharp-pointed pieces of quill, wood, ivory, or mother of pearl, are much used: they preserve the vaccine very well, but lacerate the skin, instead of dividing it neatly. Why might not the opening be first made with the cutting instrument?" It is singular, that the simple plan in use among us, of taking the matter upon a piece of quill, and then rubbing it upon the little linear incisions made with a lancet, has never been employed abroad. In no French treatise, at least, has the reviewer ever seen it described. It is very effectual, and obviates some of the inconveniences to which the lancet is liable. When the vaccine virus is to be kept for a long while, it is safest to take it upon glass plates, eight or ten lines square. They are placed upon the opened pustule, until a sufficient quantity of virus attaches to them; and when it is a little thickened, two are placed face to face, their edges luted with sealing-wax, and then wrapped in tinfoil. If they are to cross the sea, they are put into a small bottle with a wide mouth: it again is put into another of still larger dimensions, which latter is then filled with a frigorific mixture of nitre and the muriate of soda. With the point of a knife the plates are separated, the matter carefully softened with water, at the common temperature, and employed in the usual way. The use of tubes, for the same purpose of transportation, we pass over, as being of little practical moment; and thought, by M. B. not to possess any advantage over the glass plates, which indeed he rather prefers. Neither method, unfortunately, is certain. "The use of the scab, though certainly simple and natural, is unfaithful; for the reason that the virus degenerates as desiccation proceeds. *Observation has proved that those scabs which are taken from pustules that have been opened, or otherwise interfered with, are good for nothing. Those only offer any chance of success, which form upon pustules whose integrity has throughout been respected.*" They should be kept carefully from the air; and when used, the dry purulent centre should be cut away, and the rest pulverized, and made into a paste with water. Heat, cold, air, and moisture, are all fatal to the virtues of the vaccine virus.

At the present day, when an undeserved doubt of the efficacy of this prophylactic prevails among the public and profession, the opinion of a man like M. Bousquet will, from the position which he holds, and his peculiar opportunities for forming one, be looked for with anxiety by every lover of humanity.—Hear it. "If there exists in the world a truth solidly established, it is, I believe, the virtue of vaccination; nor shall I be absurd enough to defend at length what nobody questions.(!) Vaccinia and variola cannot reign together; and were men wise enough to combine against a common scourge, which threatens them all, it is not doubtful that the wish of Jenner would be realized, and small-pox exiled from the earth." p. 115. This chapter abounds in facts illustrative of the utility of vaccination, from the earliest times of its introduction, stated in language of peculiar eloquence and feeling: to disjoint it would be to inflict upon it an unjust injury, and we therefore refer to the volume itself for the proof of our assertion.

It is beyond dispute, that vaccinia and variola may, in a few rare instances, proceed together in the same individual; nor does the former always mitigate the violence of the latter. The author's argument upon this head is ingenious. "I do not believe that vaccinia neutralizes, that it cures, nor even that it prevents variola. I believe that it does nothing more than take its place, and is substituted for it. I explain its action solely by the analogy which unites them, and the *solidarity* which causes all things to be reciprocal between them. Hence the action, if any, of the concomitant variola upon the vaccinia, and vice versa, that of the vaccinia upon the variola, will be reciprocal; nor does the one alter the intensity of the other, as they progress together. The vaccine will always be as benign as ever, and the small-pox will appear with its usual varying severity. In some very rare instances the one eruption momentarily suspends the appearance of the other, but it is only for a time." p. 121.

The fifteenth chapter is devoted to a consideration of the action of vaccinia upon the economy. The author expresses the opinion that it is, in the fullest sense of the word, a general affection, of which the pustules are merely an effect. He does not attempt to explain in what the happy revolution consists, which frees man from so great a hazard as the small-pox; but asserts, that in it all the merit of vaccinia resides, and that it precedes the appearance of the sores. "If," he proceeds, "the enthusiasm of physicians has made vac-

cination a sort of panacea, and has darkened the picture of small-pox to heighten the beauties of the vaccine; so, on the other hand, its detractors have charged it with a host of evils which certainly it does not cause. Gratuitous and absurd as is the accusation, it has its dangers, nor are there wanting physicians who encourage the popular error. Popular errors it is beneath the dignity of science to stoop to refute; but those of medical men are less excusable. They attempt to cover their opinions beneath what they call an expression of facts: they think that this apparent simplicity shows their honesty, while in fact it does but exhibit their ignorance." It is not because the names of diseases are more frequently pronounced, that they are themselves more frequent. Medical nomenclature is perpetually changing, and for more of one so called disease, there is always less of another; to this cause, M. B. attributes the assertion, that croup, cerebral fever, phthisis, rickets, &c. have become more common since vaccination commenced. The science of diagnosis also has been improved, and though facts remain unaltered, opinions and doctrines are no longer the same. The asthma and hydrothorax of old times, are aneurisms now; our dyspepsiæ, chronic gastro-enterites; and already there are many times less gastrites than occurred during the first few years after the publication of the *Examen* Nor even had the diseases named really increased in frequency: it is by no means proved that they are most frequent among the vaccinated; and until this is done, no solid argument can exist as to the consequence of vaccinia to children, or one which even deserves refutation. Did vaccination substitute merely one disease for another, we ought to find the greatest mortality among the children of those by whom it is most appreciated, the upper classes of society; than which nothing is more contrary to fact. In short, the only change effected by vaccination in the system is, that it destroys its aptitude for variolous infection.

The first, second, third, and fourth chapters of the second part of the work are devoted to the consideration of the natural and inoculated small-pox, varicella, and the secondary occurrence of variola. The first we pass over without notice; the second contains a good account of the process of inoculation and its phenomena. The liberal author asserts, that it ill becomes the vaccinists to use against it the few instances in which it proves severe. The secondary eruption is its most remarkable feature. Valuable, however, as inoculation undoubtedly was before vaccination was practised, the small-pox still ravaged the world, and the calculations of Jurin, Blane, and Heberden, which have not been disputed, proved that in the last thirty years of the *past* century its mortality in all England *increased one tenth*. Inoculation then was attended with the objection of multiplying the germs, and of incessantly extending the foci of contagion; so that, while it efficaciously protected all who were wise enough to confide in it, it exposed the rest to all the hazards of the natural small-pox. It is thus an immense advantage to *individuals*, but it is replete with danger to *society*.

The fifth chapter treats of variola after vaccination. We find, upon examining the records of the present day, and comparing them with those of the past, a remarkable difference in the language of vaccinators. During the latter period, every one bore testimony to the infallibility of vaccinia; but it is not so now. The number of the vaccinated was at first small; as it increased, it is evident that small-pox had more chances of doing harm among them. In 1815, the central committee in France first publicly avowed a case of variola in a vaccinated person. They had before been often falsely alarmed. In 1816, a new era in vaccination commenced. In 1818, a violent epidemic of small-pox burst out all over Europe. Dr. Thomson, of Edinburgh, visited 836 patients; forty-one had before had the small-pox, as well as thirty others whom Dr. Thomson did not see; of these seventy-one patients, three died; there were also 484 vaccinated persons attacked with small-pox in this epidemic; one only of whom died. Perhaps this latter statement is somewhat exaggerated, because Dr. Thomson does not very minutely distinguish between variola and varioloid. "Taking every thing into consideration, I compare cases of variola after vaccination with the re-occurrence of the small-pox; and I think that a constitution in which vaccinia does not completely extinguish the aptitude to small-pox infection, would not have been any better protected by variola itself. I think the frequency of variola after vaccination rather apparent than real, and for these reasons. Vaccination every one may perform, but every one cannot distinguish the false from the true. Hence very many children are supposed to be well vaccinated, who have not been so, and the error necessarily turns to the disadvantage of vaccination. Physicians themselves, particularly in the country, have not always time to visit their patients, and assure themselves of the result of the operation; the latter live in the comfortable assurance of having nothing to fear from the small-pox, because they have been vaccinated. Now, if these sources of error were taken from vaccination, its power would be rendered less doubtful. Let us consider that this has been called in question, not in ordinary times, but during those terrible epidemics which occur from time to time to afflict the earth, and during which variola itself offers no security against a second attack. Who then shall wonder that the credit of vaccinia has been slightly shaken, and that it has not done what variola could not do? But even if this be so, secondary small-pox has treated the vaccinated with a lenity, which it has not always shown toward the variolated; thus, in the epidemic of Marseilles, to which

I perpetually recur, because never was vaccination put to a more fearful proof, there were more sick among the vaccinated than among the variolated; but, in return, the latter lost one in every five hundred, and the former one in every 1500. If variola attacks one variolated person in 1000, it is as much as it does; thus, in 10,000 persons, ten will be attacked, and one will die, as it decimates those whom it attacks; and this, supposing always that the small-pox after vaccination is as grave as that which precedes it, a totally untenable supposition. But generally the small-pox post vaccinam does not appear with all the properties which are natural to it; it is modified and softened, and hence its special name of varioloid, of which the sixth chapter treats.

It is as old as the small-pox, although it has been confounded by old writers with it and varicella; the name only is novel. It is analogous to the mild form of secondary small-pox. Let it not, however, be supposed that varioloid is peculiar to the vaccinated; it occurs in all, and even where vaccination has never been practised. The small-pox and varioloid are alike until the eighth day; they then separate, and each takes its proper form and course. No fever of suppuration occurs in varioloid; and desiccation, instead of occurring on the eleventh, and continuing, as it sometimes does, until the thirtieth day, is over on the tenth or twelfth day. Upon the seventh or eighth day, it is abruptly arrested, and desiccation rapidly begins. Its seat is more superficial, and it is more benign, because it is usually discreet. In the first week, the most experienced physicians are at a loss to discover a shade of difference, and hence the many mistakes which are made between it and small-pox, by those who too hastily decide. Another cause of the benignity of varioloid is, that it has no fever of suppuration—that period at which small pox is found oftenest to prove fatal. The epidemic of Marseilles furnished us with the first authentic details of fatal varioloid, and never was there one more severe. That which desolated London, in 1825, caused 1252 victims; what shall we say, then, of one which, in a population twelve times less, destroyed 1448 persons in a few months? Forty-five of these were vaccinated persons. The approximative results of the calculation of the Marseilles Medical Society, made just before the decline of the epidemic, set forth that there existed about 30,000 vaccinated persons; 2000 were attacked, and twenty died. 8000 were unvaccinated; about 4000 suffered the reigning malady, and 1000 died; 2000 had had natural variola; twenty suffered it anew, of whom four perished. But to form a just idea of the privileges afforded by vaccination, we must compare the number of vaccinated with those who quietly awaited the small-pox, and count the dead. Figures carry with them a conviction which words cannot produce. On the side of vaccination, we find one person to have died out of an hundred; on that of variola, one out of four. If there really yet exist detractors from vaccination, this must confound them. The author goes on to prove conclusively, by numerous interesting facts, that varioloid is but a modification of variola, and states that inoculation with the matter of the former, has frequently produced all the characteristics of legitimate variola. At a school at Digne, in 1828, the epidemic was introduced by a pupil, when it attacked thirty scholars, with this remarkable difference, that it preserved the characteristics of small-pox among the unvaccinated, whilst it appeared as varioloid among those protected by vaccine; a fact which alone is equivalent to a demonstration Why, in one individual, the infection should appear in the form of variola, and of varioloid in another, it is not easier to explain, than why one person has a confluent, and another a discreet small-pox: the phenomena are only attributable to the prodigious variety of organizations. It is said, in two or three places in this chapter, that inoculation with the matter of varioloid (we presume upon those wholly unprotected previously) gave rise to an appearance at the seat of insertion very like the vaccine pustule. In one performed during an epidemic at St. Pol de Leon, in 1826, by a Dr. Gillon, it is said, (p. 208) "the inoculation gave rise to superb pustules, so like those of vaccinia, that for a long while M. Gillon really believed them to be so." Connected with this inoculation by M. Gillon, is another uncommon occurrence, of nearly seven hundred persons thus, for want of vaccine matter, inoculated with matter of varioloid, taken from a vaccinated person, (p. 208) much the largest majority had nothing but the eruption at the seat of puncture. Some had a general eruption, (what is not stated, but varioloid, we presume) and some had no eruption even at all, yet none of all these persons were attacked with the small-pox. Primary varioloid protects against the small-pox, as appears by the experiments of Gendrin and Cullerier. The author next speaks of the varieties in the progress, duration, pustules and symptoms of small-pox, with a view of doing away the strict nosological distinctions which would separate it from varioloid, and which induce many to consider them as distinct in their natures. Varicella, like varioloid, he considers to be a modification of variola, and cites a case from Dr. Thomson's book on varioloid diseases, where it produced the small-pox in several unvaccinated children in a family, and in only one varicella. One objection only exists to this view of the subject; inoculation of small-pox matter will not cause chicken pox, and vice versa. Does it, like the matter of variola, lose so much of its malignity by passing through the cutaneous absorbents, as to prevent its transmission?

In the seventh chapter, the author inquires, "whether the vaccine virus has degenera-

ted?" This is not a very common idea, that we know of, and we shall very briefly set forth the opinion of Mons. Bousquet. The spread of varioloid, by weakening confidence in the power of vaccination, might easily be supposed to engender this supposition. If we argue upon the ground that certain other viruses are extinct by time, the author replies happily, that it is rather soon for that of vaccinia to expire, and that if it have lost its energy, that of variola should have sustained a still greater diminution. We every day see pustules equal to those described by Jenner and his cotemporaries, who did not select the least perfect to draw from; we find that the constitutional disturbance is not less now, than it was then. It is idle to judge by any appearance of the cicatrix. What two individuals have cicatrices alike, in depth, or in size? M. Bousquet ably contests the argument of M. Fiard, that because he found it difficult to inoculate cows with human vaccine, the latter must have degenerated: we have not space for his reasoning. It is not certain that we ought to look for evidence of energy of the virus, in the eruption it creates. Does a severe confluent small-pox secure against a return of that disease, better than a mild and discreet one? Dr Gregory, of London, and M. Wolde, of Hanover, succeeded, the latter twenty times in a hundred, in reproducing the vaccine pustule. Hence they conclude, that the virus is not what it was. If so, why do persons who were vaccinated twenty-five years ago, receive the new infection; why is not this confined to vaccination of the most recent date? The matter with which the former were supplied, came from the hands of Jenner himself: it is the first, and ought therefore to be the best; whilst the latter have received later matter, which must consequently be worse. Every thing which tends to inculcate the belief, that the action of vaccine wears out in the vaccinated, is in direct opposition to the idea of the degeneration of the virus. "Could I lay before the profession the entire correspondence of the Academy, they would see, that for one who asserts, more than a hundred deny, its degeneration, and the latter are chiefly those who have made vaccination their special study, and who incessantly practise and cultivate it; and thus, both facts and opinions concur to prove that vaccine has lost none of its value."

If vaccinia has not degenerated, it is needless to think of renewing it from the primitive source. And happily so; for it is exceedingly difficult to find the natural cow-pox even in England. It is said not to have been seen for twenty years. It is next to an impossibility to inoculate a cow from human vaccine matter, and it is also very difficult to vaccinate the human being directly from the cow, a difficulty which Jenner feelingly deplored. The renewal of vaccine, then, is not necessary, but the motive is laudable, both in the public and profession, for wishing it to be done. The author exposes the difficulty, expense, &c. of an establishment, such as has been proposed, for keeping up a constant supply of vaccine matter from the cow herself, and in reflecting upon them, experiences a species of joy at being able to say, that he believes it to be unnecessary.

As a general rule, the author inclines to think, that most cases of varioloid or variola will be found among those who had been vaccinated some years before; not that vaccinia becomes enfeebled or exhausted, but because contagious maladies find an original congeniality of disposition which they forthwith exhaust, or if they do not completely do so, the economy at least will be most accessible to a second attack, the further it is postponed from the primary one; and the same holds good with regard to vaccinia. The author tells us that he has only once succeeded in *Revaccinating*, and that then a spurious vaccinia was induced. But, he says, what I have not seen, others have seen. Frannoy, of Amiens, mentions a young lady who could be vaccinated as often as it was attempted; nor is the fact unique. But does this prove that an aptitude for variola remained? "I divide," says Mons. Bousquet, "the instances of double vaccinia into two classes, to which I think myself sufficiently authorized by analogy. The first class embraces the case of a vaccination which has not wholly extinguished all disposition to variola in the system, which is just the same as the recurrence of variola itself, because the first time it had only done things by halves. The second class comprises examples of a *purely local* vaccinia, which are equivalent to those instances where nurses' cheeks and physicians' fingers are locally inoculated by contact with their nurslings or patients, of which many instances exist. The latter class is the more numerous undoubtedly. Vaccinia is a disease which is general in its essence, "and local only in its external phenomena." This susceptibility, then, is far from always indicating a disposition to variola; on the contrary, this is rare; but it shows the propriety of a second vaccination to complete what the first had left unfinished. "Upon this ground I willingly consent to repeated revaccinations, although my faith in vaccination is so implicit, that no one is better persuaded than myself, of the utter inutility of it in an immense majority of cases. Vaccinia is to-day what it has always been, and its effect, once produced, never perishes again; and I loudly protest against any perversion of my language to countenance the idea of the degeneration or impotence of vaccination." Variolous inoculation undoubtedly produces upon a vaccinated person a phlyctenoid, areolous eruption of a specific nature; but this is all. Be all this as it may, the practice of revaccination has a moral effect which is not to be despised. It is a great motive of security for the subject of the experiment, and a satis-

faction to parents which should not be refused. "There reigns, among those who believe in the debilitation of vaccinia, no concord as to the time which should elapse between the first and second vaccination. It is for them to settle the point. I neither believe it, nor do I know any thing about it."

The tenth chapter is upon the facility of vaccine absorption, and while it proves that the essential point connected with a virus is quality, and not quantity, it only confirms the preceding facts which we have cited respecting the instantaneousness of its action, and the difficulty, by any means, of preventing its irresistible specific effects.

In the eleventh chapter the author proposes to investigate at what precise moment the vaccine virus begins to possess all its properties. By one prevailing theory, this is not until, upon the ninth day, the vaccine is re-absorbed and mingles with the blood. In the other, the general infection immediately follows the inoculation. By the first of these opinions, we are led to observe the necessity of preserving the integrity of the pustules, lest the effect of the vaccination should be lost. By the other, it follows that the individual is protected, and that the pustule may be opened on the fifth day. "I assert," from experiments which are cited, "that the vaccine virus is preservative against inoculated small-pox, from the moment that it checks the progress of that disease, and that is upon the fifth day. To give the vaccine five days start, then, is sufficient." (289.) It is a little different with the natural disease, which, it has been said, has supervened on the seventeenth day after good vaccination; but the author, with great ingenuity, shows that in all the recorded instances, some incompleteness exists in the narration, and that no precise consequences can be deduced from them; and he concludes, that, even though some facts shall appear to oppose his theory, they are, at least, of very rare occurrence. Either the variolous infection has commenced much sooner than is supposed, or the appearance of the vaccinia has been, as is well known to happen, unduly delayed. "I am convinced that the infection occurs during the period of incubation, and firmly believe that the vaccine virus has acquired all the fulness of its power upon the appearance of the pustules."

The opinion that a pustule cannot be opened in its progress, save at the expense of the infallibility of the matter, has passed from the profession and become a popular prejudice. It has borne its fruit, and parents now revolt at being requested to return, for the benefit of others, what had been given to them for their own. It is proved, however, that between its preservative power, and the integrity of the pustules there exists no connection. (p. 298.) Jenner, as the author proves, says nothing which authorizes this idea, as has been incorrectly stated. With his usual ability, he contends, that from the scarcity of vaccine matter on the first performance of vaccination in England, where two punctures only were made, scarcely an individual could have preserved the integrity of his pustules. Yet these are the persons upon whose inviolability to small-pox, the credit of vaccination has been raised, and of whom many were subsequently unsuccessfully inoculated with variola. "I have opened pustules on their first appearance, and have cauterized them with lapis infernalis. This done, I have vaccinated those children, and though I took every precaution, the second vaccination has always failed." p. 303. Will any one maintain that the small-pox, if its pustules were to be broken in its progress, would not preserve against a second attack? Do not children scratch their vaccine pustules, and are they not accidentally broken? To these facts, for facts they are, who shall reply?

It may be asked whether, between the number of pustules and the properties of the vaccine, there exists any connection? The early vaccinated had but two at most, and as every puncture does not succeed, many, doubtless, had but one. The fact is, that no connection does exist. Robert himself, who inclines to the contrary opinion, gives, in his history of the Marseilles epidemic, the cases of fifteen persons attacked with varioloid, one of whom had seven, two six, one five, one four, one three, and one two cicatrices. "My own experiments prove to me that children with only one pustule, do not the more easily suffer a second vaccinia. Does variola rage most fiercely among those who have but one or two pustules? Do they offer less resistance to inoculation? No—a thousand times I answer, No." p 309. Does a discreet offer less protection than a confluent small-pox? If so, what is the experience of ages, and where is the only merit which inoculation can claim? Here, as elsewhere, I believe in the parity of vaccinia and variola. Vaccinia, whether shown by one or by ten pustules, I believe, possesses exactly the same preservative power."

An examination of the degree of importance of the vaccine pustules, constitutes the subject of the fourteenth chapter. From what has preceded, they cannot be held to be of any material consequence. To those presumptions we have facts to add; viz. vaccinations *without any eruption*, and yet just as prophylactic as those in which it is developed. In all the instances which M. Bousquet relates, fever came on with the same force about the seventh day, which are sufficient to set the patients free from the danger of small-pox, since subsequent revaccination and inoculation both failed. "These facts are not so rare as may perhaps be supposed; but never, to my knowledge, have they occurred in so great numbers, as to M. Treluyer, of Nantes, the physician to its general hospital. In July 1825, during the prevalence of variola in that institution, M. Treluyer, himself, vaccinated

five children; in whom, upon the second day, occurred headache and fever, *but no pustules.* M. Treluyer, much surprised, directed them to be revaccinated by M. Cormerais, one of the surgeons. Upon them, as well as on five others, the same result occurred. M. Cormerais being taken ill, his place was supplied by M. Barthelemy. He, in his turn, revaccinates five of the first vaccinated, and five new ones, and with the same results; nausea, cephalalgia, rigors, fever, *and no pustules.* The locality of the hospital being now supposed to be in fault, a certain number of the children first vaccinated are taken out of it, to Dr. Duparc, in the city, who carefully repeats the operation, with similar ill success; and in the hands of M. Rouillard, conservator of the vaccine depot, of the lower Loire, the same result attends. In this way were *sixty persons,* from ten to twenty-four years of age, vaccinated, and no matter where or by whom performed, the vaccination showed all its power on the interior: never was any thing produced externally; nor, save two, upon whom no effect of any kind followed, have any been attacked with small-pox, though several months in the midst of contagion. Lastly, five of them were inoculated with variola: slight febrile symptoms lasted for a week and then disappeared. I believe in the influence of the atmospheric constitution, not only on the number, but on the character of the diseases, which lessens somewhat my astonishment; nor are we without instances of small-pox, measles and scarlatina, without the concurrence of the eruption. "Hic nihil repugnet," says Boerhaave, "morbus variolosus *sæpe* sine variolis sit," It is not then the eruption, but the revolution effected in the organism, that is to take the place of, and secure the patient in like manner with, an attack of small-pox. Though it is generally effected without our knowledge, there is one more benefit, and no reason that it should be denied. The preservative effect is not in the eruption. The pustules do but indicate, display, reveal it: so far their testimony is indispensable, but they are sometimes absent, and yet the effect of the vaccination be in no way lessened. It may be added, that by way of compensation, the symptoms of internal disturbance were more marked, than, if an eruption had taken place, they would have been.

In the fifteenth chapter, the analogy between variola and vaccinia, which has so often been hinted at and treated in the pages of this volume, is now systematically set forth. It is evidently the hobby of the author, and that part of his treatise in which his pride as an author is most concerned. He asserts that each springs from a virus; a different one, it is true; that there is, between the pustules of vaccinia, and of *inoculated small-pox,* a resemblance so striking as to deceive the most skilful physician. In support of this assertion he cites from page 42 of the work of Jenner. The progress of the two is the same. Each virus explodes after three or four days incubation; they come to maturity, they desiccate, and the crusts fall at the same time. As it regards the number and time of appearance of the pustules, there is a difference; yet sometimes the inoculation is confined to the seat of puncture, and, vice versa, the vaccine is sometimes characterized by supernumerary pustules. The structure of the pustules is similar; neither disease, save a few rare instances, attacks more than once. Never but once, says the author, did I revaccinate with success, no matter how long had been the interval between the operations. (p. 327.) The diseases then have their analogies, though they are not identical. The physical properties of the viruses differ—the one is fixed—the other volatile. Their physiological effects differ—the one is benign—the other dangerous: mingle the two, and each produces its own specific eruption, sometimes consentaneously in the same individual. If the analogy between the two be not explicable on the ground of their identity, neither is it on that of their incompatibility. Were this so, they never would keep company so neighbourly, as this proves that they do. If again, as has been said, vaccinia is a modification of variola, why is the one never transformed into the other; why have all attempts failed to cause cow-pox in the cow, by inoculation with variolous matter? It has of late, indeed, been said by a Dr. Sunderland, that a cow became affected with variola, by being enveloped in a sheet which had covered a small-pox patient; that the small-pox matter from the animal changed to cow-pox, or vaccinia, in the human subject. Were this to be established as a fact, the origin of cow-pox is known; but it is more than doubtful. May it not be, conjectures the author, that by singular good fortune, the small-pox of the cow may, in the human subject, substitute itself for the small-pox, which is natural to his species? All that there is analogous between the two, is then explicable by the co-relation of the two viruses; and all that is different, by the difference of the species. (p. 337.)

The last chapter, in the volume before us, is an admirable one, on the influence of vaccination on population, though, perhaps, not unexceptionable. The effects of small-pox have disappeared with the cause. The small-pox killed, it is certain, one-tenth part of the human race; that is, of those who lived long enough for it to attack them. Does then vaccination save to society all whom, but for its benefits, the small-pox must have destroyed? In France there were, in 1832, eight millions more souls than in 1775; but this increase, it must be candidly confessed, began long before vaccination was thought of, nor has vaccination increased its progression. Where then is the one-tenth of the human race whom it has preserved? There must exist a law superior to that of vaccinia, or of any partial influence, one which reigns supremely over the population of states. The procreation of chil-

dren is not alone sufficient for the purpose; they must be nourished, fed, clothed, warmed, and enjoy the benefits of medical advice. The toil of man, like his faculties, is limited, and the sweat of a parent's brow can aliment a certain number of children only. If there are produced more than can be maintained, all will suffer, and the feeble must pay for the strong. Goaded by pleasure to reproduction, on the one hand, and restrained, on the other, by a dread of introducing into the world beings whom he cannot maintain, man resists his passions. Save these moral influences, there exists but one power that increases or lessens population. This cause is labor, industry, commerce, or rather it is their product, wealth. The more there is of this in a country, the more inhabitants will that country maintain, so that the census of a country might almost be made from an inspection of its budget. Let it continue, and the most fatal epidemics, or the most calamitous and tedious wars, will make but a very faint impression on the amount of its population. Does an epidemic occur, we find that in the next year the number of marriages increases, as does also their fertility.

After the plague which ravaged Prussia, in 1710, the births increased from twenty-six thousand, which they were in that year, to thirty-two thousand in that which followed. "I doubt whether the same will be found to be the case with regard to the epidemics of cholera; but for this infraction of a general law, there exists a special reason. Physicians have thought that nothing was more favorable to an attack of that malady, than the enjoyment of conjugal rites, and it is probable that fear will have restrained the ardour of more than one husband." In years of scarcity, births are found to diminish; in those of plenty they increase; and mortality experiences similar variations, but in an inverse ratio. It is in periods of abundance, that medicine exhibits all her advantages. Seconded by civilization, she amply repays her loans from society. There is a land, which, admitted by conquest to take rank among the loftiest nations, has passed rapidly from barbarism to the highest pinnacle of advancement. Impatient of a foreign yoke, she has shaken off her chains, and to the blessings of civilization has combined those of liberty. We mean the United States of America.

Amid the wonders which are related of that happy country, the rapid increase of her population is not the least surprising. Such a result must have many causes, but vaccination has been a chief; and its influence will continue until the number of men shall equal the maximum of productiveness. Nor can this be long delayed. To the glory and prosperity of every nation, how great soever be its advantages, there is a limit. When population and production become thus balanced, what can vaccination do? Certainly it preserves its anti-variolous properties, which is an immense individual gain, but by society not much is acquired. Yet is medicine not a vain and secondary science. We too dearly love our art, to depreciate it willingly. Not only it augments the number of men, but it prolongs their existence; it allays their sufferings, and it shortens them; and by shortening them, enables them sooner to return to their labor. These are its benefits among nations which have arrived at the highest degree of civilization. The average duration of human life in 1806, was twenty-eight years. It is now thirty-three! Five years then have been gained in a quarter of a century; the result is enormous! "Of two countries equally well peopled, that is evidently the happiest, in which life is longest preserved. Vaccination may fairly claim to have done her part towards this noble result. She has banished the most fatal risk of childhood, has prolonged the general term of existence, and to individuals originally gifted with a good constitution, has afforded the means of long life by removing one great cause of its early termination."

Seldom have we perused a work with more satisfaction than that which we have now closed. There runs through its pages a spirit of liberality, a justness of distinction, an acuteness of reasoning, and a fulness of practical and theoretical knowledge, which render it a model for professional treatises. There exists in no language, a work which more ably considers every point connected with the subject of vaccination, nor contains such a fund of well digested information. From this remark we do not exempt Mr. Moore's excellent history of the cow-pox. The author has seldom quoted; his books have been natural phenomena, and wherever he has hazarded an opinion, or stated a belief, he has backed the one by able reasons, and the other by proof; and hence it is, that much which the volume contains, that differs from the generally received opinion, will command respectful attention. The space occupied by our analysis, and never was analysis more thorough, prevents us from recapitulating the conclusions at which the author has arrived. It may be regretted that upon the subject of the secondary causes which operate in inducing false vaccinia, such as cutaneous diseases, and the disorders of infancy, &c., M. Bousquet has not been more full; and that he has supplied us with no details or tables of the revaccinations of others, which have been more successful than his own. Yet where is the book that is perfect? where are many as rich in facts as this? To those who can enjoy the original, we strongly recommend its perusal in its native tongue. To others, we can but offer the diminished attraction of an abridged translation.

ART. II.—*The Practice in the Liverpool Ophthalmic Infirmary, for the year* 1834; *being the first special Report.* By HUGH NEILL, Surgeon. Pp. 55. 8vo. Liverpool: W. Grapell, 1835.

It will be perceived that this is the first medical Report from an institution established some years since, in Liverpool, for the treatment of diseases of the eye. It is prefaced by some excellent remarks upon the utility of such charities, together with some judicious observations upon the *necessity* of publishing the practical results obtained in similar institutions. On the second page, we meet with the following note, to which we would beg leave to call the particular attention of the physicians and surgeons who preside over the different charitable institutions of this country; for some personal experience has convinced us of the correctness of the remarks; and we shall be glad to see proper efforts made, to distinguish between real objects of charity, and those heartless creatures, who, with ample means, too often encroach upon the rights and privileges of the afflicted poor.

"While on this subject, I may mention that, after my appointment to your Charity, nothing surprised me more than finding so many most respectable-looking applicants presenting themselves and their children at the Ophthalmic Infirmary! Again and again have I dismissed females and others, whose circumstances amply admitted of any physician or family attendant being '*fee*-ed.' Medical officers attached to our charities are bound in honor to dismiss such shameless applicants, not only in justice to fellow practitioners—to themselves—but as responsible agents, in which capacity they should not only defeat, but expose, reiterated attempts to prostitute, by misapplication, the sacred purposes of CHARITY.

"I have thought it right, even in self-defence, to speak out thus openly. Gentlemen holding public medical appointments are often most disagreeably placed, when obliged to deny the *use—abuse* rather, of a charity to particular applicants. A few months back, I was under the painful necessity of dismissing a well-attired *lady* who brought her child to the Charity. Aware, however, that in a commercial community like that of Liverpool, reverses of fortune are often sudden and unavoidable, I felt unhappy, till I prosecuted inquiries respecting the *private* circumstances of the individual in question. Will it be credited, that this female's husband was not only in a business in which ready money is uniformly 'tabled' down; but that she and her family occupied a private tenement, whose rent could not be less than £40 or £50 per annum! To show how much the feeling of pride, and a sense of honorable independence is unhappily lost in some cases, I regret having to state, that this same person had made inquiries as to the days on which my colleague officiated, and she unblushingly presented herself and son to him as fit objects for gratuitous advice and medicine!"

After giving a history of the charity, the author next proceeds to give a detail of the diseases treated during 1834; and from a table appended, we learn that in that year one thousand seven hundred and sixty-eight patients were admitted. It will not be necessary for us to follow him through all his descriptions, and we shall therefore confine ourselves to such as may appear of sufficient interest.

Amaurosis. In reference to the treatment of this disease, our author remarks,—"if any one remedy has stood my friend more than another, it has been *strychnine*, judiciously administered, combined, or not, as necessity pointed out, with one or other of the general forms of treatment already alluded to.

"I am not aware that the continued exposure of the eye to strong astringent vapours has ever been pointed out, by any author, as one of the many assigned causes of *amaurosis.* Several cases, in which the patients attributed the origin of the disease to such causes, have come under my care. One patient (Samuel Barrow) an exceedingly intelligent person, from Northwich, distinctly attributes his amaurosis to exposure to the vapour of coal-tar. Barrow's daily labor consisted in applying coal-tar to the concave surface of the arches of canal bridges. He also informs me that some of the men employed by him in similar occupation have been affected in the same manner. My informant is now quite blind.

"I have a patient at present under my care, who is daily exposed to the fumes of sulphur. He, too, attributes his diminished vision and muscæ volitantes to this irritant."

Strychnine in Amaurosis. "The beneficial effects of strychnine, in amaurotic affections, have been so fully pointed out by Drs. Shortt and Heathcote, and Messrs. Guthrie, Liston, and Middlemore, that it would be superfluous in me to attach any preface to the history of the following cases. I shall, therefore, merely add that in no instance have I seen strychnine useful in amaurosis, if internally administered; nor in any have I seen it successfully used where the *iris* had completely lost its motion. In many cases also, where I have used it with advantage, no twitchings were perceived by the patient; but just about the time that sight began to improve, a very considerable sensation of bitterness was communicated to the palate, a few hours after each application of the remedy.

"It is also but justice to acknowledge, that I have often been disappointed in the use of strychnine, in cases where I had looked for the happiest results."

Five cases are related in which strychnine proved successful, and one unsuccessful case is also recorded; we select the three following cases.

"1. *Robert Tait*, æt. 56, has had an amaurotic affection of the right eye since the beginning of September 1833. The left eye has always been weak, and its sight imperfect. Early in the succeeding November, I was consulted. He complained of a sense of weight over the right eyebrow; could tell day from night, but could not distinguish objects placed before him. He was ordered to lose ℥ xii. of blood by cupping, from the right temple, and, as the bowels were confined, to take a cathartic pill every alternate night. At the end of a week, he thought himself a little better. He was ordered to be cupped again to the same extent, and to take four grains of the blue pill, twice a day. At the end of this week, he thought himself still improving; the sense of weight over the brow was relieved. He was ordered to continue the pill, and have a blister applied to the right temple, to be kept open. The blister having produced slight erysipelas of the cheek, with conjunctival inflammation of the right eye, it was allowed to heal, and the vinum opii was dropped into the eye.

"Dec. 15th. Five weeks had now elapsed since the patient was placed under my care. There was certainly improvement, but it was not great; the patient could distinguish objects, but very imperfectly, and only one half of the object was discernible. The iris had all along been very sluggish, but had never completely lost its mobility. A blister was again applied to the right temple, and, on the following morning, half a grain of strychnine was dusted over the abraded surface; and this quantity was repeated daily until the 20th. On the 18th, the iris had acquired the most lively motion, the slightest stimulus of light affecting it. On the 20th, a grain of strychnine was applied, and on the 21st, a grain and a half. The patient, this morning, put on his spectacles, and read the title-page of the *Lancet*, which lay upon my table. From this date until the 24th, a grain was dusted on every morning. A creeping sensation was now felt after each application, *and also a considerable sensation of bitterness* in the mouth. 25th. The iris continues lively. He was ordered to discontinue the strychnine.

"This patient returned to me on the 21st of February, at the Ophthalmic Infirmary, saying that the weight over the brow had returned. He was cupped to ℥ xiv., and a blister applied to the nape of the neck. 22d. A grain of strychnine dusted over the blistered surface, and repeated daily until the 25th, when it was intermitted in consequence of headach and confusion. 27th. One grain more was applied, and the strychnine was then discontinued. March 6th. The patient's sight and health are better than they have been for years. Discharged cured.

"March 20. Reports that he has, since the last date, resumed his occupation as a joiner; that his sight is sufficient for the purposes of his trade; and that it improves. April 22d. Sight very good, and very strong."

"2. *John Grey*, æt. 20, a red-faced carter, applied at the Ophthalmic Infirmary on the 6th of February last. He complained of nearly total loss of sight in both eyes. The complaint had lasted for five months. Between the 6th and the 19th of February, he was twice cupped on the nape of the neck, and he took plue pill, which affected his mouth, but without any improvement in his sight. On the 18th, he was ordered a blister to the left temple. 20th. Half a grain of strychnine was dusted over the blistered surface. 21st. Had bitterness in the mouth three or four hours after this application; half a grain of strychnine was again dusted on. 22d. Sight *not* improved; one grain repeated. 24th. Better; one grain repeated. 25. Continues improving; one grain was now dusted on every alternate day, until the 1st March; the improvement gradually going on, and bitterness being perceived after each application. On the 6th March, the patient was discharged cured. He never had twitchings."

"3. *Wm. Baxendine*, æt. 36, was admitted an out-patient of the Ophthalmic Infirmary, on the 15th February last. His appearance was most wretched. He stated that he had been for three months laid up with rheumatism, and that he had also had, for the same period, partial paralysis of the tongue, with nearly complete blindness. He complained of much pain across the forehead, and articulated with difficulty. He was immediately cupped to ℥ xiv. on the nape of the neck, and had a dose of purgative medicine. 19th. The pain of the head relieved. A blister was applied to the nape of the neck, and on each of the two following days, half a grain of strychnine was dusted on the blistered surface. 22d. Perceived a "strong bitterness" in the mouth last night, with twitchings over the forehead, and creeping at the nape of the neck. One grain was dusted on. 23d. Sight improved; one grain repeated. 24th. Great improvement; one grain applied. 25th. He pronounces himself to be quite well. His sight and speech are both restored. 29th. Discharged cured.

"March 6th. This patient was attacked with pain in the left side of the head, and a return of his difficulty of articulation. He was again cupped, and gently purged, and in a few days was free from these symptoms. His sight was not affected by this relapse."

Cataract. The following observations are the results of Mr. Neill's experience.

"My operation is the needle operation, and my reasons are—

"1st. For *congenital* cataract, no man should use any other instrument than a needle.

"2d. For *soft* cataract, it would be unsurgical to attempt any other than a needle operation.

"3d. For *capsular* cataract, when the lens

has ceased to exist, or is softened in texture, the needle is the best instrument.

"And lastly. For *hard* cataract, the *reclination* operation by the *needle* is surgical, elegant, least painful, and less likely to be injurious than any other operation."

Opacity of the Cornea. Mr. Neill's practice here is very simple. "If the case is recent, I stimulate by a weak solution of the nitrate of silver. If the opacity has an onyx shape, I dilate the pupil with the belladonna, and stimulate the absorbents.

"If the complaint is of long standing, I create a fresh inflammation by the nitrate of silver ointment of Guthrie, and mercurialize *gently*, &c. &c. Such treatment, in my practice, hospital and private, has been gratifying."

Strumous Corneitis. The following case will illustrate the author's treatment. "Margaret Porter, aged 14, from Ormskirk, was admitted an in-patient on the 29th March, 1834.

"She has been unable to bear the slightest light for three months. On examining the eye, the cornea has a bright red appearance, the pupil is not to be seen. Ordered fomentations of poppy heads, three grains of blue pill night and morning.

"April 8th. Pain and intolerance of light gone. The eye can be easily examined, and the cornea is quite a net-work of twisted red vessels. Apply Guthrie's *ten grain nitrate of silver* ointment, and continue the blue pill at night. The ointment to be repeated twice every week.

"May 4th. Made out-patient.

"July 8th. No vestige of disease remaining. My patient's complexion is now ruddy, and the plumpness natural to her interesting age, as a female, is perceptibly appearing."

"*Epiphora.* Some cases of Epiphora were cured by —— *never introducing Anel's probes*, (for the fact is, in most instances too much inflammation of the sac and duct already exists,) by applying over the course of the duct one *leech* every alternate day for a week, fortnight, or longer; and by keeping the edges of the eyelids continually smeared with *Unguent. Hyd. Nit.*"

Hypopion. We select the two following cases as illustrating the mode of treatment pursued by Mr. Neill in spontaneous and sympathetic hypopion.

"*Hannah Bradshaw*, æt. 24, admitted an out-patient, 8th February, 1834. The anterior chamber of the right eye was nearly filled with pus; there was intolerance of light, with conjunctival inflammation; the cornea, however, was transparent, and the pus behind perfectly fluid. She stated that she had experienced considerable pain over the brow, and throbbing in the eyeball, for about a week.

She lost ℥ xiv. of blood by *cupping* on the nape of the neck the same evening, and was *briskly purged.* On the 11th, the sense of fullness in the eyeball, with the pain over the eyebrow, were gone. She was ordered three grains of the *blue pill* thrice a day. 13th. The pills continued, and the *five grain ointment of the nitrate of silver* was put between the lids, and repeated every alternate day until the 11th of March, when she was *discharged cured.*"

"*William Berry*, æt. 34, a miller at Woolton, applied at the Ophthalmic Infirmary on the 18th February.—Four days previously, while picking a granite mill-stone, the centre of the cornea of the left eye was penetrated by a piece of steel. Next morning the spicula was removed by a brother workman, with much difficulty, and after much destruction of the conjunctiva of the cornea. He was *cupped* on the left temple to ℥ xvi., and was ordered an ounce of the *sulphate of magnesia* with one grain of *tartarized antimony.*

"The cupping was repeated on the 20th.

"As the patient was obliged to walk five miles to and from Liverpool for advice, the inflammation from this excitement became so violent, that it was deemed adviseable to receive him as an *in-patient* on the 25th.

"Almost the whole of the conjunctiva of the cornea had now sloughed away, and the anterior chamber was filled with pus. He again lost ℥ xvj. of blood by *cupping*, from the left temple; was ordered four grains of *blue pill* thrice a day, and to *steam the eye* over warm water. 26th. Continue the pills, and apply the drop of the *one grain solution of the nitrate of silver.* The pills were continued for two days, when the mouth became sore; the two grain drop was now applied, and only one pill to be taken at bed-time.

"Six days from the date of his admission the pus was completely absorbed. He was *discharged cured* on the 18th of March, only a very small indenture being perceptible where the original injury had been inflicted."

"*Purulent Opthalmia of Infants. Isabella Mason*, æt. three weeks, admitted an out-patient February 15th—has been afflicted with this complaint for ten days. The lids are very much swollen, and the purulent discharge immense. The *ten grain nitrate of silver Ointment* (of Guthrie) is applied between the lids, and the *alum lotion* to be injected, warm, between the lids every hour. *Discharged cured*, March 11."

The ointment of Guthrie above alluded to is composed of ten grains of nitrate of silver, finely levigated, and a drachm of simple unguent, well mixed together. We have often employed it with great success in the treatment of all the forms of conjunctival inflammation.

The volume concludes with the history of a number of cases which were operated on successfully by Mr. N. from which we select the following highly interesting case.—

October, 1834. The patient, a little girl *born blind*, came under care. "About three years ago Mr. Neill operated on the right eye; the operation was successful, and she obtained sight: she was then in her eighth year. On

Saturday last, the 4th inst. he operated on the left eye, in the Slater-street Institution, with a *similar happy result.*

"This little creature, born blind, and for eight years in darkness, is now in full possession of the most precious sense. She can distinguish colors and the smallest objects.

"The knowledge of distance, after the first operation, was for a long time imperfect. The first object which was presented to the eye was a halfpenny: for weeks afterwards every circular object, no matter how large, or what color, was called a halfpenny.

"When blind, her residence was in Dovecourt, School-lane; she was then familiar with "every nook and cranny" in the neighbourhood. When she obtained sight she often used to lose her way, sometimes even close to her own door. The instant this would occur she would shut her eyes, and feel round until some known object was touched: then, with her eyes closed, she would hurry home, guided by her accustomed sense of touch. She is a pretty, intelligent child, and is a pattern of neatness."

"*Cheselden's case*, the memoir of which is detailed in the 35th volume of the Philosophical Transactions, and *Ware's case*, as detailed in the 2d volume of his work on the Eye, both *materially* differ from mine.

"Cheselden mentions that his patient, 'upon obtaining sight, was so far from making any judgment of distance, that he thought all objects touched his eyes, as what he felt did the skin.' He saw all objects in proximity to the eye.

"Mr. Ware is satisfied that 'children from whom cataracts had been extracted had a notion of distance the first moment they were enabled to see.'

"Cheselden's patient and Ware's patient could also distinguish colors previous to the operation. Now my little patient could only tell the *sunshine* from *night*, or a *flame* from *darkness*. When she obtained sight it will be seen how very imperfect was her judgment of size or distance: all objects appeared smaller and farther off than their form or position really were. This, however, was what we might naturally expect; for the want of a refracting body, such as the lens, would at once point out this imperfection in vision. Mr. Ware 'was astonished by the facility with which, on the *first experiment*, he (his patient) took hold of my (Mr. Ware's) hand at different distances; mentioning whether it was brought nearer to or carried further from him, and conveying his hand to mine in a circular direction, that we might be better satisfied of the accuracy with which he did it.'

"Mr. Ware also says, 'In this case, however, and in others of a like nature, although the patients had certainly been blind from early infancy, I could not satisfy myself that they had not, before this period, enjoyed a sufficient degree of sight to impress the image of visible objects on the minds, and to give them ideas which could not afterwards be obliterated.' In Mr. Ware's case this may have happened, but in the case of *the child*, which *I am now relating*, it had *not* taken place.—*She never saw:* and her after sight proved, that an early knowledge of the use of the organ had *never* been gained.

"How is it that all my patients, who after cataract operation recover sight, see imperfectly? and that the imperfection chiefly consists in SHORT SIGHT, *the near object appearing to be* SMALL *and far removed?* It is because the LENS is wanting; and when a false lens is supplied, the *far* object approaches, and the *near* object is *increased* in volume.

"Ellen's surprise was most ludicrous when she first placed her spectacles on her nose.—She had already acquired a three years' knowledge of the surrounding objects, and from *experience* had gained an intimacy with them; when she saw through her spectacles, her mind had flown to 'Brobdignag.' 'Oh,' said she, 'your head touches the ceiling.' Her knowledge of distance was again lost, and nearness was the fault, but habit will soon accustom her to the use of her spectacles.

"A week after the second operation I bound up the right eye, *the one first operated on*, and desired her to use the other: with it (*the new eye*) she could tell every object with as much accuracy as with the other eye, and she could also distinguish colors. In fact she said she could see with equal power with either."

In conclusion, we have only to remark, that this report is highly creditable to Mr. N. with the exception of some few passages, which seem to us to savor too much of empiricism. This is his first, and we trust he will carefully guard against a repetition of such offence in his second report, for which we shall look with considerable interest.

ART. III.—*Observations on the Origin and Causes of Malignant Cholera.* By JOHN S. BOWRON, M. D. New-York, C. S. Francis, 1835. 8vo. pp. 41.

In noticing this production we feel compelled, in the first place, to censure the negligence of the committee appointed by the Medical Society of this city during the prevalence of cholera in 1834, to investigate the origin, pathology, and treatment of the disease: but, of a committee of fourteen,* only one has been found willing to discharge the duty assigned, and which the profession certainly had a right to expect of them. We recognize in this committee some names which would have given weight to such investigation; and we trust, that out of the number some may even yet be found who will recognize their indebtedness to the society and to the profession, and spee-

* Drs. Mott, J. M. Smith, F. U. Johnston, J. K. Rodgers, Robson, Bliss, Post, Peixotto, A. L. Anderson, Coit, Cornell, Gilman, Childs, Ludlow, Bowron.

dily present us with a continuation of the investigation, on the pathology and treatment of that disease. Their names have been extensively gazetted as engaged on the subject; the report has long been expected, and the pledge they gave for its fulfilment, in accepting the appointment, must be redeemed; else ill-natured people may be disposed to say, that their object was attained when they saw their names paraded before the public as the special agents of the Medical Society, for the performance of a duty of the deepest interest to the community, and not less interesting to the members of the medical profession.

It is not our intention now to enter into a critical examination of Dr. Bowron's work; but inasmuch as he has faithfully discharged his duty, and as we may expect shortly to be favored with the complete report from the other gentlemen composing the committee, we shall reserve a critical analysis until then, and shall proceed to lay before our readers, at this time, a brief review of the opinions of Dr. B. and the conclusions at which he arrives.

After dwelling upon the importance of a careful investigation of the origin of pestilential and epidemic diseases to the physician, as affording him material aid in pathological inquiries; and to the statesman, as their visitation may affect the wealth and prosperity of nations, the author next takes up the question of the contagiousness of cholera, in which we entirely concur with him.

"Every one who has seen much of the disease must have noticed the fact, that whenever a person laboring under cholera is removed to a healthy situation, where particular attention is paid to cleanliness and ventilation, the disease does not extend beyond the person first affected. We have seen a great many instances of this kind, where, if there had been contagion, it would have been impossible for all the friends and attendants of the sick to have escaped. We have seen the heads of families, attacked with cholera in its most malignant form, assiduously attended by their relatives, who, in every possible way, were for hours and days constantly exposed to the exhalations emitted from the sick, and were also in constant contact with them,---and not one of all those thus exposed have contracted the disease. It now and then happens that particular persons may frequently come in contact with contagious diseases, and escape the complaints, but such occurrences are uncommon. When, however, we see hundreds breathing the atmosphere, for hours together, that must have been saturated with the morbific poison, if the disease was contagious, and all escape, without a single exception, we are compelled to believe that the disease cannot be contagious. And when we see examples of this kind almost incessantly, the evidence against contagion is perfectly conclusive."

He next proceeds to describe what he terms "*méteorations diseases*," or "those complaints which are produced by certain indefinable constitutions of the atmosphere, independent of any miasmal impregnation, or other extraneous causes." He illustrates this by the progress of common influenza: "the rapidity of its march from one point to another, and its indiscriminate attack of all classes of people, without respect to age or sex, affords a happy example of the uniform extension of this class of complaints over all portions of the globe.--- If we keep in view these characteristic features of meteoratious affections, it will be impossible to confound them with either infectious or contagious complaints. The laws which govern both contagious and infectious diseases are widely dissimilar from those of meteoratious complaints."

After adducing his arguments to show that cholera does not come under the latter division, he next endeavors to show that it is an *infectious* disease; and infection he defines to be, according to Smith, "a febrific agent, produced by a decomposition of animal and vegetable substances. It usually exists in the state of a gas or miasma, and in this form occurs in *filthy houses, ships, jails, hospitals, and cities:* and also in marshes, and fenny and low districts of country."

"Inattention to the complete and absolute distinction between infection and contagion, has been a fruitful source of most of the confusion that has prevailed relative to the character of epidemic diseases. Most European as well as American writers use the terms as synonymous, whereas in truth they should express entirely different agents. We might with equal propriety denominate the mineral poisons contagious, as to apply that term to express the nature of miasmal infection. Contagion never originates from a decomposition of dead animal and vegetable matter: it is always produced by an action of the living solids. We are anxious that this fact should be kept in view; for without this discrimination, we are constantly exposed to perplexity and confusion in our invest gation of the most simple subjects. We are free to confess, that had many of those able writers on cholera in Europe and the Indies, kept these distinctions properly in view, in their masterly productions, we should have been possessed of all the information that the subject is susceptible of.— For the want of a proper distinction between contagion and infection, they have diverged from the great point, at the very moment when they had all but decided the question.

"Cholera never prevailed generally over this city: particular localities and certain neighbourhoods have borne nearly the whole force of the pestilence; and the fact is now, we believe, universally admitted by every one, that those neighbourhoods were situated in parts of the city where impurities of every kind abounded. Certain sections of the city, in consequence of their unhealthy locality, and the multitude of poor dwellings that have been erected in them, are almost exclusively inhabited by those whose vices or misfortunes com-

pel them to congregate, in vast numbers, in a single house. In some of those dwellings it is no uncommon occurrence to find from fifteen to twenty families. It would perhaps be considered unnecessary to give a statistical account of these particular sections; we will, however, particularize that neighbourhood, which will serve as an illustration of other localities where cholera prevailed with the greatest violence.

"In that part of the city lying east of Broadway, which is built upon made ground, formed by the filling up of a large tract of marshy soil, which, previous to the filling in, was constantly inundated by water, is situated that portion of the city which is generally known by the name of Five Points. Here we find collected together, in the most wretched tenements, swarms of the poor and most abandoned of our population, whose vices and poverty have, after a series of years, produced such a state of filth and pollution as is rarely witnessed among human beings. Here we find a congenial atmosphere for the production of the infection of cholera. The frightful ravages of the disease in this section was most appalling. It was no uncommon occurrence for more than twenty to fall victims in a single house. Whilst those streets immediately surrounding the infected district, Broadway, Chatham-street, Bowery, and Grand-street, which were inhabited by a respectable portion of our citizens, remained in comparative health."

"Nearly the same condition of things was invariably found in every section of the city where cholera prevailed. From these infected districts the poison of cholera was 'radiated,'* and to a greater or less extent affected the adjacent streets. But very few cases appeared in neighbourhoods differently circumstanced. When cases were observed in other places, they could generally be traced to some infected district.

"In the summer of 1834, the same circumstances always accompanied the pestilence.—In Centre-street, and all other places where much of the disease was found, the hovels of the poor, the filthy tenements of the outcasts of society, the polluted habitations of the vicious and abandoned, were the great laboratories for the production of this malignant, infectious poison.

"That cases of cholera now and then appeared in situations apparently remote from infected districts, is most certain, but occurrences of this kind very rarely happened. Not indeed so frequently as might have been expected, when we take into consideration the unreserved intercourse that was constantly maintained with the various parts of the city, and the consequent exposure to the infectious miasma, which we believe existed in certain sections. We can, however, account for this, by a reference to the fact, that it was not often the case that those who were comfortably situated ventured into the abodes of those whose vices and poverty rendered them almost a distinct class in the community: and as the infectious materials were more concentrated in the interior of their houses, where the access of the air was almost excluded, the danger of passing along the streets only would necessarily be greatly diminished."

The author next proceeds to show, that in all the large cities, both in this country, in Europe, and in Asia, cholera was always found among the poorer classes, in places where great numbers were congregated together, living in a vitiated atmosphere, filled with the emanations of all the corrupting materials that vice and profligacy could engender.

After alluding to the case of the brig Amelia, which was wrecked on Folly Island, in 1832, and which has been alluded to in a former number of this Journal, he says, "In opposition to all the circumstantial and positive evidence which might be adduced in support of the infectious nature of cholera, we hear it frequently asserted, that cases have often occurred, where it has been impossible to discover any local cause of the disease, or to trace them to any known source of infection whatever. That such cases have now and then happened is freely admitted; but they no more militate against the doctrine of the infectious nature of the malady, than do similar occurrences that are every day witnessed, with regard to all those complaints which are universally acknowledged to be contagious. How often do we see cases of small-pox, measles, and other contagious complaints, which we are unable to trace to any known source of these diseases? Would it not be preposterous for us, from these apparent exceptions, to deny the contagiousness of these complaints? That as few cases, in proportion to the numbers attacked with cholera, are observed, where no traces of infection can be discovered, as what are noticed in small-pox, we think is susceptible of the clearest proof."

The work concludes with some recommendations in reference to the necessity of observing proper means of prevention in all large cities, by the removal of nuisances, cleanliness, &c. &c. in which all will readily agree.

* Dr. Reese.

ANALYSIS OF MEDICAL JOURNALS.

ART. I.—*The American Journal of Pharmacy.* Edited by R. E. GRIFFITH, M. D. New Series, Vol. I. No. 1.

IT will be observed that this number is the continuation of the Journal of the Philadelphia College of Pharmacy. The title of the former publication being conceived by many as too local, they were thus deterred from contributing to its pages, and the members of the college, with a proper spirit, determined to change the name, as appears by the heading of this article, and the plan is also changed and placed on a more liberal and extended footing.

We are glad to perceive, in this first number, that our city has supplied her full share to the mass of valuable materials contained, and we need not say that we hope to see this well-conducted journal extensively patronized by all who take any interest in the advancement of pharmaceutical science.

1. EGYPTIAN OPIUM.—A series of experiments by Joshua Evans, jun. to determine the amount of morphia in the different varieties of opium, is interesting.

"The amount of morphia usually obtained from opium is stated in the books to be from nine to fourteen per cent. Guibourt got from Egyptian opium 14.5 impure morphia, and the article mentioned as having been analyzed by J. Scattergood, yielded about five per cent. Now, the amount obtained from the article under consideration, containing impurities, such as colouring matter, narcotine, &c. was a little over seven per cent., and the average amount of the first three experiments, after purification with alcohol and ether, 3.55 per cent.

"By the preceding comparison, it is evident that the drug now vended as Egyptian opium, contains less morphia by more than one-half, than the Egyptian opium of Guibourt and other varieties. Therefore, should the parcels hereafter imported be of the same quality with that now for sale here, it is important that the comparative virtues of the article should be generally known, both for the sake of certainty in medical practice, and because it is said it is likely to be brought into more general use."

2. ADULTERATIONS.—James H. Hart, M.D. Vice President of the College of Pharmacy, New-York, has a highly interesting article on the adulterations of proto-chloride of mercury, sulphate of magnesia, and calcined magnesia, from which we shall make some extracts.

1. *Proto-Chloride of Mercury.*—Calomel is most frequently contaminated with the admixture of corrosive sublimate; and Dr. Francis, of this city, mentions, in his invaluable treatise on mercury, that he has seen a "small dose given in the infantile state, followed by convulsions and sanguineous discharges from the alimentary canal," which may safely be attributed to the *impurity* of the medicine. Dr. H. mentions that he has subjected several parcels to chemical tests, and discovered minute portions of corrosive sublimate in the proportion of one in four specimens.

"I have recently made, in conjunction with Professor Ellet, of Columbia College, a most excellent article, by a process similar to that of Messrs. Howard and Jewel, and somewhat varied from the usual method, which possesses the important advantage of reducing the calomel to the minutest possible division. It consists in subliming calomel into an atmosphere of steam. The ingredients are put into a short necked earthen retort, which is attached to a receiver, having an aperture at opposite sides and one at the top.* A retort containing water is fitted to the opposite opening, and heat is applied simultaneously to both retorts, when the vapor of the calomel and the steam come in contact before they are condensed, which prevents the mass from becoming solid. Calomel made by this process is perfectly pulverulent, of a pearly whiteness, and very pure.

"To determine the presence of corrosive sublimate in calomel, digest in ten times its weight of boiling water, and filter; of the filtered solution, a drop or two may be placed on a gold coin, and its upper surface touched with one extremity of an iron or zinc wire, whose other extremity is in contact with some other part of the gold, so as to form a galvanic circle. If the solution contain mercury, its presence will be determined by its deposition on the surface of the gold, which it whitens. As no other soluble preparation of mercury is likely to be present in calomel, the above experiment may be generally considered as indicating corrosive sublimate. To insure absolute certainty, another portion of the liquid may be mixed with nitrate of silver, which, in solutions of corrosive sublimate, will produce a white precipitate, insoluble in nitric acid, but soluble in aqua ammonia. Or 'a drop of nitrate of tin, when added to a solution of corrosive sublimate, will precipitate

* The opening at top is for vent.

of a dark brown color, the three millionth part of a grain.' "

2. *Sulphate of Magnesia* "is most frequently adulterated with small crystals of sulphate of soda, sometimes with muriate of magnesia, and occasionally with sulphate of iron.

"To detect sulphate of soda, dissolve one hundred grains of the suspected salt in distilled water, and add an equal weight of subcarbonate of soda; boil this and wash and dry the precipitate obtained, which, if the salt be genuine, will weigh exactly thirty-four grains; if less than this it is impure; or the solution of the pure salt will give no precipitate with carbonate of potass. The presence of muriate of magnesia may be known by the disengagement of chlorine when sulphuric acid is added to the salt; or by its deliquescence, when exposed to the atmosphere. On the contrary, if epsom salts be pure, on being exposed to the air they will effloresce.

"I have seen some specimens of the article contain sulphate of iron, which I detected with tincture of galls and also with ferrocyanate of potass. Epsom salts, adulterated with sulphate of iron, may be completely purified by adding carbonate of magnesia to the solution; a double decomposition takes place, the sulphuric acid of the sulphate of iron unites with the magnesia and forms sulphate of magnesia, and the carbonic acid of the carbonate of magnesia combines with the iron and forms carbonate of iron, which is precipitated."

3. *Calcined Magnesia* "is commonly adulterated with flour, chalk, lime and gypsum.

"Flour may be detected by its burning when thrown upon red hot iron or coals; or its presence may be proved by adding to the specimen an aqueous solution of iodine, when if it contain flour a blue compound will be formed.

"Chalk, by dissolving it in nitric acid, and precipitating with sub carbonate of ammonia.

"Lime may be detected by dissolving it in dilute sulphuric acid, and precipitating with oxalate of ammonia.

"Gypsum may be discovered by boiling the suspected magnesia in distilled water, and adding oxalate of ammonia, which will precipitate oxalate of lime; or by adding muriate of barytes, we will have a precipitate of sulphate of barytes."

3. Adulterations of certain Medicines. This is a valuable and interesting article, by Oliver Hull, of New-York, to which we would particularly direct attention: it is not of a nature for analysis, but we shall mention a few of the articles frequently adulterated.—Tartaric acid, with alum—rhubarb, with colombo-root and gamboge—ipecacuanha, with powdered sarsaparilla—rhubarb, with Peruvian bark, &c.

"All the valuable essential oils afford easy and too tempting opportunities to a base spirit of cupidity, not to have been adulterated to a very great extent. They have consequently been mixed with other essential oils of cheaper price, with alcohol, with spirits of turpentine, and with fixed oils. Castor oil when previously mixed with an essential oil, will dissolve in alcohol of the ordinary strength. A sample of oil of peppermint, offered for sale, and which dissolved in alcohol, I found on evaporation to contain one third part of castor oil. A sample of oil of winter green consisted of seven-eighths of castor oil to one-eighth of winter green oil. Castor oil, or any other fixed oil, may be easily detected by moistening paper with the suspected oil and drying it by a moderate heat. The fixed oils will not evaporate except by a strong heat, and will consequently leave the paper greasy, when applied only to a moderate heat. On mixing a suspected lot of very thin oil of caraway with water, I found it to diminish forty-five per cent.; showing that it contained that proportion of alcohol, which was abstracted and mixed with the water. A specimen of oil of peppermint I found to contain fifty per cent of alcohol. I have been informed that castor oil has been mixed with purified whale oil, and sold as castor oil. Foreign oils, as well as those of domestic manufacture, are frequently very largely adulterated with spirits of turpentine. Several lots of oil of garden lavender and oil of thyme, which I examined, contained fifty and even seventy-five per cent. of spirits of turpentine, which appeared only to diminish the perfume without communicating any smell of the turpentine. Specimens of oil of penny royal and oil of peppermint, I found to contain fifty per cent. of spirits of turpentine, without communicating its smell. Spirits of turpentine being easily soluble in alcohol is difficult of detection; but the circumstance of its being less soluble in alcohol, of a moderate proof than most of the essential oils, furnishes a means of detection, if the experiment is conducted with care. Two samples of oil of pepperment were submitted for examination and resulted in both cases alike. I put twenty minims of the suspected oil into a tall drop measure, with twenty minims of alcohol of eighty per cent. proof. They mixed freely, making a transparent solution, I then added two drops of water and shook up the mixtures, it subsided into two parts, showing ten minims of a transparent fluid in the bottom of the glass, and thirty-two minims of another transparent fluid, occupying the upper part of the glass; I then added eight minims of water and shook up the mixture, which separated into thirty minims of a transparent fluid, which settled to the bottom, and twenty minims of another transparent fluid, floating at the top. My conclusion from this experiment is that the specimen of oil consisted of equal parts of spirits of turpentine and oil of peppermint, and that in the first instance the alcohol was of sufficient strength to dissolve this mixture; but on mixing it with two drops of water it dissolved only the oil of

peppermint, rejecting the turpentine which subsided to the bottom, by its greater specific gravity. After being further diluted with eight minims of water the alcohol was too weak to dissolve the oil of peppermint, which again mixed with the turpentine, having greater affinity for it than for the diluted alcohol. This conclusion I have strengthened by mixing various proportions of pure essential oil and spirits of turpentine, and by treating them as above detailed, have separated them again into their actual proportions."

4. Acetate of Zinc.—Ambrose Smith describes the process for preparing this salt—the article is interesting to chemists.

5. American Senna.—We are always glad to see attention directed to the properties of our indigenous plants. The *Cassia Marylandica* is cultivated to some extent by the shakers; and it is from them the market is chiefly supplied. James J. Martin, in the paper before us, details a series of experiments which he instituted with a view of demonstrating the analogy existing between it and the Alexandrian senna. From these experiments "we may infer that American senna contains, 1, active principle of the plant; 2, albumen; 3, mucilage; 4, starch; 5, chlorophylle; 6, yellow colouring matter; 7, volatile oil; 8, fatty matter; 9, resin; 10, lignin; 11, potassa; 12, lime.

"By comparing these constituents with those found in imported senna, it will be seen that the composition is very similar. Several experiments were made to ascertain the presence of other substances, supposed to exist in the plant, but without avail. The pods were found to contain the active, and most probably the other principles of the plant; but the quantity of them was too small to operate on to advantage."

"The active constituent is of a yellowish red colour, having the taste and medical properties of the plant, in a concentrated degree. Its colour is rather lighter than that of cathartin, and its taste but slightly similar; its odour is entirely different. Forty grains produced similar effects on the system with an equal quantity of cathartin. It is, like that substance, deliquescent; its watery solution is not affected by exposure to the air, tartrate of antimony, or acetate of lead; but is precipitated by an infusion of galls, and subacetate of lead. It is, in all probability, a modification of the substance, the active principle of imported senna, and as such can hardly be ranked as a distinct proximate principle. When taken into the system, it produces a griping effect, which is obviated by combining with it a saline substance; this acts by qualifying the system, and produces no effect on the principle, as this was obtained pure from a decoction of the leaves, formed with the addition of a salt.

6. Substitute for Wolfe's Apparatus.—P. T. Tyson, of Baltimore, suggests a new apparatus for the preparation of hydrocyanic acid, for a description of which we refer to the Journal.

7. Adulteration of Hydriodate of Potash.—We regret to see such a paper as this presented to the public, but we trust the confessions contained will not be overlooked nor forgotten by the profession.

It appears that in a previous number of the journal, F. and N. G. Carnes of this city were charged with selling adulterated chemicals. This paper is their defence, and we submit it without one word of comment.

"That the article referred to was impure, we do not deny; but the fault is not with us, but with the druggists of this and other cities, who will have *cheap* hydriodate of potash, without regard to purity. We were among the first of those who imported this article from Paris, years ago, when we sold it in its pure state, at from seventy-five to eighty-seven and a half cents per ounce; a price sufficient to pay a fair profit; but since that time, such has been the competition of trade, the influx of Frenchmen with adventures of inferior articles, and above all, the desire of our druggists throughout the country, to have cheap chemicals, that they might undersell each other, that we have been obliged, in self-defence, to import them of an inferior quality, or lose custom.

"But this is not the only article which is wanted cheap. Morphine, strychnine, iodine, and various other valuable substances, which under *no* circumstances ought to be sold but in a pure state. It is not fair that we should be found fault with for selling impure articles, when *purchasers themselves* know that these articles cost more in Paris than they are willing to pay for them here.

"To conclude, if we could be supported in importing none but pure articles, we most certainly would never sell any other; but until then, we must continue to import *two* qualities; one for those who want them cheap, the other for the fair dealer, who wants them good, and is willing to pay for them.

"It is a fact, that we shall not import any iodine or hydriodate of potash this spring, merely because these articles are worth forty-two cents per ounce in Paris, and we are well aware that we cannot obtain more than that price here, let the quality be what it may."

8. Gillenia Trefoliata.—Charles S. Schreeve has made a series of experiments on the cortical portions of the root of this plant, from which it is probable the following are the principal constituents of gillenia, viz.

"1. Starch; 2. Gum; 3. Resin; 4. Wax; 5. Fatty matter; 6. Red coloring matter; 7. Volatile coloring matter; 8. A peculiar

principle soluble in alcohol and the dilute acids, but insoluble in water and ether."

9. Acetate of Morphia.—William M. Rushton, of New-York, mentions having purchased of a drug-house in Philadelphia, an article purporting to be acetate of morphia, but which on analysis was found to contain "neither morphia nor acetic acid," but was composed entirely "of sulphate of lime, with a slight excess of sulphuric acid."

The editors append a note, from which it would appear that there is some mistake, as the house alluded to "have submitted some of the same parcel of acetate of morphia to the inspection of a distinguished chemist of this city, who, after 'a careful, experimental investigation, has declared that it was of the best quality, and entitled to the confidence of the public and the profession'"

10. Sanguinaria Canadensis.—Clement J. Lee mentions several processes for the extraction of sanguinarina from the blood-root, and he has found the following to answer best, being the most simple, easy of management, and yielding the largest quantity of the vegetable alkali.

"℥ vi. of the finely powdered root were digested in ℥ xii. of alcohol: the tincture at the expiration of ten days was filtered off, to which were added f. ℥ iiss. of aq. ammon., the mixture was then poured into a vessel containing two pints of distilled water, when a brown matter subsided, which was collected upon a filter, and carefully washed with a small quantity of distilled water, and the coloring water removed by means of purified charcoal. It was then treated with boiling alcohol, which dissolved the sanguinarina, and by cautious vaporization, the latter was obtained in a state approaching to whiteness. By exposure to atmospheric air, it changed to a light yellow color."

ANALECTA.

1. Gelatinous Baths, for Diseases of the Skin.—Among diseases which resist the action of remedies the most obstinately, must be mentioned chronic affections of the skin; which frequently exist without any other derangement of the system, but are often connected with chronic affections of the intestinal canal. Hence, in treating them, it is necessary to pay strict attention to diet, and the course of remedies must be such as will finally act on the dermoid system, and on the economy generally. Dr. Condret has contributed to the treatment of chronic cutaneous diseases by adducing new facts in favour of baths of gelatine. In order that these baths may be useful, M. Condret recommends the following precautionary measures:—

1. The long use of emollient enemata.
2. A mild and strict regimen.
3. The baths ought seldom to be used at a temperature higher than 26 deg. R. for at this temperature they are soothing and antiphlogistic.
4. As the gelatine contained in these baths is nutritious, and as the skin absorbs in a greater or less degree, it follows, that patients will not be injured or debilitated by continuing in them a long time, or by indulging in them frequently. Hence several may be used daily, but the evening bath is particularly useful, allaying irritation and producing sleep.

2. Aphonia.—Aphonia is frequently very stubborn, and by its continuance it may endanger the life of the patient, by degenerating into laryngæal phthisis. It often arises from chronic inflammation of the glottis and epiglottis. For this a new mode of treatment has been proposed, and the success attending it should lead other physicians to the same practice.

Dr. Trousseau has recently published the case of a patient affected with aphonia, who was cured by cauterizing the larynx with the nitrate of silver. In this patient aphonia supervened after suppression of the menses. All the modes of treatment tried had failed: the early symptoms of inflammation were relieved by bleeding. The larynx was not painful, and there was neither cough nor fever. Dr. Trousseau resolved to apply caustics to the mucous membrane of the larynx. He therefore took a piece of whalebone, a line and a half in diameter; warmed it with the flame of a candle, about an inch from its extremity; and when it was soft, he bent it so as to form an angle of 80 deg. he then made a round hole in the end of the whalebone, and attached to it firmly a small spheroid of sponge, six lines in diameter. This was soaked in a saturated solution of lunar caustic, until this fluid would remain in it, unless the sponge was slightly pressed.—The mouth of the patient was then opened, the tongue was depressed with the handle of a spoon, and the sponge was introduced into the mouth. The posterior wall of the pharynx was then touched with the angle of the handle of the whalebone. The patient immediately

attempted to swallow, and thus the larynx was carried upward. At this moment the sponge was brought forward and depressed at the entrance of the esophagus. By this manœuvre it came to the entrance of the larynx, raising the epiglottis, and then pressing firmly on the base of the tongue with the portion of whalebone in the mouth, the solution of caustic passed into the larynx. This process was assisted by the convulsive efforts of the patient to breathe. This operation lasted but a few seconds; the sponge was withdrawn, and the patient commenced coughing: this continued, however, only two or three minutes, and in ten days the voice was perfectly restored.

3. Medicinal employment of the Nitrous Oxyde Gas.—We know the effect of the nitrous oxyde exhilarating gas, which, if inhaled in any quantity, generally produces a feeling of extraordinary pleasure, &c. It would seem, from some researches made at different hospitals, that this gas has much more useful properties, and that it may be employed by practitioners as a medicine.

The Annales de la Medecine Physiologique contain a letter, in which M. Van Boosbroeck invites physicians to repeat an experiment which he tried with success. Being in a chemical laboratory, he inhaled, at about 6 o'clock in the evening, two pints of this gas: in a few minutes he remarked that his skin was covered with an abundant perspiration; the urine also was very copious. Similar symptoms were observed in another individual on whom the same experiment was tried.

This physician then resolved to avail himself of the sudorific and diuretic qualities of this gas, and to administer it in dropsies where the skin is dry and arid, the perspiration suspended, the urine scanty. He soon had an opportunity.

A man fifty-two years old, had been affected for about two years and a half with ascites, which seemed to depend on an affection of the heart: for this, in addition to the usual remedies, he had been tapped seven times, without much improvement. The eighth time this operation was performed, atmospheric air was introduced into the abdomen, but with no effect: after this, by means of a quill and bladder, the gas from the decomposition of two drachms of nitrate of ammonia was passed into the abdomen. At first the whole abdomen was painful; but in the night the patient perspired freely, and the urine was abundant.—The following days the belly did not swell, the perspiration continued to be abundant, and the man remained free from pain; the pulse, however, was as irregular as before the operation.

The gas was introduced also into the abdomen of a female fifty years old, who had been tapped several times, and from whom a purulent liquid was discharged: in her also it caused a copious perspiration and excretion of urine. This liquid did not collect again for three months; when the gas was again introduced, and with the same phenomena. This female wished to leave the hospital two months after the last operation: at that time there was no trace of effusion in the abdomen.

Finally, a third experiment was tried on a young woman, who for three years had been affected with ascites, arising from chronic peritonitis, a consequence of labor. The peritonitis was cured first, by applying leeches; and then, after tapping the belly, the nitrous oxid gas was introduced: the urine and perspiration were excessive. Dropsy had not reappeared when the notes of this case were taken.

The author of this letter does not claim this gas to be a specific for dropsy; but only as possessing sudorific and diuretic properties in an eminent degree, and which may, in many circumstances, favour the absorption of the effused fluids.

The following is the mode in which it may be prepared:—

Liquid ammonia is mixed with nitric acid until saturated. The liquid is evaporated: it is left to crystallize, and the nitrate of ammonia is obtained. We put two drachms of this salt in a glass vial, to which we fix a bladder with a quill. The apparatus is luted properly, and placed over a spirit lamp: the salt soon decomposes, the bladder fills with gas, and then the gas is cooled.

When the fluid in the abdomen is evacuated the end of the quill is introduced into the canula, and thus the gas passes into the belly of the patient.

This remedy has been tried but once at the hospital of Val de Grace, at Paris; but as the situation of the patient was desperate, the only result obtained was, that the gas was harmless, and possessed sudorific and diuretic properties.

The subject of this experiment had been affected with chronic inflammation of the bowels, and had had several relapses. All the celular tissue of the lower parts of the body was infiltrated; the peritoneum also contained a great quantity of water; the skin was dry, and presented nine petechiæ; the urine was scanty and turbid, and the fæcal evacuations liquid, &c.

After tapping, about a litre of gas was introduced into the abdomen; upon which the patient experienced only slight inconvenience. The skin now became moist, the urine clear and copious, the dejections more consistent. The patient lived eight days in this state, but he was so much wasted that death was inevitable. On examination after death, the intestines were found very much diseased: the abdomen contained a little serum, but the peritoneum was not inflamed. This proves that the gas does not irritate.

Rep. Annuel de Clin. Med. Chir. 1834.

MEDICAL INTELLIGENCE.

1. Medical Legislation.—For the purpose of showing the profession of this commonwealth how their representatives manage their interests in the hall of legislation, the following report of a debate which took place a few weeks since, has been principally extracted from the Centinel; to whose editor we are indebted for preserving this specimen of fourpence-halfpenny economy on the one hand, and true generosity and enlarged views upon the value of medical education on the other. A debate arose upon the resolve, which was subsequently rejected, to grant the Berkshire Medical Institution five thousand dollars.

Mr. Thayer, of Braintree.—Mr. Speaker, I am in favor of the passage of this resolve: I am sorry, sir, to see any opposition to the appropriation of so small a sum as 5000 dollars for so important and so useful an institution. Sir, I am always in favour of appropriations (with judgment) for literary purposes; and now, sir, we are requested to give the small sum of 5000 dollars to "a young and feeble institution;" one which, if we have confidence in the committee and the community, has but a poor library, a miserable apparatus, and is much in debt; and if no charitable hand is held forth to give her some relief, she will decline and die, and the public will then see their error when too late. But, sir, I will not despair; she may still be sustained—for, sir, where is there an institution of equal or more importance, the one in this city excepted?—Whore can there be one better located? No where, sir, in this state. I would merely ask gentlemen who are opposed to this grant, who they would look to for assistance and relief when laid on a bed of sickness, tortured with pain, either from disease or from a broken limb? Would they not send for the best and most skilful physician or surgeon? Or would they send for some ignorant quack—whose medicine would be poison, whose advice (were they to follow it) would terminate their existence? Sir, we are told, that if we appropriate money to sustain or assist this institution, we are doing it for the benefit of the neighboring states, who send their young men to this institution for an education, and then return to their own. Not so, sir, (excuse me, Mr. Speaker, for the allusion) but have we not instances of gentlemen coming from other states, residing here, and elected to the highest and most honorable situations; and, sir, do we receive no benefit from instances of this kind? I think we do, sir, and we have had sufficient proof of the fact during the present session. Sir, who are to be benefited by this institution? Are not the poor, but honest and talented sons of our farmers and mechanics in the western part of this state, whose means will not permit them to come to this expensive city and attend the lectures here? Much has been said, sir, in regard to the horrid practice of dissection; but is it not indispensably necessary that a physician or a surgeon should perfectly understand the formation, in every part, of the human body, before he can apply a remedy which is necessary? And can he be thus qualified without an actual inspection of the whole frame?—Sir, as it respects myself, and could it be done without the knowledge of my friends, I can safely say that I would willingly give my body for dissection, if it would be the means of saving the life of one individual. What matter is it to me, sir, where my bones, after death, are laid, or what becomes of my body after my spirit has taken its departure! Are we not in duty bound, sir, are we not commanded to do all we can to promote the happiness and life of our fellow-beings? It is, in my opinion, a mistaken, foolish, and superstitious idea in regard to dissection; it has always been brought forward and made an argument, merely to influence the passions rather than the good understanding of the house.

What good does the surplus money which remains in our treasury? I wish, sir, that every dollar beyond the necessary expenses of our government was appropriated for the benefit of learning and literature. Distribute it, sir, to institutions of this kind, and to our primary schools, and then you will give your children a fortune which no mercenary speculator or ignorant quack can deprive them of.

Mr. Billings, of Conway.—Mr. Speaker, it was my intention not to make any observations upon this subject at this time, having expressed my views the last year; and from the decision of the house at that time, I did not think it would have been necessary: and although the subject is now again before the house, I should now have let it pass without saying a single word, were it not to reply to the gentleman from Braintree; and, sir, although I have generally gone with that gentleman, I cannot now think as he does, and I think it my duty to say a few words in opposition to making this grant.

Mr. Speaker, the gentleman says that the excitement is all done away; that he hears of no difficulty now, since the law of 1832 was passed. Sir, he is mistaken; there is about as much excitement now in my neighborhood as there ever has been: and, sir, it is but a little while since, that a person was buried, and the friends of the deceased were obliged to watch the grave, until the corpse was in such a situation that it would not answer for dissection. Sir, the gentleman from Brimfield tells us, that there is about one hundred stu-

dents that attend these lectures every course; and, sir, if they get but forty dollars, as the gentleman says, for each student, that sum will amount to 4000 dollars per year; which, I should think, would be amply sufficient to pay all the salaries of the professors, and for all other necessary expenses, and also to pay all their debts in a few years, and buy them a library and an apparatus: and I think, sir, under these circumstances, that the institution would stand on its own foundation and flourish well. Farther, sir, look at our expenses; look at the vast expense of this session, which, perhaps, may sit till May, as we now go on. Besides, sir, we are to have an extra session, which probably will sit eight or ten weeks: and in addition to all this, sir, a large committee is to sit during the recess, to revise the statutes, the expense of which we cannot now tell: and further, sir, we have made several appropriations, and many more are called for. Twenty-five thousand dollars, we are told, is to be appropriated to the Lunatic Asylum. Sir, what are we coming to? Why, our treasury will be drained of the last cent, and the state become bankrupt, if we go on in this way. Sir, I am entirely opposed to passing this resolve; it is not helping the poor young men of this state, as that gentleman says—but I will say no more, sir.——*Boston Med. and Surg. Jour.*

2. College of Physicians and Surgeons New York.—The annual commencement of the college was celebrated on Tuesday the 7th instant, when the following gentlemen, who had previously evinced the requisite qualification, and publickly defended their respective inaugural dissertations, were duly invested with the degree of Doctor of Medicine.

The president of the college, Dr. J. Augustine Smith, presided on the occasion, and delivered an appropriate address to the graduates.

Saml. T. Hubbard,	Scarlatina.
Emile L'Estrade,	Abortion.
Jeremiah Britenbach,	Emetics.
Edmund Stewart,	Dysentery.
Alfred R. Dewson,	Camphor.
Shearjashub Spooner,	The Teeth.
Jas. C. Forrester,	Pericarditis.
P. J. Brady,	Epilepsy.
Alfred B. Dayton,	Fever.
A. T. G. Hilton,	Laryngitis.
Peter Barnes,	Asiatic Cholera.
B. W. M'Cready,	The Tongue.
P. H. Zobriskie,	Pneumonia.
Geo. T. Hutton,	Intermittent Fever.
Jas. W. G. Clements,	Nicotiana Tobacum.
R. L. N. Anderson,	Tartar Emetic.
William Wright,	Mod. Op. of Med.
John Hart,	The Absorbents.
D. Wells,	Phrenitis.
Thos. C. Chalmers,	Scarlatina.
Erastus N. Upjohn,	Venous Congestion.
A. Dubois,	Delirium Tremens.
Rufus W. Mattheson,	Neuralgia.
William H. Jackson,	Aneurism.
Alonzo Clarke,	Abstinence.

3. Maryland Hospital.—This institution has recently undergone extensive alterations, which have materially improved its condition, and is now open for the reception of patients. Continuing to be recognised as a general hospital, (exclusive of contagious diseases only,) its various departments have been revised with a careful reference to the purposes they are severally designed to fill.

In the changes effected in the lunatic department, attention has been directed no less to matters bearing upon the comfort of its inmates than to the introduction of such plans of medical and moral treatment, as are sanctioned by the experience of the most popular foreign asylums.

The department destined for the reception of ordinary diseases, has likewise undergone important improvements. Its fever wards are capacious and well ventilated, and are capable of accommodating comfortably a large number of patients. Rooms have been fitted up specially for the treatment of diseases of the eye. Distinct apartments have likewise been appropriated for diseases of a syphilitic character. The surgical ward has in like manner received due attention.

Gentlemen of professional ability have been appointed to take charge of the medical and surgical departments; but, under circumstances where there exists a preference for any physician or surgeon, not connected with this institution, the privilege of election will be permitted to the patient. There is at all times present a resident physician.

The terms vary according to the circumstances, &c. of the patient, the lowest charge being two dollars a week. Comfortable private rooms can always be had at a moderate advance. For further information apply to Dr. R. S. Stuart, president of the board of directors, or to the sister superior of the house.

Baltimore, April, 1835.

4. Phrenological Journal.—A number of scientific gentlemen, having formed an association for promoting and disseminating a knowledge of the science of Phrenology, propose to publish a periodical, to be devoted to that object. The limited opportunities which have heretofore existed of obtaining information of the science, and the great and increasing interest manifested, connected with an earnest desire on the part of the association to extend its benefits and advantages to every individual, is the inducement to commence the publication.

In presenting the annexed prospectus to the public, we would solicit from distant friends such aid and assistance towards carrying into effect our designs as it may be in their power to afford, and shall be thankful for communications from them. If a sufficient number of subscribers are obtained, the first number of

the work will be published on the first day of August; and we desire that every agent shall forward to us a list of the subscribers obtained. one month previous to that time. Every person to whom this prospectus shall be sent, is requested to act as agent for the Phrenological Journal.

The work will be issued semi-monthly, commencing on the first day of August, each number containing eight large quarto pages of royal paper, embellished with such cuts and engravings as will be necessary for explanations.

Terms.—Three dollars per annum, payable on the receipt of the first number; the publishers agreeing to continue the work for one year, or to refund the subscription price.

All communications and remittances must be post-paid, and addressed to the editors.

Poughkeepsie, N. Y. April, 1835.

5. We present our readers with the following preface to a pamphlet just published, entitled "an Appeal to the Public, and especially to the Medical Public, from the Proceedings of the Trustees of the University of Pennsylvania, vacating the Chair of Materia Medica and Pharmacy. By John Redman Coxe, M.D." We most sincerely regret to learn, that difficulties of so serious a nature should have occurred in this Institution; and whilst none can be more anxious than ourselves to render full justice to the rights of individuals, or of institutions, it cannot be expected of us, remote as we are, that we should take part in a controversy of this nature; nevertheless we cannot decline publishing the review of Dr. Coxe's pamphlet with which we have been furnished; we shall therefore endeavor to present it in our next number, with such modifications as, in our judgment, may appear proper, to divest it of unnecessary personality.—*Eds. U. S. Med. and Surg. Journal.*

"I present the following statement to the public, with extreme reluctance and pain. For nearly forty-five years I have been employed in the practice and study of medicine, and in teaching it to others, in the city of Philadelphia; and at the close of this period, myself and my family have been held up to derision, for my alleged incompetency to discharge the duties of the chair of materia medica, which I have held for more than fifteen years of that time. No one of common sensibility can be supposed to present to the public a statement which records such a result, without extreme pain. But I have a duty, public and private, to perform; and I mean to perform it. I have suffered, and still do suffer from unmerited persecution and contumely; from the gross and scandalous violence of young men, the pupils of the medical school, to whom its governors have seen fit to yield; and from the insidious artifices of older men, who have been willing to sacrifice me, even at the expense of the character of the university; but no sense of suffering shall deter me from exposing the injustice with which I have been treated. I executed the duties of my station with what I supposed to be general approbation, until it was deemed expedient by some members of the medical faculty to supply my place with such as might better suit their views. I have at all times desired to sustain the trustees of the university in their lawful authority over the medical faculty, that they might appoint and control, as they deemed best for the whole. I have never favored the system of adjuncts, by which professors name their successors, to the exclusion of all fair competition by the medical profession generally, and of all real selection and choice by the trustees; and consequently have taken no part in the cabals or intrigues that may have arisen on such occasions. I have never favored the plan of surrounding the university with medical institutes, whose principal posts should be filled by professors of the university, that they might in this way sustain themselves even against the trustees, if that should be necessary. I have taught in the school the doctrines which I deemed the wisest and best, without pausing to consider whether some other professor had not expressed himself in favor of different doctrines. I have even opposed (and this is the head and front of my offending) some of the opinions taught by one of the most active of the professors, which I thought unsound; but in this, I have followed the known course of the medical school, when its reputation was at its height. I have done this, however, at all times, respectfully, and not factiously. I have laboriously, faithfully, and to the disregard of all other interests, endeavored to do my duty, and my whole duty, in the Chair of Materia Medica, without giving either my morning or my evening hours, to make favor with any one, still less to combine a party for my support, or for the overthrow of any one else. This course of proceeding has made me obnoxious to a certain portion of the medical faculty which governs the rest, and has deprived me of the collateral support sufficient to resist the combined movement that has been made against me. The result is, that I am removed without trial, without a hearing, without the common opportunity of defence. I relied on the justice and firmness of the trustees, and I have been disappointed. The trustees themselves, as I conceive, have been the victims of the same injustice and intrigue by which I have been overthrown, and have had no power, or at least thought they had none, to resist what

some of them, I am certain, must have deemed an act of injustice to me, and of great injury to the institution.

"The plan by which this has been brought about, will be shown in the following pages. It began in an attempt by the other professors, to degrade the science of materia medica itself; not succeeding in this, it assumed the form of an endeavour to enlarge the school, by introducing a new professor of the institutes, without further expense to the pupils, but at the expense of the chair of the materia medica. This failing, it became necessary for the professors themselves to assail my competency, which also failed, as the members who made the charge were all of them unable to say that they had ever attended my lectures, and some of them were without the requisite capacity to decide the question, even if they had attended. A regular assault upon my medical character, was a difficult thing to manage, and it assumed various shapes. Sometimes it was said I taught too much, or crowded my lectures with too much learning; sometimes, that I taught too little, or what every body knew before; even the pupils who perhaps had never read a medical book, nor heard a medical lecture, were taught to hold this language. Sometimes it was said I interfered with other professors, by teaching what they alone had a right to teach, and which, if my own inferiority was such as was stated to be, could hardly have been a ground of very serious objection to the professor from whom it came. It was finally found that it was not likely to be broken down by any proceeding, having regularity of form, or purporting to rest on grounds that could be examined, and above all put forward by *responsible* persons. Hence a new system was adopted—the medical class was put into action—young men of no experience, in some instances of no medical learning, of excitable passions and of ardent temper, were made the arbiters in a question concerning the learning of one of their teachers, and the medical faculty then appeared, but only appeared to stand aloof. The plan was tried with too much gentleness at first, and it did not succeed; but at length, in consequence of various false suggestions, and among others, the atrocious calumny that I had used or would use my power unworthily to deprive students of their degrees, that requisite violence was promoted and employed; there was a secession of a large part of the class, accompanied with gross indecorum to the professor; the other professors took no measures as a faculty, to restrain the class in its acts of violence and disorder; great efforts were made, as I understand, to abuse the public mind, in regard to my capacity, and finally, the trustees proceeded to quiet the rebellion by justifying it, and sacrificing me. The public, particularly the medical public, will decide upon the justice of this sacrifice, and parents and guardians, and the trustees and overseers of collegiate institutions, will ponder upon the tendency of such a proceeding to promote the wholesome discipline of colleges, and the education of youth.

"I arraign the medical faculty of the university for their connivance at this act of scandalous indecorum and resistance to collegiate authority. Of this at least they have been guilty. The professors may say they did not stimulate it, and such as choose may believe them; but they had, every one knows that they had, the undoubted means to repress the disorder, and they would not use them. The charge of which they stand convicted, is, that they approved of the rebellion and violence, because, however disgraceful to the college, it served their turn. They approved it, and in conscience and common sense it was their act, because they would not repress it when they might. Theirs was the outrage, without the merit of openly assuming its responsibility, and some of them may have occasion to recollect the precedent hereafter.

JOHN REDMAN COXE.

Philadelphia, May 1, 1835."

6. STATE OF THE NEW-YORK HOSPITAL AND BLOOMINGDALE ASYLUM, FOR THE YEAR 1834.

GOVERNORS.

GEORGE NEWBOLD, *President.*
NAJAH TAYLOR, *Vice President.*
JOHN ADAMS, *Treasurer.*
ROBERT I. MURRAY, *Secretary.*

Thomas Buckley,	Isaac Carow,
Philip Hone,	James F. Depeyster,
John B. Lawrence,	Nathaniel Richards,
Jonathan Goodhue,	John A. Stevens,
John R. Murray,	James Heard,
Gulian C. Verplanck,	William W. Woolsey,
John M'Comb,	Henry I. Wyokoff,
Thomas R. Smith,	Robert C. Cornell,
James Lovett,	Peter G. Stuyvesant.
Benjamin L. Swan,	Edward R. Jones.

PHYSICIANS.

Consulting Physicians.

Wm. Hammersley, M. D.
David Hosack, M. D.
Thomas Cock, M. D.

Attending Physicians

John B. Beck, M. D.
Frs. U. Johnston, M. D.
Joseph M. Smith, M. D.
Edward Delafield, M. D.

ATTENDING SURGEONS.

Valentine Mott, M. D.
Alexander H. Stevens, M. D
John C. Cheesman, M. D.
J. Kearny Rodgers, M. D.

Resident Physician of the Asylum.
James Macdonald, M. D.

Superintendant.
Noah Wetmore.

Assistant.
Edward L. Schieffelin.

House Physicians.
R. W. Cairnes, M. D.
Dr. Wm. P. Turpen.

House Surgeons.
Thos. Lea Smith, M. D.
Abel J. Starr, M. D.

Apothecary.
H. Newport Gamble.

Clerk and Librarian.
John Watson, M. D.

To the Legislature of the State of New-York, the Governors of the New-York Hospital respectfully Report.

That during the year 1834, there have been 1721 patients admitted into the Hospital, who with 184 remaining there on the 31st December, 1833, make 1905 persons who have received the benefits of that Institution during the year last past.

Of that number there have been cured, 1266; relieved, 69; discharged at their own request, 154; and as improper objects, 32; and there have been discharged as disorderly or have eloped, 46; died, 174; and there remained 164 in the Hospital on the 31st December, 1834.

The above numbers do not include the Insane Patients in the Bloomingdale Asylum, of whom during the last year 102 have been admitted, who with 120 patients remaining in the establishment on the 31st December, 1833, make 222 persons who have received the benefit of the Asylum during the year 1834; of these 165 were old cases, and 57 recent cases, out of which number, 51 have been cured, 16 have been discharged improved, 16 others at the request of friends, 20 pauper patients have been removed by the City Authorities to Bellevue, 10 have died, 2 have eloped, and 103 remained in the Asylum on the last day of the year 1834.

The proportion of cures effected in the Asylum, whilst in itself it presents a very gratifying result, being 41 out of 57 recent cases, and 10 out of 165 cases of long standing, adds fresh evidence of the importance as stated in former reports, of a very early attention, and application of medical and moral treatment to the first access of mental alienation. The great mass of these cases in the Asylum which seem to be without hope, are long neglected cases of town and city paupers.

The improvement most needed in the Asylum, is a separate detached building for violent female patients, similar to the one erected a few years ago for male patients of the same class. This, the Governors hope to erect during the present year.

The whole amount of expenditures by this Corporation, for and during the year 1834, was sixty-three thousand nine hundred and sixty-eight dollars, fifty-five cents. The whole amount of receipts from all sources, was sixty-five thousand nine hundred and fifty-nine dollars, thirty cents, leaving a balance in favor of this Corporation of nineteen hundred and ninety dollars, seventy-five cents.

In the above aggregate sums, are included the separate accounts of the two establishments under the charge of the Corporation; viz: the Hospital in the city of New-York, and the Asylum for the Insane at Bloomingdale. The separate accounts of those two Institutions present the following results for the year ending December 31st, 1834.

The New-York Hospital has received during the year 1834, for the state annuity for the compensation from the United States for the board of sick and disabled seamen, from pay patients, for library tickets to medical students, subscriptions of members and articles sold, thirty-two thousand three hundred and forty-seven dollars, forty-one cents.

During the same year there has been paid for the support of the Hospital, repairs, medicines, surgical instruments, books, burials, and contingent expenses, the sum of twenty-seven thousand and forty dollars, four cents, showing an excess of five thousand three hundred and seven dollars, thirty-seven cents of receipts above expenditures in the last year. Out of this excess the sum of three thousand four hundred and seventy dollars has been applied in aid of the sinking fund of the Bloomingdale Asylum.

During the year 1834 the Bloomingdale Asylum has received from the state annuity from pay patients, for board, and for articles sold, thirty-three thousand six hundred and eleven dollars, eighty-nine cents. During the same period there has been paid on account of the establishment, for its support and the salaries of its physician and officers, and wages of servants, for payment of interest on its debt, and increase of the sinking fund provided for the liquidation of the principal, the sum of thirty-six thousand nine hundred and twenty-eight dollars, fifty-one cents, showing a balance against the asylum of three thousand three hundred and sixteen dollars, sixty-two cents.

If, however, the sum of three thousand four hundred and seventy dollars applied, as herein before stated *out of the saving of the New-York Hospital* to the increase of the sinking fund, and productively invested, be excluded from the account of expenditures on account of the asylum, there will remain a balance of one hundred and fifty-three dollars, thirty-eight cents, in favor of the asylum.

The outstanding debts, due to the asylum, amount to nine thousand nine hundred and thirty dollars; a considerable amount of this will be collected without difficulty, a part is undoubtedly desperate, and the rest doubtful. The debts of the two latter kinds are chiefly of an old date, and it is confidently believed that the rules for the collection and payment of the dues for board, adopted about two years ago, and now generally adhered to, will prevent hereafter any accumulation of doubtful outstanding debts.

The whole amount of debts, due by this corporation on the 31st December, 1834, was one hundred and thirty-seven thousand dollars, being the same sum stated in the last year's report as being the amount borrowed for the purchase of ground and erection of buildings at Bloomingdale several years ago, and on terms which do not place the payment or redemption of the principal at present within the power of this institution.

The sinking fund which has been provided for the final payment of the debt when due, amounted on the last day of December, 1834 to forty-eight thousand nine hundred and five dollars, fifty-six cents, invested in stock of the bank of America, and certificates of the New-York Life and Trust Company, exhibiting an increase of the fund of eight thousand three hundred and twenty-four dollars during the last year.

The system of constant supervision and inspection by committees of the board, of the two institutions under its care, now tested and perfected by many years experience, has been continued to be applied with perfect regularity, and its good effects are to be seen in the continued and gradually increasing comforts and usefulness of the hospital and asylum, which the governors trust will show that they have not been careless or unfaithful stewards of the public bounty, so liberally bestowed for the relief of the diseased in body and mind.

George Newbold, *President.*
Robert I. Murray, *Secretary.*
New-York, March 3, 1835.

Summary of the number of patients admitted into and discharged from the New-York Hospital, during the year 1834.

Remaining Dec. 31, 1833,	Pay Patients in the Hospital, including United States' Seamen,	128	184
	Paupers,	56	
Admitted from Dec. 31, 1333, to Dec. 31, 1834.	Pay Patients in the Hospital, including United States' Seamen,	1365	1721
	Paupers,	356	
			1905
Discharged in 1834,	Cured,	1266	174
	Relieved,	69	
	Request,	154	
	Improper Objects,	32	
	Disorderly and Eloped,	46	
	Died,	174	
Remaining Dec. 31, 1834,	Pay Patients in the Hospital, including United States' Seamen,	122	164
	Paupers,	42	
			1905

Nativity of Patients.

America.	United States,	965	Ireland,	394
	British,	22	Italy,	18
	Spanish,	5	Norway,	12
	Africa,	3	Poland,	10
	Austria,	7	Portugal,	5
	Denmark,	16	Prussia,	11
	East Indies,	3	Russia,	3
	France,	39	Spain,	12
	Germany,	67	Sweden,	34
	Greece,	2	Switzerland,	8
G. Britain	England,	192	West Indies,	10
	Scotland,	56		
	Wales,	11	Total,	1905

BLOOMINGDALE ASYLUM REPORT.

Asylum Committee.

NAJAH TAYLOR, No. 10 Cortlandt-street.
NATHANIEL RICHARDS, 147 Chambers-street.
JAMES HEARD, 349 Broadway.
GULIAN C. VERPLANCK, 74 Leonard-street.
JAMES LOVETT.
PETER G. STUYVESANT.

Summary of Patients remaining in the Bloomingdale Asylum, on the 31st day of December, 1833, and of those admitted and discharged from that period to the 31st of December, 1834.

		Male.	Female.	Total.
Remaining in the house, Dec. 31, 1833,		80	40	120
Admitted from that period to Dec. 31, 1834,		67	35	102
		147	75	222
Discharged since Dec. 31, 1833,	Recovered,	38	13	51
	Improved,	8	8	16
	Request,	9	7	16
	Sent to alms house,	13	7	20
Died,		10	4	14
Eloped,		2	0	2
Total discharged, died, and eloped,		80	49	119
Remaining in the house, Dec. 31, 1834,		67	36	103
		147	75	222

7. TRANSYLVANIA UNIVERSITY.—*Medical Department.*—At a public commencement, held in the chapel of Morrison College, on Wednesday the 18th of March, 1835, the degree of *Doctor of Medicine* was conferred on the following gentlemen, who had undergone satisfactory examinations; and written Theses on subjects annexed to their names—viz.

Names.	Residence.	Subject of Thesis.
Abner G. A. Beazley,	*Trenton, Tenn.*	On Dyspepsia.
David F. Blackburn,	*Woodford county, Ky.*	On the treatment of Burns.
Luke P. Blackburn,	*Do.*	On Cholera Maligna.
James T. Bone	*Gibson county, Tenn.*	On the Topography and Diseases of Gibson county, Ten.
Thomas E. Booker,	*Amelia county, Va.*	On Apoplexy.
Ira D. Bragg,	*Lowndes county, Ala.*	On Curved Spine.
James P. Bridges,	*Lawrence county, Miss.*	On Cynanche Trachealis.
Joseph M. Bullock,	*Haynesville, Ala.*	On Scarlet Fever.
Robert W. Bush,	*Clarke county, Ky.*	On the Circulation.
John T. Campbell,	*Hanging Fork, Ky.*	On Scarlatina.
Joseph Cantrill,	*Bourbon county, Ky.*	On Uterine Hæmorrhage.
Francis W. Dancey,	*Athens, Ala.*	On Inflammation.
Alfred B. Deloach,	*Somerville, Ala.*	On Cholera Infantum.
William Donoho,	*Readyville, Tenn.*	On Generation.
William A. Dunklin	*Lowndes county, Ala.*	On the use of Warm Water as a Therapeutic Agent.
Waller R. Dupuy,	*Hopkinsville, Ky.*	On Congestive Remittent Fever, as it appeared in Christian co. Ky. in 1834.
William Eastin,	*Palmyra, Missouri,*	On the Epidemic Bilious Fever which prevailed in Palmyra, Missouri, and its vicinity, in summer and fall of 1834
Howel N. Edmonds,	*Tulla-homa, Miss.*	On the use of Cold Water in Fever.
James H. Ellison,	*Lawrenceburgh, Ky.*	On Abortion.
Fielding T. Ford,	*Natchez, Miss.*	On Dyspepsia.
Robert Foster,	*Perry county. Ala.*	On Emetics and their practical application
James H. Freeman	*Rushville, Ill.*	On Congestive Fevers.
Alexander M. Garber,	*Staunton, Va.*	On Apoplexy.
Scarborough Gale,	*Clarke county, Ala.*	On Typhus Fever.
Finiston B. Geoghegan,	*Lexington, Ky.*	On Fistula Lachrymalis.
James R. Grady,	*Todd county, Ky.*	On Acute and Chronic Hepatitis.

Ridgely Greathouse,	*Woodford county, Ky.*	On Dyspepsia.
Philip P. Hale,	*Warrensburgh, Tenn.*	On Apoplexy.
Robert H. Hanna,	*Mississippi,*	On the Medical Topography and Epidemic Diseases of Wilson county, Ten.
James P. Hardin,	*Bardstown, Ky.*	On Animal Magnetism.
James G. Hawkins,	*Bourbon county, Ky.*	On Hydrocele.
Alexander C. Hensley,	*Frankfort, Ky.*	On Syphilis.
George O. Hildreth,	*Marietta, Ohio.*	On the Mucous Tissue.
John Hurt,	*Nottoway county, Va.*	On Puerperal Fever.
Benjamin B. Jackson,	*Amelia county, Va.*	On Puerperal Peritonitis.
Felix G. Johnson,	*Midway, Ky.*	On Cancerous Diseases.
George P. Jollett,	*Lexington, Ky.*	On Idiopathic Consumption.
Cæsar A. Jones,	*Shelby county, Tenn.*	On Jaundice.
Vandy V. Kaigler,	*Woodville, Miss.*	On Bronchocele.
Alexander M. Keller,	*Tuscumbia, Ala.*	On Congestive Fever.
William Kilgore,	*St. Mary's Parish, Lou.*	On Tertian Fever.
James C. Knox	*Jackson county, Ga.*	On Dysentery.
Rubert T. Latham,	*Jessamine county, Ky.*	On Dyspepsia.
James B. Lewis,	*Oglethorpe county, Ga.*	On Trachitis.
Henry C. Lindsay,	*Scott county, Ky.*	On Congestive Diseases, and the use of Mercury in their treatment.
Moses L. Linton,	*Hancock county, Ky.*	On Moral Therapeutics.
Benjamin S. Long,	*Liberty, Mo.*	On the use and abuse of Purgatives.
William W. McCoy,	*Burlington, Ky.*	On Mania.
John F. McMillan,	*Clarke county, Ky.*	On Curved Spine.
John R. Moore,	*Madison county, Ala.*	On the Modus Operandi of Mercury.
Robert N. Murphy,	*Clarke county, Ala.*	On Epilepsy.
Daniel B. Nailer,	*Vicksburgh, Mi.*	On the Use of Cold Water in Fever.
James C. Newman,	*Do.*	On Epidemic Cholera.
James H. Oliver,	*Columbia, Mo.*	On Antimony.
Robert A. Oliver,	*Newton, Ky.*	On Inflammation.
Robert B. Owen,	*Franklin, Tenn.*	On Cornus Florida.
Clarendon Peck,	*Lexington, Ky.*	On the Relations of Botany to Medicine.
Madison B. Posey,	*Green county, Ala.*	On Sympathy.
Williamson T. Price,	*Jacksonville, Ill.*	On Scarlatina.
Hendrick W. Randle,	*Fayette county, Ga.*	On Bilious Congestive Fever, as it appeared in Georgia in the Summer of 1834.
Alexander Reid,	*Gallatin county, Ill.*	On Intermittent Fever.
Samuel Reid,	*Paoli, Indiana.*	On Milk Sickness.
Walter S. Robertson,	*Shelby county, Ky.*	On Marasmus.
Joseph H. D. Rogers,	*Fayette county, Ky.*	On Scrofulous Inflammation.
Thomas H. Rucker,	*Lexington, Ky.*	On Morbus Coxarius.
Lemuel Shugart,	*Palmyra, Mo.*	On the Treatment of Congestive and Intermittent Fevers, as they appear in Marion county, Missouri.
George K. Sneed,	*Murfreesborough, Tenn.*	On Chronic Bronchitis.
Charles H. Spilman,	*Manchester, Mi.*	On Hygeiene.
Alexander D. Stevenson,	*Versailles, Ky.*	On Functional Derangements of the Liver.
W. Hamilton Stockwell,	*Wilkinson, Mi.*	On Moxa.
William Sykes,	*Decatur, Ala.*	On the Identity of Cholera and Autumnal Epidemics.
Edwin P. Talley,	*Cumberland county, Va.*	On Dysentery.
Hiram A. Tompkins,	*Lexington, Ky.*	On the Physiology of the Circulation.
Samuel C. Trotter,	*Do.*	On Cynanche Trachealis.
Hugh M. Wallace,	*Perry county, Ala.*	On the Causes of Uterine Hæmorrhage.
Robert H. Wason,	*Fayette county, Ky.*	On Uterine Hæmorrhage.
Edward H. Watson,	*Frankfort, Ky.*	On Morbus Coxarius.
Andrew J. White,	*Franklin Tenn.*	On the Protochloride of Mercury, and its application to the cure of Diseases.
William G. Williams,	*Lexington, Ky.*	On the Causes, Pathology, and Treatment of Dysentery.
Lorenzo Wood,	*Guilford county, N. C.*	On Acute Enteritis.
Thomas B. Wright,	*Bowling-green, Ky.*	On the Influence of the Mind in producing Health and Diseases.
Burton Yandell,	*Murfreesborough, Tenn.*	On Intermittent Fever.
Joseph A. Young,	*Cabarrus county, N. C.*	On Cynanche Trachealis.

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TO READERS AND CORRESPONDENTS.

Dr. Hoffman, physician to the State Prison, Sing Sing; Dr. McDonald, Bloomingdale Asylum for the Insane; Drs. Fountain and Gates, Westchester county, N. Y.; and Dr. Bissell, of Norwalk, Conn.; are informed that their communications will be thankfully received.

We shall also be happy to receive the promised communications from Drs. Hayes, Hall, and Darcy, Newark, N. J.; Howell, Princeton; Pierson, Orange, and McChesney, Heightstown, N. J.

We beg leave to call attention to the interesting communication of Dr. Hull. Forty years experience of an able practical surgeon gives weight and importance to his opinions.

We have received a copy of the Transactions of the Medical Society of the State of New York. An analysis shall be presented in one of our early numbers.

The review of "Coxe's Appeal" has been crowded out, but shall appear in our next.

"C." is informed that the managers of the institution alluded to are perfectly competent to decide upon the merits of the "difficulty" between the physicians appointed by them, and at present we see no cause for meddling in such disputes.

We have received a treatise, entitled "The Cholera Spasmodica, as observed in Paris, in 1832. By Ashbel Smith, M. D. of Salisbury, N. C." Dr. S. was officially attached to the Neckar Hospital, and received ample testimony from the physician-in-chief, Bricheteau, of his praiseworthy zeal in the cause of science and humanity. We commend his labors to the attention of the profession.

"Dorsey" is inadmissible. The person alluded to is to be pitied for his ignorance. Such an infliction upon the community is deplorable; but the *censure* is applicable elsewhere, he is not to blame.

☞ *James Webster, the Publishing Agent of this Journal, being much absent from the city, all Communications concerning the same may be addressed* (post paid) *to him, Post-office, New-York.*

THE

UNITED STATES

MEDICAL AND SURGICAL JOURNAL.

No. XI.

JUNE, 1835.

ART. I.—*On the Remote and Proximate Causes of Consumption, being the Substance of an Address delivered before the Kappa Alpha Phi Society of the College of Physicians and Surgeons of the Western District of New-York.* By C. B. COVENTRY, M. D. President of the Society, and Professor of Obstetrics and Materia Medica in the Medical Institute of Geneva College.

ON no disease has pathological investigation had a more extended and decisive influence than on the one under consideration; if it has disappointed the fond expectations sometimes created of finding a remedy, it has separated it from other curable diseases with which it was frequently confounded, taught us its true nature, and that prevention is the only means of checking its desolating progress, and the impropriety of hastening the fate of our patient by trying the thousand remedies which have been prescribed, and which could have no other effect than prematurely to exhaust his strength and make him sink the sooner under the ravages of the disease. It is unnecessary, at this time, to enter into the discussion of the classification of consumption by the older writers. Cullen places it as a sequel of hæmorrhage, others consider it as the product of inflammation. It is now satisfactorily established that it isa primary disease, and although it may sometimes be excited or accompanied by inflammation, this is not essential to its existence.

The disease consists in the generation or developement in the substance of the lungs of small firm bodies, which have received the name of tubercles; these bodies, when first observable in the substance of the lungs, have the appearance of small semi-transparent grains, greyish or colourless, and varying from the size of a millet seed to that of a hemp seed. In this, their first stage, they may be called miliary tubercles. These gradually increase in size, and become yellowish and opaque, at first in the centre, and successively throughout the whole substance. In their progressive and natural increase several unite together, so as to form masses of the same kind, which, like the individual ones, are of a pale yellow, opaque, and of the consistence of firm cheese. The surrounding portion of the lungs becomes involved in the disease, new tubercular deposits are apparently formed, while whole masses of the lungs become impervious to the air; the tubercles, after a time, become soft, and finally fluid; this change commences in the centre, and gradually approaches the circumference. When the softening of the tuberculous mass is completed, this finds its way into some of the neighbouring bronchial tubes, and is evacuated; it is seldom, however, that there is but one such excavation, more frequently there are several connected with each other, surrounded by demi-tuberculous matter. Before entering upon the consideration of the causes of consumption, it is necessary to premise with a very brief description of the formation of the lungs, the organs in which the disease is situated. The lungs are situated in the cavity of the thorax, separated into two great divisions, viz. the right and left lung, composed of the termination of the minute ramifications of the bronchia, which terminate in small cavities termed air-cells, of cellular substance uniting these cells with each other, and the minute termination of the pulmonary artery and commencement of the pulmonary vein, and covered, by a membrane termed the pleura, which, after covering the substance of the lungs, is firmly attached to the spine by cellular substance, and then reflected over the cavity of the thorax, covering the ribs and forming the pleura costalis. The pleura costalis and pulmonalis, though in immediate contact, are not connected, except at the spine, where it is reflected from the one to the other. It is in the

air-cells already mentioned that the blood is brought so nearly in contact with the atmospheric air as to undergo that peculiar change necessary to its vitality. The lungs are essentially a vital organ, and their function can cease only a very short time without terminating life. The average amount of air received at each inspiration is about forty cubic inches, or one-eighth of the whole amount contained in the lungs. As no vacuum exists in the cavity of the chest, this cavity must become enlarged at each inspiration, and again contracted at each expiration; this is indeed the fact; by elevating the middle of the ribs the sternum is pushed forward, the centre of the diaphragm drawn down, and the cavity of the thorax enlarged for the admission of the forty inches of atmospheric air. When the ribs are again depressed the cavity is lessened and the air expelled. Any circumstance which interferes with this motion of the thorax, whether from natural malformation, unnatural position, or artificial obstruction, must interfere with the healthy formation of the lungs, and predispose to disease. I have stated that the lungs are vital organs; they are also excretory organs, as is evinced by the amount of vapors thrown off by them, and the facility by which the odour of certain substances may be detected in the breath. As excretory organs, they seem to be vicarious with the skin, and whenever the excretory power of the latter is checked by the sudden application of cold, an increased burden is thrown upon the lungs.

With these preliminary observations I shall now proceed to consider some of the causes of consumption. It has already been stated that the existence of tubercles was essential to the disease: whether these small bodies are actually formed in the lungs at the time symptoms of the disease first appear, or whether they previously existed, in a latent state; whether they have a hydatic origin, as some have supposed, or whether they are small glands in a diseased state and changed in their character, is foreign from our present consideration.

The causes of consumption may be divided into predisposing and exciting. The former are hereditary predisposition, or, more properly, constitutional predisposition; and certain occupations, where, from the artificial nature of the air respired, or from an unnatural and constrained position of the body, the proper function of the lungs is impeded, and thus a tendency to disease produced. How far phthisis, or any other disease, may be considered hereditary, is a question still unsettled. That certain form or configuration is transmitted from parent to offspring is undeniable, and most pathologists appear to be of the opinion that it is only a predisposition, arising from a malformation, that can be inherited. The fact, however, is sufficiently established, that the children of consumptive parents are much more frequently the victims of the disease than those of a healthy parentage, and should lead to much caution on the part of such individuals, to avoid all occupations, and other circumstances, which may prove exciting causes of the disease.

A peculiar conformation of the thorax, as a narrow and contracted chest, from whatever cause it may arise, must, by impeding the proper function of the lungs, predispose to this disease; the occupations of the tailor and shoe-maker, from confining the body in a bent position, and their contracting the cavity of the chest, impeding the process of respiration, predispose to the disease; any dress which prevents the elevation of the ribs and due expansion of the chest, must have a similar effect; in short, any circumstance preventing the full expansion of the lungs, not only operates as a predisposing cause, but, in persons predisposed, frequently proves an exciting cause. Thus fashion, whose sway is irresistible, as if to show her contempt for the sense, the comforts and lives of her votaries, has strove, but too successfully, to imitate the deformities of nature.

The arch enemy of mankind could scarcely have devised a method of torturing his victims surpassing that of the present fashionable female attire. By binding down the chest, the ribs are rendered immovable, the lungs cannot expand, and the whole process of respiration must be carried on by the diaphragm, and perhaps a slight motion in the upper portion of the chest. A very small portion of the lungs can act; but little air is admitted at each inspiration; respiration, as a necessary consequence, is hurried and painful; the circulation through the lungs is obstructed, and every thing contributes to produce this most fatal of diseases. To a sensitive mind, and one aware of the probable consequences, a more melancholy spectacle can scarce be presented, than to see a young and interesting female panting for the air of heaven, and sacrificing herself by lingering torture, a willing victim to the most ruthless of all tyrannies. One case of this kind I cannot resist mentioning, that of a young lady of my acquaintance, of healthy parents, and possessed of all that was calculated to render life agreeable, or endear her to her friends, but unfortunately not above the influence of fashion (and who is?) Circumstances led me frequently to observe the influence of tight lacing in this case. Often have I seen her in the hottest weather panting, as if ready to suffocate, from the inability to expand the lungs. I then predicted what unfortunately proved too true; symptoms of disease soon appeared, and after a lingering illness of two years, death at length released her from her sufferings.

The functions of the lungs necessarily expose them to be irritated whenever the atmosphere breathed is contaminated by the presence of particles of foreign matter, and more especially if they are of an irritating nature. Fortunately we have but few occupations of

that kind in this country. Stone-cutting is perhaps here the most frequently mischievous. One case I well remember, where the patient was repeatedly attacked with symptoms of consumption, and by quitting his business for a time, was frequently relieved. He was advised to abandon the business entirely, warned of the probable consequence if he persisted; he, however, did persist, and eventually fell a victim to phthisis. Atmospheric influence is usually and justly considered among the most frequent of the exciting causes of consumption. A cold, northern climate has usually been considered as particularly unfavorable to consumptive patients; but in Russia and the north of Germany, where the cold is more intense than in Great Britain, or in most parts of this country, consumption is comparatively a rare disease. Sudden changes and vicissitudes in temperature are probably more unfavorable than steady and continued cold; and, after all, perhaps as much or more may be attributed to individual indiscretion, and injudicious exposure, and a bad custom of living in heated apartments, as to the unfavorableness of the climate. Many cases of consumption in the country may be traced to the individuals exposing themselves without proper protection. When the system is exhausted by labor or fatigue, then it frequently happens that persons thus exhausted, and bathed in a profuse sweat, sit themselves down to rest in their shirt sleeves, and in a cold winter's day. The consequence is, that the whole circulation is driven from the surface and accumulated in the internal organs. Of the tendency of such indiscretions to produce disease of the lungs, I can bear testimony in my own person. Twice have I been attacked with hemoptysis from this cause, and in a person predisposed, there can be no doubt of its tendency to produce phthisis.

It should be remembered, that when the system is exhausted by fatigue, it is more susceptible to disease, and in all cases where violent labor is suddenly suspended, and more especially in the winter season, precautions should be taken to protect the system against the sudden transition. Unfortunately errors of this description are not confined to the country or to the laboring class of the community. Fashion in the city and with the rich lends her aid in producing the same effect. The over-heated apartments relax and enfeeble the system, whilst the gossamer dress and prunello shoe afford very inadequate protection against the chilling blast of winter. Many, alas! how many, could date their disease from an exposure of this kind, by passing from the heated church, theatre, or ball-room, into the chilling air of midnight.

It will probably excite some surprise that I place contagion among the exciting causes of consumption. The opinion, however, is far from being new, and I am well convinced that it deserves a much more prominent place than is allotted to it by most English and French writers. Among the older physicians, the contagious nature of consumption was generally admitted. Morgania gives his fear of taking the disease as the reason why so few cases of the dissection of phthisical patients are given in his great work. Aristotle mentions it as a general belief among the Greeks, and it has been assented to by Galen, Hoffman and others.* Good mentions that he has witnessed several cases which could be traced to no other cause, and Dr. Rush mentions a case where the disease was communicated by a gentleman to the slaves on his estate.

I will mention but two of the many cases which have convinced me of the contagious nature of this disease. A young lady of fine health and form was, from exposure, seized with what is usually termed a severe cold, which terminated in consumption. A brother who attended upon her the latter part of her illness, was seized with symptoms of phthisis about the time of her death, and in a few months was placed beside his sister's grave. The youngest of the surviving sisters nursed him, and in eighteen months fell a victim to the same disease. The mother, between seventy and eighty years of age, and who had attended upon her daughter, began to complain of cough and other symptoms of consumption, but survived for several years. Four daughters who had left home remained free from the complaint. Previous to the illness of the lady first mentioned, none of the family had exhibited any indication of consumption.

One of the nearest neighbours of my father was a family by the name of Tyler, consisting of the two parents, five sons, and a daughter. If I were in search of models of fine form, strength, and prospects of long life, I know not where they could be found that would surpass that family. The eldest of the sons injured himself by chopping, on a trial of skill with a person older and stronger than himself; his disease terminated in the consumption, of which he died in the spring. The second son, who attended his brother in his illness, was buried the following spring: the fourth son the next autumn, and the father the following spring, and a pile of stones, the remains of the chimney, is now all that marks the place where the house once stood. This was many years since. The third son, who was absent at the time, and the daughter and fifth son, who were children, escaped the disease, and when I last heard from them, were in good health.

But why should I multiply instances? The recollection of almost every individual must furnish cases where families, after remaining for a long time in health, have at length lost one of their number by consumption; after which, each revolving year has numbered its victim, until the whole or nearly the whole family have been laid in the grave. I shall

* Good, ii. 501.

not attempt to show how contagion should produce tubercles in the lungs; but certainly it is not unreasonable to suppose that the disease may be excited in a person, who, for a length of time, is constantly breathing an atmosphere contaminated by matter thrown off by diseased lungs. The glanders in the horse, a tubercular disease, is confessedly highly contagious.

In the south of Europe, if I am not mistaken, phthisis is generally considered contagious, and the bed and bedding of persons dying of this disease are burned; and even in this country, it is not rare to find persons out of the profession, who, from personal observation, have become convinced of its contagious nature. In contending, however, for the contagious nature of consumption, I would not have it supposed that I consider it contagious in the same manner as variola, measles, and other diseases of that character. It is only by close and long-continued intercourse, as sleeping in the same bed, breathing the same air in close and confined apartments, and this continued for a length of time, and that during the suppurative stage of the disease, where the atmosphere breathed is constantly impregnated with the matter from diseased lungs, that it is thought capable of being communicated. A variety of other causes have been given as exciting consumption. Laennec considers the depressing passion as a frequent cause. Propelled eruptions, protracted lactation, and, in short, anything that tends to depress the energies of life, may operate as an exciting cause. *Symptoms:* The symptoms of consumption are so well described by almost every writer, that it is unnecessary to dwell on this subject. I will merely state that I have found a small, quick, and rapid pulse—a pulse varying from 100 to 130, as one of the most uniform symptoms of the early stage of this disease. I have found it in several instances where cough and almost every other symptom of the disease was wanting, and have no recollection of seeing a single case of tubercles of the lungs where this character of the pulse was wanting. So uniform have I found it, that I should be led to doubt their existence where it was absent, and on the contrary, in the absence of other known causes, this alone would lead me to suspect their presence. Another peculiarity which characterises patients labouring under the more advanced stages of this disease is, that the skin appears to contract as the system wastes, so that, however much emaciated, the skin remains smooth, and appears drawn tightly over the skeleton, and the nails, being an appendage of the skin, contract at the edge, and present a peculiar curved form. I omit to mention the diagnostic symptoms presented by the stethoscope, from a conviction that this instrument, valuable in large hospitals, where frequent opportunities occur of testing the truth of the diagnosis, can never become a safe and sure guide in the hands of the country practitioner.

Treatment. I have already expressed my opinion of the invariability of consumption; this opinion is supported by many of the ablest modern writers on this subject, and my venerable friend, the president of the College of physicians and surgeons of the western district of New-York, who unfortunately has had too ample opportunities of testing the effect of medicinal agents in this affection, has assured me that he never witnessed any material and permanent advantage from the use of medicine in consumption. In stating my opinion of its invariability, I am far from expressing the sentiment that patients never recover, or that they should be abandoned by their medical attendant. We have no evidence that tubercles, when once formed in the lungs, are ever absorbed; but we have evidence that, when few in number, and confined to a small portion of the lungs, they have been discharged and the patients recover; and we have every reason to believe that their increase has been checked, the tendency to suppuration arrested, and the patient continue for years enjoying tolerable health. It is known that tubercles may remain for years in a dormant state, and unless the numbers are large, without any serious inconvenience to the health, until some exciting cause brings on the suppurative action.

What is the advice given by medical writers? To hasten and promote the suppuration! Without stopping to question our ability to do this, (unless reducing the strength and tone of the general system will do it) what must be the effect where the tubercles are numerous? certainly to hasten the death of the patient. Even admitting they are of limited extent, (which cannot be known with certainty) may we not, by hastening the suppuration, make the patient sink under a process which he might have sustained if more gradually accomplished. But so rare are the cases of recovery, after discharging the tubercles in a suppurative state, that no practitioner would be justified in predicating his practice upon such an expectation. What then would appear to be the dictates of reason, and what should be the object of the physician? To arrest the tendency to suppuration and to prevent the formation of new tubercles! And how is this to be accomplished? It is admitted by all medical writers, that scrofula, if not a variety of the same disease, bears a very strong analogy to phthisis. Here then we have an external disease of a similar character, where we can see the direct effects of remedial measures! Do we attempt to cure scrofula by bleeding, by tartar-emetic and digitalis? Certainly not! On the contrary, our whole treatment is directed to invigorate the system, by mild but nutritious diet, by exercise and pure air. It may be said that phthisis differs from scrofula in the seat of the disease! this is true. In

most local diseases we direct the organs to be kept perfectly at rest; but this cannot be done with the lungs, they must act as long as life remains, and a quiescent state of the muscular system only tends to increase the irritability in those organs, which must continue to act. In addition to the impossibility of the organs diseased remaining at rest, is the fact that there exists a constant and permanent cause of irritation from the presence of the tubercles.

When external causes of irritation exist, which cannot be removed, we endeavour to lessen their effects by blunting the sensibility of the general system, by the use of anodynes, and sometimes by producing a counter irritation in another organ. That the irritation of tubercles in the lungs is not beyond the influence of this general law, is most abundantly proved by the fact, that the progress of phthisis is frequently arrested by pregnancy!—What then would seem to be the indications of treatment in cases of phthisis? 1. To avoid every thing that would increase the irritability of the system. 2. Warm clothing, of such a description as to keep up a constant irritation on the skin, and promote a free discharge from the surface. 3. Active muscular exercise correct, as far as possible, without exhausting the general strength of the patient, in order to allay the excessive irritability of the general system. 4. A diet containing the greatest portion of nourishment with the least possible stimulus. 5. Occasional anodynes, to allay the cough and enable the patient to rest. 6. Counter irritation. Cases may undoubtedly occur when the irritation produced by the tubercular matter, or some other cause, may induce inflammation in the surrounding tissue of the lungs; and in such a case, local or even moderate general bleeding may be necessary. On the contrary, many cases occur where mild tonics require to be added to the dietetic regimen.

The older Greek physicians placed almost their sole dependence on diet and exercise, in the treatment of consumption; and Sydenham recommends horse exercise as his principal remedy. It does appear to me, that instead of improving, we have retrograded in the management of consumptive patients; that many useful lessons might be learned by referring back to the fathers of medical science. Many cases might be related as illustrating the principles advanced; I shall mention but one.

In the month of June, 1833, I was called in consultation to visit Mr. K. who had then just returned from Philadelphia, where he had been to consult some of the medical profession respecting his health. Immediately previous to visiting Philadelphia, as I was informed, he took little or no medicine. He performed the journey on horseback, riding 120 miles without much inconvenience. The medical men whom he consulted put him upon the use of a powder, composed of tart. of antimony and nitrate of potash, directed a low diet and external irritation, and advised him to return home, and, if able to travel, to spend the winter at the south. Mr. K. abandoned his horse at New-York and returned to Utica by the steam and canal boats. It was immediately after his return that I first saw him; he was then unable to walk up an ordinary pair of stairs without assistance; could not lie in a recumbent posture; no appetite; pulse 124; regular paroxysms of chills, fever, and profuse night sweats; slight pain in the right side; cough troublesome; expectorating about half a pint of purulent matter in twenty-four hours: mucus rattle very loud, and the sound, on percussion over the right sub-clavicular and mammary region, dull and indistinct; respiration very laborious. As it was evident that he was sinking rapidly, it was determined to change the course. The medicine was stopped, and a strong decoction of sarsaparilla, with the addition of a very minute quantity of corrosive sublimate, was directed; a wine glass of which was to be taken three times a day; a small dose of the sulphate of morphine at night; a more generous diet, to be increased as his stomach would bear it, and as much exercise as could be taken without fatigue.—Under this treatment the chills, fever, and night sweats subsided, his appetite improved, his pulse was reduced to ninety, he was able to sleep in a horizontal position without inconvenience, and his strength so much improved as to endure the ordinary fatigue of travelling without difficulty: most of the summer was spent in riding about the country; the cough and expectoration continuing much the same. In the fall he went to St. Augustine, Florida; suffered much on the voyage; and finding the symptoms become more alarming, and anxious to die among his friends, he took passage for home, but died a short time before the vessel arrived at New-York.

Art. II.—*On the Use of Trusses for Reducible Hernia.* By Amos G. Hull, M. D. of New-York.

Our modern manuals of surgery, much as they are to be prized in many very important points of view, are sadly deficient in the matter of trusses for abdominal rupture. Reducible hernia is decidedly the most frequent malady which comes within the province of surgery; and, doubtless, in consequence of its very frequency, is it given over to the hands of unlettered mechanics, and unjustly neglected in the hall of surgical lectures. This should not be the case. There is certainly as much of really interesting and decidedly useful, clear and scientific, *rationale*, in regard to the medical treatment of reducible hernia, as can exist in any other chapter of surgical science. But the student of surgery meets no guide to his inquiries, and finds himself at the end of his course nearly as ignorant of this subject as when he began. Mr. Lawrence's book on her-

nia is so wholly lame in this respect as to have fallen almost still-born from the press: no student reads it, and it certainly would not repay the surgeon the trouble of a perusal.

It is no doubt owing to this very general inattention to the subject, that every new modification of trusses, by whomsoever projected, so readily obtains its host of certificates from medical men in our country.

It is a matter of every-day occurrence, that these various modifications of trusses, while all have their origin in the fancies of mere mechanics, men utterly ignorant of the surgical anatomy of hernia, and even of the history of trusses, the very instruments they attempt to improve, notwithstanding the strong certificates of their utility from members of the profession, which are published in their favor, fall into entire disuse in consequence of the pain and dangerous accidents to which they give rise. These ephemeral trusses all have one common characteristic, which in all probability contributes to their injurious effects, and consequent failure: it is, that the inner or abdominal aspect of their rupture pads is more or less convex, from a very slight degree of fulness to the nearly perfect conical figure. This figure results from the rude first idea of the mechanic, who, when he sees a hernia, imagines that the aperture through which the intestine or omentum has escaped, is a wound, lesion, hole or rupture in the front wall of the belly. To stop this hole or rupture with a plug or wedge, sufficiently obtuse not to allow it to plunge into the abdominal cavity, is his sole indication of cure.

This idea of occupying the outer abdominal ring with an obtuse in-pressing block of hard material, to serve the simple purpose of preventing the re-escape of the intestine, had been unconditionally adopted from vulgar use into all the books of surgery up to the time of my first improvement in the construction of trusses.

In the course of a very long and extensive surgical practice I had frequently been called upon to operate upon hernia, which the old form of rupture-pad had suffered to strangulate. The accident usually occurred in this way: the convex or conical form of the pad soon enlarged the hernial aperture so much that unless very strong pressure is applied, which was generally effected by means of inelastic straps or belts, the intestine will escape from the abdomen by its side. The patient soon finds the pad burying itself deeply into the hernial opening, and creating there an intolerable irritation, attended with pains in the spermatic chord and testicles; and, notwithstanding the increased size of the aperture, and the consequent greater facility for the hernia to descend, he is compelled to lay his truss aside, by the extreme suffering it produces. In this situation a larger quantity of intestine than usual readily descends, becomes incarcerated, and, if skilful taxis is not very soon applied, becomes strangulated, and thus the operation is rendered necessary. This method, so unlucky in its effects, is, as it appears to me, very unsurgical indeed in theory. The escape of the spermatic process from the cavity of the abdomen occurs by two openings, situated obliquely with reference to each other, so as to form a very elongate, valve-like aperture, which has been called, in modern books, inguinal canal. On the occurrence of a rupture, the upper and interior rima of this canal sinks, or is dilated by the intestine, so as in a very short time to be directly opposite to the lower rima or external abdominal ring; the obliquity or valvular form of the aperture is lost, the inguinal canal is obliterated, and the hernia has precisely the condition of a *direct* rupture.

Scarpa affirms, that the mesenterium is always elongated in a hernia of the groin; and Mr. Pott and many other writers agree in considering this a diseased relaxation, which is the proximate cause of the rupture. But from long and very frequently repeated observation. I am inclined to consider hernia, in most instances, not only a relaxation of the mesenterium, but of the whole peritoneum, and of the hypogastric portion of the abdominal wall, more particularly of that portion through which the upper or internal ring is perforated; since in all cases of idiopathic rupture of the inguin, the two rings are found opposite each other. The incomplete inguinal hernia, which is a very rare occurrence, may be looked upon as an exception, but it is generally produced by extraordinary violence; and the very fact of its seldom becoming complete, shows that the essential condition of idiopathic hernia is not present; to wit, the relaxation of the obliquii, their fasciæ, and of the peritoneal reflections: otherwise the rupture would necessarily be rendered complete by the simplest exertions of the diaphragm and abdomen. Now in this state of things, the rings being opposite to each other, it appears to me that the proposition to thrust into the rupture an obtuse cone or any convex body, is the least probable of all means to reproduce the natural state, to wit, the ascent of the internal ring; and, by consequence, the production of the natural valvular closure of the inguinal canal. By pressing the convex pads into the rupture, it must, as a general rule, be enlarged; this is the mechanical tendency; and by thus increasing the size of the aperture, particularly if the outer ring be enlarged upwards, (as must be the case, for the pubes prevents its dilatation downwards) not only is the inguinal canal kept obliterated, and the hernia made more liable to re-escape, in greater volume, but the spermatic chord lies in the aperture in greater quantity, its canal being shortened, and is constantly in danger of mechanical injury. Accordingly we find, in books on hernia, cases cited of *circocele, hydrocele, painful swelling of the testes, abscesses in the groin*, &c. (Richter *Traité des Hernies.*) To this list of effects, each of which I have often seen, should

certainly be added, the increased liability of the patient to strangulation; the enlargement of the opening, and the consequent perpetuity of the disease, (Callisen, Systema Chirurgiæ Hodiernæ, t. 2.); and the danger of plunging the rupture-pad into the abdomen, (Anderson's Surgical Anatomy of the Groin.) I will also add, that as the duplicature of the peritoneum, which goes out before the intestine and constitutes its sac, does not return with it, but is subjected to the same injuries, from the conical and convex pads, that the spermatic chord is, I have no doubt that the always serious and often fatal disease of peritonitis, both acute and chronic, is produced by these means. I have often seen irregularity of the bowels, tenderness of the abdomen, disturbed digestion, frequent nausea, flatulence, great prostration of strength, and emaciation, result from the use of that form of pad; and such symptoms are certainly to be expected from pinching and irritating that important membrane.

From the fact that trusses have been invented by mechanics, men of very rude and imperfect notions of anatomy and surgery, as from the manifold injuries and sufferings which the best of their instruments necessarily produce, and also from the extremely indefinite directions which surgeons have published, with regard to the use of these instruments, no means of avoiding the evil consequences enumerated above being shown, even by such writers as Pott, Lawrence, Callisen, Scarpa, or Richter, I think my position, that all the convex and conical trusses are unsurgical in design.

Mr. Samuel Cooper has attempted to account for the few cures that occur by the use of these instruments, by supposing that the neck of the sac is made to close by adhesive inflammation, excited by the pressure of the pad against it. This idea was first broached by Callisen (ut supra) and he supposes that the frequent strangulations which occur after these trusses have been worn a while, arise from the neck of the sac being partly closed by them when the bowel re-escapes, and becomes irreducible on that account.

Mr. Cooper undertakes, upon this very uncertain hypothesis, to found an extremely dangerous indication of cure, to wit—*directing the pressure upon the neck of the sac so as to produce adhesive inflammation in it!* Nothing can be more gratuitous than the basis of this indication, no proofs, no dissections are given, and assuredly nothing more directly at war with sound pathology. Go to work with the intention of producing a violent peritoneal inflammation! It matters not if the intention is to produce merely a local peritonitis—the surgeon's *intention* will not prevent the extension of the disease throughout the whole membrane, provided he is enabled to effect his object.—It is quite probable that the few cures (and they are very rare) which occasionally result from the use of these trusses, result from the mechanical irritation caused by their convex pads in the rupture opening, which produces an adhesive inflammation of the cellular tissue between the integuments, the sac, and the columns of the outer ring, and which, by good chance, does not extend inward upon the peritoneum, nor downward on the chord and testes. Hernia has occasionally been cured in the same way by accidental contusions of the groin, or of the parts immediately adjacent.

An old modification of the convex truss, called in England the "egg truss," consisting of a hard and extremely pointed convex rupture-pad, in fact, a cone of wood, has been recently revived by a mechanic in Kentucky, by the name of Stagner. This truss has been hailed by several physicians in Philadelphia and New-York as a really new and valuable invention! It is certainly far from being either new or valuable. These physicians ascribe to it the same hypothetical idea as was entertained concerning the whole genus of convex rupture-pads by Callisen and Samuel Cooper, viz. the production of an adhesion or inflammatory closure of the neck of the sac. Like all its numerous predecessors, and its exact prototype the egg truss, after undergoing a sufficient number of painful and dangerous failures, it will give place to some other similar truss with a new and promising name. It is, and forever will remain, impossible for reducible inguinal hernia to be successfully or at all scientifically treated by trusses with convex rupture-pads, and still less with those of a conical form.

My plan consists in the application of a pad which is slightly excavated, so as to operate as a perfect plane on the slightly convex surface of the parts, over the whole field of the inguinal rupture. My pad extends from the pubis below, upwards and outwards, over the natural track of the chord or the inguinal canal, till it rises entirely above the natural site of the upper opening of that canal, the internal ring. By this means all possibility of irritating the peritoneum or the spermatic chord is perfectly avoided. The rupture is never enlarged, and strangulation never occurs. The patient is not tormented by the artificial "truss pains," and is never compelled from this cause to lay his instrument aside; and in case he lays it aside, as I always direct him to do at night, he is not in greater danger of strangulation than before, as Callisen justly affirms of the convex trusses; but, on the contrary, the danger constantly diminishes. The hernia is effectually cured in at least eight of ten cases. It is invariably cured in children and all patients under twenty years of age.

The first step of the cure is the retraction of the internal ring, and the restoration of the valve-like relation of the two rings; the inguinal canal is reproduced, by which means the natural security against the hernia is re-established. After this, if the patient were to lay his truss aside entirely, his rupture would not be very apt to return; it very rarely

returns indeed. But to avoid even this chance, I direct him to continue the truss till the outer ring has recovered its original size, which it does in a very short time. The fact of the effectual removal of the disease without the intervention of cellular or peritoneal inflammation, and without any pain to the patient, as also much attentive investigation of the subject in many hundreds of cases it has cured, convince me that this truss cures the disease by the restoration of tone to the relaxed structure concerned in the case, by reproducing the inguinal canal, and by diminishing the outer ring to its natural size.

In these views I am sustained by the venerable Dr. Thacher (Modern Practice, p. 679), by Drs. Beck and Peixotto, in Med. and Physical Journal; also Samuel Cooper, by Dr. Reese, Hooper, by Dr. Akerly; Bourgery's Lesser Surgery, published by Roberts and Kissam; also by letters from Drs. Mott, Stevens, Busche, Perkins and many other eminent surgeons, who have carefully investigated the subject experimentally.

It seems to me impossible, indeed, that any surgeon, after one moment's consideration of the state of the parts in disease, could, even *a priori*, hesitate at all to prefer the application of pressure by a plane of soft, elastic material, to the unsurgical expedient of thrusting a hard conical piece of wood or bone into the rupture, for the avowed purpose of creating an inflammatory disease of the parts.

But certainly, after a number of years have elapsed, in which the plane pressure has been successfully applied in thousands of cases, and in no case has been succeeded by the surgeon's knife, it is unpardonable to attempt to return to the old, painful, unsafe and unscientific inventions of unlettered mechanics.

ART. III.—*Notes on the History and Pathology of Scarlatina.* By CHARLES A. LEE, M. D. New-York.

History.—It has been asserted by a majority of medical writers, that scarlet fever is a disease of modern origin. Of the correctness of this opinion, however, we may well entertain a doubt. We find, in the most ancient medical records, allusions to fevers, attended with various cutaneous eruptions and appearances, which, though not in all cases minutely described, are yet sufficiently so, as to verify the existence of several diseases now claimed as of modern date. The following extracts from Hippocrates will illustrate this position.

"Erysipelas (cynanchica) intus foras converti, utile, at foris intro, mortiferum. Intro autem convertitur cum rubore evanescente, pectus gravatur, ac difficilius spirat æger."

"Fauces exulceratæ, cum febre, grave aliquid portendunt; at si aliud aliquod signum adfuerit ex his, quæ antea prava esse censerimus, ægrum in periculo versari denunciandum est." "Angina gravissima quidem est et celerime interimit, quæ neque in faucibus, neque in cervice quicquam conspicuam facit, plurimum vero dolorem exhibet et difficultatem spirandi, quæ erectæ cervice obitur, inducit; hæc enim eodim etiam die, et secundus et tertio et quarto strangulat." "Quæ vero cetera (anginæ) parem doloris vim adferunt sed tamen intumescunt, et fauces rubore suffundunt, perniciosæ quidem valde sunt, sed diuturniores, iis quas jam discripsimus, si ingens rubore fuerit. Ae quibuscunque una fauces et cervix insigniter rubent, hujusmodi sunt duiturniores," &c.

These extracts could be multiplied were it necessary, but on this point I shall conclude with the following quotation from the works of Celsus.

"Ut hoc autem morbi genus circa totam cervicem; sic alterum æque pestiferum acutum que, in faucibus esse consuevit. Nostri *anginam* vocant: apud Græcos nomen, prout species est. Interdum enim neque rubor, neque tumor ullus apparet; sed corpus aridum est. Vix spiritus trahitur, membra salvuntur; id συναγχην vacant. Interdum lingua fauces que cum rubore intumescunt, vox nihil significat veuli vertuntur, facies pallet, singultus que est; id κυναγχη vocatur. Levius est, ubi tumor tantum modo et rubor est, cetera non sequuntur id παρασυναγχην appellant," &c.

From the time of Celsus, the history of scarlet fever, as well as all other diseases, is involved in obscurity, and we explore the darkness in vain for lights to illumine our path and direct our footsteps. In 1610 *scarlatina* prevailed epidemically in Spain, from whence it was believed to have spread to Italy, where it derived its name, *scarlatto.* In 1689, it appeared in London, and was minutely described by Dr. Morton. Sydenham, in his work on acute diseases, published in 1680, describes the simple scarlet fever in such a manner, that it is evident this was the only form of the disease then prevalent. He remarks, "The scarlet fever, though it may happen at any time, yet it most commonly comes at the latter end of summer; at which time it seizes whole families, but especially children. At the beginning they shake and shiver, as in other fevers, but they are not very sick; and afterwards the skin is spotted with small red spots: they are more frequent, and much larger and redder, but not so uniform as those of the measles; they continue two or three days and then vanish; after which some scales, like bran, are sprinkled over the body, and these scales come and go successively twice or thrice." He then gives directions for the treatment of this "name of a disease," as he terms it; from all which it appears, that he was only acquainted with the simple variety of the disease.

Dr. Withering has left us a very complete history of the disease, as it appeared in his time; though, like Cullen and Fothergill, he

fell into the nosological error of making malignant scarlatina a species of cynanche, characterized by symptoms of debility and putridity, and an absence of all eruption. Dr. Clarke, who wrote a history of the disease, as it prevailed at Newcastle in 1778, contended for their identity, and establishes, beyond controversy, that they are the same disease, owing their origin to the same cause, and communicated by the same specific contagion.

In this country the scarlet fever has prevailed at different times since its first settlement, and occasionally with very great mortality. In the year 1735 it spread extensively over New England, as well as over the middle states, and thousands of children and many adults fell victims to it. In 1784 it again appeared, and spread over the larger portion of the northern states; since which time till the present it has prevailed in different sections of the country, either sporadically or epidemically, and assuming various grades of severity. From the year 1780 to 1800, scarlatina existed epidemically in this city, and in some seasons was very fatal. As there was no correct record of deaths kept in New-York, anterior to 1800, it is difficult to ascertain the exact degree of mortality from any disease: but from the older practitioners, it appears to have been as fatal as at any period since. For several years anterior to 1817, the city inspector's returns contain no deaths from this disease.—Consumption and typhus fever were the grand outlets of human life; and while the triumphs of the former have been increasing, from year to year, those of the latter have been still more rapidly diminishing, till at the present it is no longer dreaded.

The following table will show the increase of deaths from scarlet fever, since the year 1816, and also the number of deaths from all other causes in this city.

TABLE I.

Year.	Scarlet Fever.	Other Fevers.
1816	0	150
1817	3	224
1818	0	350
1819	5	287
1820	5	354
1821	3	338
1822	1	225
1823	2	192
1824	3	184
1825	10	451
1826	24	199
1827	4	333
1828	11	234
1829	188	150
1830	246	139
1831	258	198
1832	221	
1833	179	

TABLE II.

Showing the number of deaths by Scarlet Fever in every month of the year, for the last six years, in the city of New-York.

Month.	1828	1829	1830	1831	1832	1833	Total
Jan.	1	1	48	10	47	10	117
Feb.	2	6	40	9	37	6	100
March	0	1	32	3	25	3	74
April	0	0	20	27	17	2	66
May	1	5	22	15	19	0	62
June	0	3	16	17	14	3	53
July	0	18	22	19	13	5	77
August	2	13	10	33	5	7	70
Sept.	0	15	6	25	9	16	71
Oct.	1	29	10	17	12	24	98
Nov.	0	42	7	30	8	37	124
Dec.	4	55	13	43	15	61	191
Total	11	188	246	258	221	174	1103

From a comparison of the above tables it will appear that the deaths by other causes have diminished in about the same ratio as that by scarlet fever has increased. From 1827 to 1832, the fatality by scarlatina was on the increase, rising from 11 to 258: from that period to the commencement of 1834, it diminished. From the 1st of January to the 17th of March, 1834, there were reported, by the city inspector, 164 deaths by scarlet fever; which is at the rate of 767 per year, a greater number than has ever perished from any one disease, cholera, consumption, and yellow fever excepted.

The following is the order of months, in which the disease increased in fatality, commencing with the lowest.

June - - -	53
May - - - -	62
April - - - -	66
August - - -	70
September - - -	71
March - - -	74
October - - -	98
February - - -	100
January - - -	117
November - - -	124
December - - -	191

It may be remarked, that the winter of 1834 was mild, and especially the months of January and February, in which occurred an unusually large number of deaths. Thermometrical and barometrical tables, however, throw but little light on the prevalence of this, as well as many other diseases; and from a long and attentive examination of the subject, I cannot ascertain that the sensible atmospherical variations have any considerable influence on the disease. In fact, the laws by which it is controlled are absolutely unknown to us, and probably will ever remain so. During the past winter the disease has proved much less fatal.

Etiology.—The etiology of scarlet fever, like that of all epidemic disorders, is involved in much mystery. Medical philosophers have indulged in much speculation on the subject, but after all, have left it where they found it. It is a pretty general opinion that the disease arises from a specific contagion, and is either generated in the atmosphere itself, or from a miasm emanating from the bodies of the sick. Some believe it to spring from a peculiar, epidemic constitution of the air, or an atmospheric temperament, predisposing all who inhale it to a common morbid affection, or exposure to certain exciting causes. We have no satisfactory proof that the disease arises from any miasm, *sui generis*, generated in the air; but that it is caused by emanations from the bodies of the sick, and favored in its spread, by some unknown atmospherical temperament, there can remain but little doubt. Dr. Percival, in his commentary on Good's Nosology, speaks of scarlatina as having been imported into Dublin in a box, containing children's toys from London, and remarks, "I have traced the progress of contagion from England, and believe it loses something of its malignancy by the way." Dr. Good observes, "that rosalia, (scarlatina) under every form, is contagious, and sometimes epidemic, is now admitted, without a question." Some of our popular American authors express a doubt of its contagiousness, while at the same time, they caution us, as the safest course, to act in the belief that it is communicable. I shall detail a few facts, and leave the inference to be drawn by the reader. I am aware this is a point on which *mathematical demonstration* is not to be expected.

A few months since an aged lady of sixty or upwards, watched one night with a grand child, sick of malignant scarlatina—she held the child much in her arms and received the breath in her face—she returned home soon after the death of the child, which happened the next day, and the succeeding night was herself taken with a chill, vomiting, &c. She had a very severe attack of the disease, with much affection of the throat and skin, and on recovering, the nails of her fingers and toes all came off—she lived about one mile from her son-in-law, and believes she caught the complaint by holding the child in her arms.

About six weeks ago, a little girl sickened with scarlet fever in a family where there were three other children. After the eruption had appeared, it was thought proper by the parents, to have the other children removed from the house, although they had been much exposed in the sick room. They were accordingly sent to different places, from half a mile to a mile distant. In about a week from the time of removal, one of them sickened; the next day another, and the same day, the third, and all had a severe attack, but recovered.

I can call to mind four instances, which I have witnessed the past winter, in which the mother sickened with the disease, after having attended one or more of her children with the same complaint, when the other adult members of the family escaped.

As to the vexed question, whether scarlet fever occurs twice in the same subject, my own observations compel me to adopt the affirmative. I have treated several well marked cases of second attack, in which there could be no doubt of the identity of the disease; one of which I attended lately, and will relate—I. S., aged thirteen, had a severe attack three years ago, and was attended by the late Dr. Quackenbush; his mother described his throat as being very sore, and his skin as red as a "lobster's shell," to use her own expression. A few weeks since I was called to visit him, and found him with inflamed tonsils, head ach, nausea, &c. The next day the efflorescence appeared and he went through a regular course of the disease. Other similar instances could be given. The fact, however, seems sufficiently well established, that though the succeptibility of the disease is to a considerable extent weakened by one attack, it is not eradicated, as may perhaps be said, with respect to small-pox and measles.

Like other epidemic diseases, scarlatina is aided in its extension by various contingent circumstances, the most important of which are, atmospheric vicissitudes, impure air, innutritious food; and in adults, anxiety of mind, watching, &c. Children of the wealthy, who are brought up with delicacy, and are housed with particular care, lest "the winds of heaven may visit them too roughly," and those of the extreme poor, who suffer from cold and hunger, and sleep in filthy, ill-ventilated and crowded apartments, seem to be nearly equally exposed to this disease.

Pathology.—Scarlatina has been so long considered and treated as an essential fever, in which the inflammatory affection of the throat bears to it the same relation as buboes do to the plague, that I expect to be charged with heresy, or *medical schism*, if I undertake to controvert this opinion; but believing, as I conscientiously do, that this doctrine, though sustained by high authority and illustrious names, is founded in error, and leads to vacillating and improper treatment, I shall present a few considerations, which ought to influence our minds to a greater or less extent, in coming to a correct decision.

In all cases of scarlet fever, as far as I have observed, there is, at an early period, an inflammatory affection of the mucous membrane of the mouth and fauces, involving the œsophagus, stomach, and occasionally the trachea. When first called to a patient in this disease, long before the efflorescence has appeared, or even reaction has taken place, we find the papillæ of the tongue red, swollen, and projecting through the white fur, while the whole lining of the mouth and fauces is preternaturally red and sensible. The tonsils are enlarged and intensely red; swallowing and deglutition are performed with difficulty; while the gastric

irritability and tenderness on pressure at the epigastrium, proves that this hyperæmia is not confined to the upper portion of the mucous membrane. This derangement of the circulation appears to be the first link in the morbid chain, and the subsequent phenomena, as they successively manifest themselves, owe their character to the nature and intensity of the primitive affection.

In examining the pathology of this disease, it may perhaps be useful to revert to the structure of the skin, its relation to the internal mucous membrane, and the sympathy or laws of relation, which connect them so intimately together. The tegumentary system, covering the whole body, penetrates the mouth and is reflected over all the internal cavities. Its structural formation is very similar throughout, though modified in certain portions, for the discharge of various important functions. The glands, so thickly spread over it, are merely congeries of its vessels, and justly considered by some physiologists as simple appendages to it. Sensibility and irritability characterize this system externally, in a most eminent degree, all direct impressions, both internal and external, are made upon it, and it forms the principal means of communication between man and all sensible objects. The skin has therefore been aptly termed the *universal sense*, and as it is undoubtedly more exposed to morbid impressions than any other of the organs, so also, is it most closely associated by symptoms with all other parts of the system, and therefore its pathalogical conditions exercise the most important influence on the general health. The cutaneous envelope is generally described by the later physiogists as a compound structure, consisting of the following layers:—1, derma—2, vascular reticulated texture—3, papillary tissue—4, mucous layer of Malpighi*—5, epidemics; but for all practical purposes, it is sufficient to recognise the *derma, vascular tissue, and cuticle.*

While the external cutaneous structure derives its nerves from the cerebro-spinal system, the mucous membrane of the alimentary tube is mostly supplied by the grand sympathetic or ganglionic nerves.

The existence of a direct sympathy between the skin and mucous surfaces, is so generally acknowledged, as hardly to need illustration. Daily observation shows, that when one is excited to inordinate action, the other takes on the same excitement; and again, when one falls below the healthy standard of vitality, the same relaxation occurs in the other. Various phenomena illustrate this connection; such as the pimples and blotches on the face of the drunkard; the parched and shrivelled skin of the dyspeptic; eruptions caused by poisonous ingesta, especially some species of shell-fish. Begin observes—"The skin is connected with the alimentary canal by such close sympathies, that its inflammations are most generally the result of gastro-intestinal excitements. In the acute stage, the eruptions accompanying scarlatina, rubeola, variola, varicella, are constantly preceded by an inflammation of the digestive canal: and in the chronic stage, herpetic, and other kind of eruptions, as well as deep erosions of the skin, are under the influence of the same affection. In the gastro-enteritis, the heat, dryness and acrimony of the skin, are in a direct ratio with the intensity of the irritation, and with its effects on the organism."

In the exanthematous fevers, especially small-pox and measles, the phenomena manifested during life, as well as the autopsic appearances, prove the existence of inflammatory engorgement of the internal mucous membranes. That evidence of this does not always appear after death, does not by any means disprove the fact, for as the scarlet efflorescence from the sanguinolent injection of the external vascular reticulated tissue vanishes soon after the cessation of life, so we may safely conclude that a similar change occurs in the internal capillary system. This opinion is confirmed by the very able report of cases of variola, drawn up by Dr. Geirhard of Philadelphia, witnessed in the *Hospital des Enfans Malades* of Paris, published in the twenty-second number of the American journal.

Though serious vestiges of disease were not always witnessed in the mucous membrane, yet the arborizations, softenings, discolorations, &c. frequently met with, show very conclusively that the deviations from the healthy structure in this tissue, were neither accidental nor trifling.

Boisseau also, in his philosophical work on pyretology, bears testimony to the same fact. "The fever," he observes, "which precedes for some days the erysipelas, measles, small-pox, and other cutaneous phlegmasia, is almost always owing to gastro-enteritis. To be convinced of this, it is sufficient to observe the state of the tongue, the derangement of digestion, and to explore the epigastrium. This power diminishes when the inflammation abates or ceases in the gastro-intestinal membranes, and manifests itself in the skin. When the latter is violently irritated, the membrane of the digestive organs becomes irritable anew, or the very feeble irritation which, in most cases it retains, increases, and the febrile symptoms acquire a new intensity. When the irritation of the skin has ceased, reaction no longer exists, provided the gastro-enteritis does not persist or increase, at any period whatever of the cutaneous phlegmasia, the gastro-enteritis, and sometimes the simple irritation of the skin, in a subject laboring under a predisposition, may determine a formidable

* In mild cases of scarlet fever, the efflorescence seems to be caused by a sanguine injection of the reticulated tissue; but when the cutaneous inflammation is severe, all the tunics are involved. On some parts of the body the nervous papillæ of the skin is elongated, giving it an anserine appearance, and a rough feel to the touch.

or even a fatal irritation in the encephalon. Derangement of the nervous system is then observed to supervene with prostration; and if the gastro-enteritis arrives at the highest degree of intensity, the phenomena which the ancients ascribed to putridity, develope themselves."

Many other authorities, equally explicit, could be adduced to the same point, were it necessary, I therefore close with the following observation of Dr. James Johnson. Speaking of the *prickly heat* of the East Indies, he says, "this eruption often disappears in a great measure, when we are sitting quiet, and the skin is cool; but no sooner do we use any exercise which brings out a perspiration, or swallow any warm or stimulating fluid, such as tea, soup, or wine, than the pimples become elevated, so as to be very distinctly seen and but too sensibly felt."

Scarlet fever then, is caused by a morbid poison, manifesting itself by an erythemoid inflammation of the alimentary mucous surface, particularly of the pharyngeal, œsophagial, and gastric portions of this membrane; and from thence radiating to the external surface, according to the law of sympathy already noticed.

The fauces and glands of the throat appear to sustain the chief force of the attack, as being endowed with greater sensibility from the extreme complexity and abundance of nervous supply, as well as the great vascularity of the parts; at first a simple irritation, rapidly merging in inflammatory action, attacks these organs; from thence rapidly extending to other organs and tissues, and finally, in the course of a few days at farthest, involving the whole cutaneous surface. The degrees of the external affection are various, from a slight crimson blush, to an intense vascular excitement and engorgement. This variation is doubtless owing to the difference of grade of the internal affection, as we observe, when there are very severe lesions of the mucous parenchyma, breaking up and interrupting the usual sympathetic relations, the skin is either slightly or even not at all involved.

The characteristics of erythemoid inflammations, according to that acute medical philosopher and accurate pathologist, Dr. Jackson, are the following:—

1st, A redness, varying from a rose to a blackish brown; it is also manifested by superficial, lightly injected capillaries, which augment to uniform crimson of the deepest hue, and occupying the whole thickness of the membrane. This redness in the proper mucous membranes, is seldom defined by positive limits, but diminishes gradually from the centre. In the villous coat of the stomach and intestines, however, it terminates abruptly: mucous membranes, when inflamed, become rugose on their surface, especially those having papillæ, which become erect and turgid. Deep fissures are often occasioned by their enlargement and elevation. *This state ceases with life*; mucous membranes when inflamed thicken and are turgid, from the engorgement of the sanguine capillaries. The degrees of tumefaction depend on the quantity of capillary vessels, and of cryptæ or follicles, the membrane contains.

The erythemoid inflammation is seated in the papillæ of the mucous tissue, and is confined entirely to their vessels. When more intense, the follicles or cryptæ partake of the inflammatory action. The papillæ then enlarge, lose their density, and have a slight semi-transparency, apparently from a contained greyish or reddish fluid. Their secretion in the commencement of the phlegmasia is increased; it is less viscid than natural; but when the inflammation advances rapidly, its quantity diminishes and loses its limpidity, while it becomes more viscous. In the highest degree of inflammation, the secretion is almost wholly suspended; but as the phlegmasia subsides, it is soon reestablished, and is generally then mixed with blood, or is of a greenish hue. This augmentation and vitiation of the mucous secretion, often persists after the inflammatory action has nearly ceased.

Such also, we maintain, are the appearances which characterize the mucous surfaces, particularly in those portions designated, in scarlet fever. Discolorations of every possible grade, rugosities, thickenings, &c. are eminently conspicuous, while the swollen and red papillæ, are so prominent, as to be considered often diagnostic of the disease. The changes and vitiations also in the follicular secretions are no less remarkable, and in addition to these, the pain in the act of swallowing and deglutition, together with the morbid irritability of the stomach and tenderness at the epigastrium, prove a derangement, and constitute a series of phenomena, only to be explained by the existence of an active inflammation of the mucous membrane.

The autopsic appearances, also, most fully sustain this pathology in scarlatina. In all cases of the disease that I have examined post-mortem, there has either been an injection of the capillary vessels of the mucous coat; or ulcerations more or less extensive; or softenings and thickenings of the same structure. Arborizations, and a crimson or deep brown, or even livid colour, are often met with in the stomach and small intestines, and less frequently in the lower part of the intestinal canal. The morbid changes, however, are greater, about the pharyngeal and œsophagian portions; the tonsils and soft palate being principally the seat of that more intense inflammation, which terminates in ulceration and sloughing.

Ulceration is a frequent consequence of severe inflammation of the tegumentary tissue both external and internal. Indeed, whenever it occurs, it is the result of inflammation, and never of simple irritation; and in no tissue is it of so frequent occurrence, as in the mucous

surfaces. The rapidity with which it progresses is proportioned to the degree of inflammatory action, and is modified in some degree by the previous condition of the same structure, and the state of the blood. Some portions of the mucous tissue seem more exposed to this destructive process than others; those of the tongue, mouth, pharynx and nostrils being the most liable to it. The ulceration in scarlet fever is generally superficial and circumscribed; but occasionally it penetrates to a considerable depth, and may certainly destroy the tonsils and soft palate. Some pathologists suppose that the irritation here originates in the proper structure of the glands themselves, and not in their lining membranes. Observation however shows, this change commences upon the surface itself. Here the excretory ducts terminate, and through these the morbid impression is readily conveyed into the centre of the gland.

External ulcerations of the mucous surfaces in scarlet fever, are perhaps more generally met with among the children of the extreme poor, whose fluids are become deteriorated by unwholesome and innutritious diet. This vitiated condition of the blood deranges the molicular affinities of the solids, and predisposes them to disorganizing processes. This state of the fluids is similar to what occurs from the actual introduction of morbific principles into the circulation. The affinity of the constituent molecules of the tissues is sensibly diminished, and hence it results, that inflammation, particularly of the mucous coat, runs rapidly into ulceration and gangrene. In these cases every practitioner who is in the habit of applying blisters, knows with what frequency they take on ulceration and gangrene, and with what extreme difficulty healthy granulation is established. The same fact is also observed in low fever of a malignant or ataxic type. On the other hand, an opposite state of the system, viz. a too rich and stimulant condition of the fluids, predisposes to the same rapid disorganization. Here the affinitive aggregation of the molecules may not be lessened, but the inflammatory action runs higher, and terminates as speedily in the death of the part. Hence we generally see anthrax, or gangrene, of the cellular tissue, in luxurious livers, who drink large quantities of ardent spirits and fermented drinks, and live mostly on animal food.

From observation and autopsic results, we arrive then at the conclusion, that the essential phenomena of scarlet fever are dependent on an erythmoid inflammation of the mucous membrane of the upper extremity, principally of the digestive tube, and propagated by sympathy to the external tegumentary tissue. In *simple* scarlet fever, this inflammation is less intense, and from the slight disturbance of the circulatory system, re-action is speedily established, and the whole reticulated tissue of the skin becomes injected. In the *anginose* variety, there is a higher grade of inflammatory action in the same structure manifested by greater disturbance of the vital functions, and often terminating in serious lesions of some important organs. Unless such lesions early occur, the capillaries of the skin become injected, and we have the same efflorescence as in the simple form of the disease. In this form of scarlatina, the inflammation, after attacking the tonsils, &c. often extends to the submaxillary and parotid glands, which either suppurate, or remain a long time indurated and swollen. In the *malignant* scarlet fever, as it is termed, we have a still more intense degree of inflammation rapidly terminating in ulceration, and unless speedily arrested, in death. Those pathologists who consider this disease an essential fever, and the throat affection, an accidental circumstance, object, that the constitutional disturbance is not always proportioned to the degree of local disease. To this we might reply, by referring to other disorders, where the cause, as well as the original lesion, are alike trivial, when compared with the magnitude of the result. For example: tetanus from the prick of a needle; hydrophobia from the bite of a rabid animal; pain from a decayed tooth; fainting from the sight of certain objects; and death from a moderate blow over the epigastrium, &c. Besides, much is to be allowed for constitutional differences. In a person of irritable temperament and delicate constitution, an irritation, which in one of an opposite character, would induce a train of symptoms of a mild nature, often proves fatal. Can any one, then, with the least show of reason, pretend to say, that a centre of fluxion, established in so highly a vascular and sensitive tissue, at the very base of the brain, may not, unless checked by appropriate treatment, call into action a chain of sympathies involving the whole organism? We should say, *a priori*, that an inflammation of the bronchial, nasal, pharyngeal and œsophageal membranes, extending through the eustachian canal to the internal ear, and up the schneiderian membrane to the frontal sinus, would be very likely to be propagated to the brain, and thus give rise to headach, oppression, apparent debility, delirium, stupor, labored respiration, and other symptoms attendant on malignant scarlet fever. But this *a priori* reasoning is confirmed by observation and autopsy. If we watch closely the succession of symptoms, we find this inflamed and perhaps sphacelated condition of the mucous surface claiming precedence and priority over all the other symptoms. Of the numerous cases of which I have taken notes, or which I can call to mind, there were none in which the fauces were not early inflamed. The following may serve as examples.

1. A. B., a young man of twenty, complained of *sore throat*, difficulty of swallowing, &c. for two or three days; at lengh severe pain in the head set in, and in six hours he was delirious. I found him with flushed face, very frequent pulse, delirium, hot skin, &c.

The throat and whole lining membrane of the mouth was of a dark, shining, mahogany colour, and specks of ulceration covered the tonsils. This might perhaps be called the first day of attack, though it was actually the third or fourth from the commencement of the throat affection.

2. R. S., aged 14, a lad of delicate constitution, after getting his feet wet in March, complained of pain in swallowing, &c. The next day his head began aching, and he had two violent convulsive fits, succeeded by delirium. When I first visited him, I found him inclined to stupor; at times flighty; extremities cold. The fauces and tonsils more intensely inflamed, and ulceration had commenced.

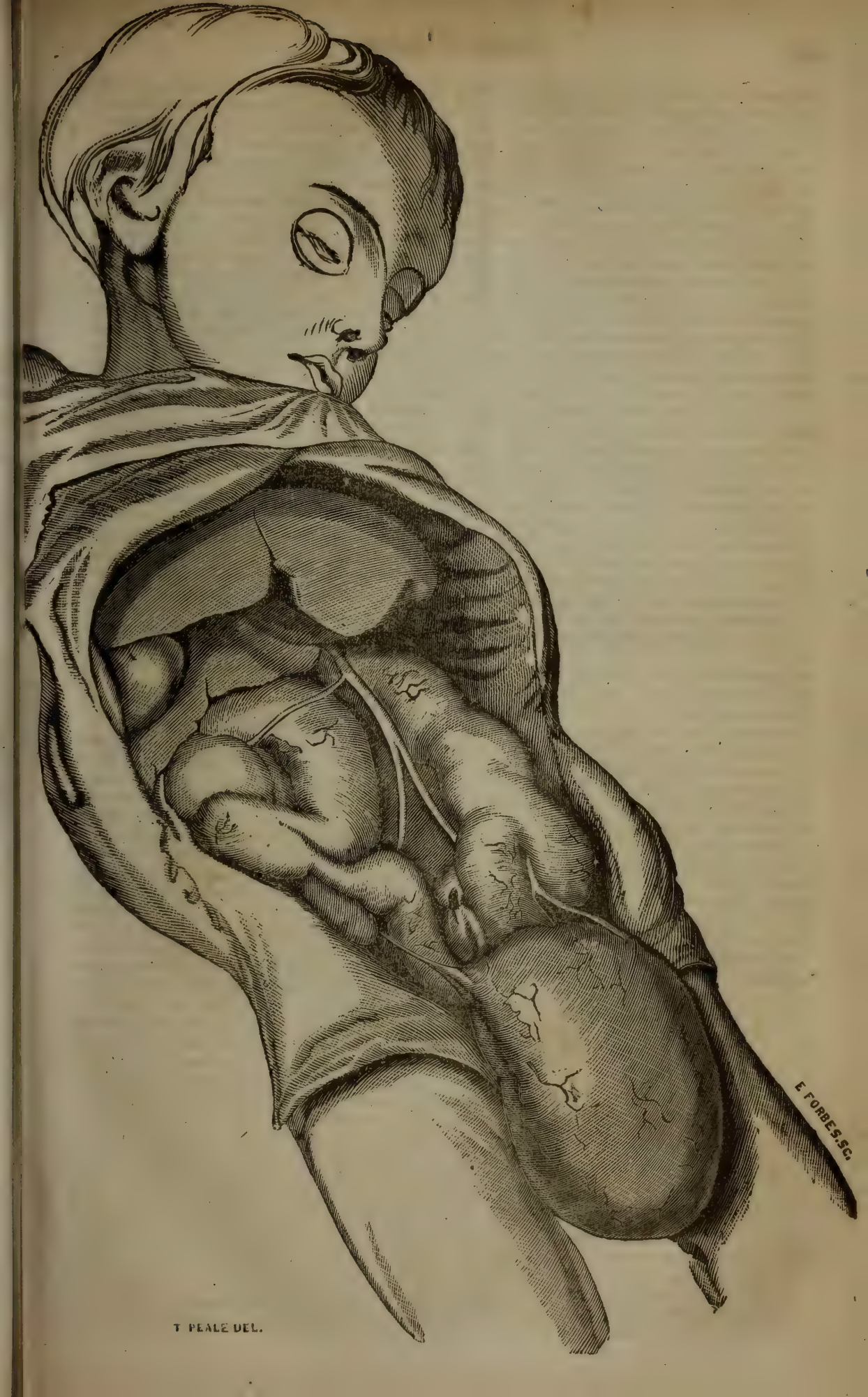
3. Sarah G., a highly intelligent girl, aged 12, on returning from school, complained of sore throat, difficulty of swallowing, and pain in the head. The next day she was taken with a severe chill and vomiting. I saw her for the first time the next morning. Pulse very feeble and frequent; head and chest very hot; extremities cold; throbbing of temporal arteries; eyes red and glaring; delirium; the tonsils intensely inflamed and ulcerated. The treatment need not be detailed. Now, in these and similar cases, are we to believe that the affection of the mucous membrane was a mere accidental coincidence, and not the cause of the subsequent symptoms? Credat Judæus, &c.

It has been observed, that the inflammation, though commencing in the mucous tissue, has a tendency to radiate to other organs, particularly the brain and lungs, as either may be predisposed by original defective organization, or debility from previous disease. After the characteristic efflorescence has appeared, the skin sometimes becomes suddenly exsangueous and pale, from the retrocession of the blood to the internal organs. This is not always indicative of danger; but serious lesions are often the result, unless this congestion is relieved by the application of prompt means. Next to the mucous membrane, the lungs are most liable to become the seat of engorgements, not only in scarlatina, variola, and rubeola, but in all other eruptive diseases. It is now pretty well ascertained, says Dr. Jackson, that the circulation of the blood is not restricted to mere vessels, but pervades the parenchyma of the organs in a cavernous and cellular structure, communicating with the capillaries, and possessing the character of an erectile tissue. When an irritation is established in any part of this structure, a flow of blood is directed thither, until the heart by sympathy feels the disturbing cause, and is excited to increased action; the final object of which is to equalize the distribution of the fluids, and thus relieve the local congestion. As this structure is continuous, a derangement of any part affects the whole; irregular and unequal movements are established, and the equilibrium which prevails in a healthy state is lost. In malignant scarlet fever, accordingly, the determination of blood to the head is so rapid, that the powers of life are suddenly prostrated below the point of reaction. The other organs suffer a diminution in the quantity of circulating fluids; the extremities become cold; and all the phenomena indicate the concentration of the vital fluid upon a vital organ. If we are asked, why a peculiar morbific cause operates thus, and acts specifically on certain tissues, producing a peculiar train of symptoms,—we must acknowledge our ignorance, though Broussais has offered some plausible speculations on the subject.

According to him, the gastro-intestinal mucous membrane, being supplied with nerves from the great sympathetic, though destitute of sensibility in a physiological condition, yet when brought into a pathological state by the influence of deleterious agents, it feels an irritation *sui generis*. If we suppose the specific poison which gives rise to scarlatina to be introduced by the stomach into the system, it should, like other poisons, first occasion irritation of the gastric passages; all the sympathies which connect this important organ with the other viscera are awakened, producing pain in the head, accelerated action of the heart, dry and burning skin, suspension of the secretions, terminating, in favorable cases, in a depurating process to eliminate the noxious cause, by stool, urine, perspiration, or even salivation. When the action of the morbific cause is moderate, we actually see such critical discharges within from twelve to forty-eight hours; if more severe, the contest is often protracted and uncertain. But it has been found by actual experiment, that it is not necessary that the first impression be made upon the gastro-intestinal mucous membrane; the same phenomena will result, if the specific poison be introduced by absorption from the skin, or through the medium of the lungs. Majendie and Orfila have both established this fact, by throwing different substances into the veins, and injecting them into the cellular tissue. Broussais remarks—"It is always by an irritation primarily developed on the *digestive surface*, propagated to the brain, and to the apparatus of ganglional nerves, and accompanied by the most usual symptoms of gastro-enteritis, that nature prepares the depurative evacuations, by means of which the elimination of foreign unassimilated bodies is accomplished."

ART. IV.—*Congenital Enlargement of the Ureters.—Fatal Case of Lithotomy, with examination post mortem.* By JAMES WEBSTER, M. D. of New-York.—*With Plates.*

Case 1.—In the month of January, 1827, Mrs. A. of Philadelphia, (during my residence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there) was delivered of a healthy-looking boy. About two weeks after its birth the nurse called my attention to an enlargement of the abdomen, stating, at the same time, that the child had passed no urine for two days. On examination I found, on either side, a large fluctuating irregular tumor, occupying the lumbar and iliac regions, which disappeared the following day after a copious flow of urine; and my attention was not again directed to the case for some time after, when similar symptoms presented themselves, and the child appeared to suffer great pain in the effort to pass his urine, which escaped in small quantity, and at intervals of five and six days. At these times, on the introduction of the catheter, which was repeatedly tried, no urine flowed; and the whole train of symptoms was such as to lead to the impression that there might be stone in the bladder; but, on carefully sounding, no stone was detected, and the case presented so many anomalies, that, at the request of the parents, Dr. Joseph Harteshorne was called into consultation.

At this period, twelve months after birth, the swelling of the abdomen presented the same appearance as when my attention was first directed to it: it had not increased in size; fluctuation was perceptible, and it had all the characters of encysted dropsy. The sufferings of the child continued steadily to increase, until it was finally worn out by the long continued irritation, and died on the 10th of July, 1828, having survived 18 months.

I have thought it unnecessary to dwell upon the course of treatment adopted in the case, as not the slightest relief was afforded by any remedial means; I shall therefore proceed to describe the appearances presented on examination after death.

Autopsy.—Assisted by Dr. Caleb B. Matthews—on laying open the abdomen by a crucial incision, the omentum majus and intestines presented a perfectly natural and healthy appearance: these were turned aside, and brought into view a distended sac on either side, which, on examination, proved to be the ureters, enlarged to nearly double the size of the large intestines, and completely distended with urine. At their point of exit from the pelves of the kidneys, the enlargement was so considerable that they partially covered these organs; whilst, at their entrance into the bladder, they were considerably diminished in size, and the valvular structure was here almost entirely preserved. The bladder was somewhat larger than natural, but there were no appearances of inflammation, neither was there any calculous matter, either in the bladder or ureters. Having removed the intestines, the parts were left in situ, with their connexions undisturbed, until we procured the assistance of Titian Peale, Esq. a distinguished artist of Philadeldhia, who made the drawing from which the accompanying plate is taken, which represents, with great accuracy, the precise condition of the parts, and which requires no further explanation. The kidneys, ureters, bladder, and a portion of the urethra, were now removed entire, and the preparation has been placed in the valuable museum of Professor Rhinelander.

Remarks.—It must be evident, from the facts of the case, that the preternatural enlargement of the ureters, in this case, was congenital; and we have no difficulty in accounting for all the symptoms, when we recollect that the valvular structure at the entrance into the bladder was not destroyed. The ureters here served as reservoirs for containing the urine as it was secreted: as these became distended, the sufferings of the little patient were increased, until it flowed into the bladder, when it escaped by the urethra in large quantity, and thus afforded relief.

After careful examination I have not been able to find a similar case on record. Van Horne, Ruysch, Huxham, Nebel, Penchienati, Coates, A. Cooper, and Burns, have given descriptions of cases in which the urinary bladder was entirely deficient at its anterior part, and where the functions of that organ were performed by the enlarged ureters; but in all these cases there was malformation of the genital organs, and the ureters opened directly through the abdominal parieties, from which there was a constant flow of urine.

Case 2.—Early in April last I was requested by my friends, Drs. Wm. Hibbard and J. F. Gray, to visit a patient laboring under symptoms of stone in the bladder. On sounding, the presence of a stone of considerable size was immediately detected, and an operation for its removal proposed. The following is its history extracted from my case-book, but I think it proper to state that, on the day previous to the operation, I made a very careful examination in conjunction with my friend Dr. A. F. Vaché, on which occasion I was struck with the peculiar resemblance it presented, on an external view of the abdomen, to the case above related: I stated the fact at the time to Dr. V., but confess that I thought little on the subject until dissection revealed the true nature of the case:-

April 17th, 1835.—Assisted by Drs. A. F. Vaché, S. P. White and W. Hibbard, and in the presence of a number of physicians and students, performed the lateral operation for stone on Daniel Moore, Clarkson St., N. Y., œtat two years and a half. From the previous history of the case, I learned that the child had labored under symptoms of stone in the bladder upwards of a year; that his sufferings were very severe, whilst the case had presented many peculiarities not usually attendant on ordinary cases of stone, and which had demanded corresponding treatment.

Having made the incision in the perineum, on introducing the gorget into the bladder, it was observed that no urine escaped, notwithstanding the precaution had been taken to retain it for some time previous: this step of

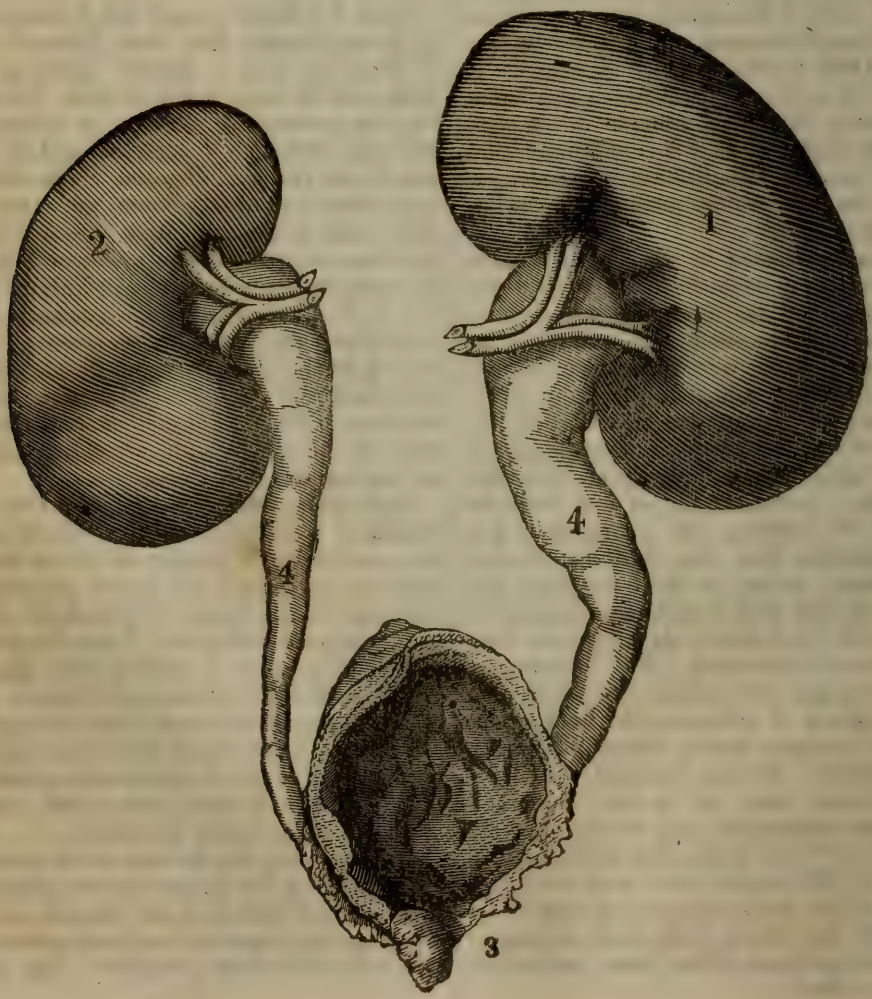
the operation required but a minute or two, although much inconvenience was experienced from an extensive protrusion of the rectum, which was increased by the violent efforts of the child. The forceps were now introduced with a view to extract the stone, when it was found to occupy nearly the whole of the bladder, and firmly adherent to its parieties over an extensive surface. The effort was made to remove it entire; but this was soon found impracticable, as it was immediately crushed under the pressure of the forceps, and in this way removed in fragments. The greatest difficulty, however, was experienced in the efforts to remove that portion which was adherent to the bladder, but which was finally accomplished by means of scoops; and requiring, necessarily, very considerable delay in order to inflict as little injury as possible. The little patient bore the operation remarkably well; but the system did not recover from the shock, and on the following morning he died.

Autopsy, ten hours after death. In presence of Drs. Hibbard, Vaché and White, (for whose valuable counsel and assistance, during the tedious and severe operation, I was greatly indebted). On laying open the abdomen, the peritoneum at the lower part, was found thickened and coated with patches of coagulable lymph; the intestines presented a natural and healthy appearance. On turning aside the intestines, the kidneys, ureters and bladder were next brought into view, and removed entire with their connexions.

Kidneys. The right was of the natural size and appeared healthy—the left was very considerably enlarged, as will be perceived from the accompanying cut, which is a faithful representation of the preparation deposited in Prof. Rhinelander's museum. There was no calculous matter observed in the kidneys.

Ureters. Both very considerably enlarged, —the left quite as large as the small intestines,—both tapering to a point near their entrance into the bladder. The resemblance here to the case of Allen's child above described, will be observed; and we will have no difficulty in understanding that, in this case also, the ureters served as reservoirs for the urine, which accounts for its non-appearance when the incision was made into the bladder during the operation.

Bladder. Small and contracted, not more than half its usual size. On laying it open, the parieties were found greatly thickened, and its internal coat was studded with small depressions, or cavities, as represented in the cut. I have already mentioned that the stone readily broke under the pressure of the forceps; and, on examination, it was found to be



composed of small particles agglutinated together. From the appearance of the internal surface of the bladder, it would seem that as these particles were deposited, they must have retained their positions, constantly receiving accessions whilst the viscus was in a state of chronic inflammation and the thickening of its coats going on, until they had increased so as to form the solid mass, the first deposite being firmly wedged in by the increased growth around them; thus accounting for the mode of attachment of the stone, and completely illustrated by the peculiar appearance of the internal surface of the bladder. In the accompanying cut, Fig. 1 represents the Left Kidney; Fig. 2, the Right Kidney; Fig. 3, the Bladder; Figs. 4, 4, the Ureters.

Remarks.—Was this a case of congenital enlargement of the ureters, or is that to be attributed to the presence of the stone? Cases of the latter are by no means unfrequently met with in adults, but I should be disposed to consider the above a case of original malformation. The case is useful and instructive to the surgeon; for from my experience in the first case where no stone existed, together with the latter, I should be led to examine very carefully; and where I had reason to suspect the existence of such a state of things, I should be decidedly averse to recommending an operation for the removal of a stone. In reference to the age of the child, I may state that I have performed the operation of Lithotomy with perfect success, on a child little more than eighteen months old, and see no reason for delay when a stone is found to exist.

Art. V.—*Memoir of Baron Dupuytren.*

In the number of the Lancet for February the 14th, we gave a biographical sketch of the late Baron Dupuytren. We now propose o take a view of him as a man of science, and record, while his memory is still fresh, some notice of all that he has done for the advancement of that art, to the perfecting of which his life and talents were incessantly devoted. It is not easy to convey a personal idea of Dupuytren. He was one of those individuals whose countenance always struck observers as emblematic of a mind whose exact character was not expressible in words. The contemplation of his features left a "je-ne-scai-quoi" impression on the feelings even of the most acute physiognomists,—half pleasurable and half dissatisfied,—a sensation at once of admiration and dislike, for which it was found impossible to account. Dupuytren was a man of middle stature, brown complexion, and strong make. In his youth he must have been extremely handsome. Those who possessed the personal acquaintance of both, must have observed some resemblance between Dupuytren and the professor of anatomy in the university of Dublin. The striking magnificence of forehead, expressive of intelligence of the highest order, and the small dark piercing eye which distinguished the one, had their rival in the other,—that eye, oftenest twinkling with playful malice in the one, and in the other darting those stern annihilating glances which rendered the presence of the great surgeon of the Hotel Dieu so imposing, and frequently so oppressive, to those who fell beneath his scrutiny. "His eye," says a French author, "was enough to terrify a Corsair."

But it was to the peculiar expression of his mouth that the physiognomy of Dupuytren owed its characteristic cynicism and appearance of universal distrust. Viewing the upper part of his face, and particularly his broad fair forehead covered by a thin white *cheveleure*, the figure was that of a man imbued with feelings of benevolence, and accustomed to exert the most untiring patience. But soon would the impression be destroyed by a sudden curl of the lip, an almost imperceptible compression of the mouth, a fastidious though polite shrug of the shoulders,—tokens of the mental storm within, which, with calm exterior, he was disdainful to show, refusing to let his fellows become witnesses of any one feeling that governed him. Without the appearance of avoiding society, though present at all the learned meetings of the French capital, at the Faculty, at the Court, at the reunions of private life, Dupuytren was, intellectually speaking, a perfect anchorite. Admired by all, the friend (perhaps) of a few distinguished men, there was not one who could say, "I know him." We have already hinted a cause which, to many, explains the secret reason of the cynicism and distrust of his fellow-men that have thrown a shadow over the fairest days of Dupuytren's life. That cause was sufficient to account for even still more remarkable effects; but others attribute his constant ill-temper and *ennui* to a weakness which is common to a class of great men who are yet not sufficiently great to despise the malice of the envious. Dupuytren never forgot a kindness, and never forgave an injury. His ambition was fully equal to his talent, and under the coldest exterior, he concealed a heart which was sensible to the slightest impressions. He felt conscious of the superiority which he so fully possessed; and to justify his pretensions, he sacrificed all the pleasures and comforts of private life, and condemned himself, as we have heard him say, to "lead the life of a dog." "Above all things avoid being an insignificant man" (*ce qu'il faut craindre avant tout, c'est d'etre un homme mediocre,*) was one of his favorite maxims, and to escape the chance of a humiliating mediocrity, he devoted every energy of his mind, succeeding to the utmost verge of his resolve, but not without most bitterly experiencing the stings of envy and calumny, nor without nourishing an implacable hatred

against the authors of reports, which a man of less susceptibility would have treated with deserved contempt.

The life of Dupuytren afforded various examples of the intensity of this dominant morbid feeling, and of the manner in which he avenged himself. How deep and ramified the root hypocrisy had taken in the vicious court of Charles the Tenth, is too notorious to need description. The royal favor there could only be obtained beneath the guise of professed religion. Every one had his confessor, and the worst sinners passed for the greatest saints. With this crowd Dupuytren was accused of mingling, in person and in object, and malice once went so far as to declare, that he had dropped expressly from his pocket a little prayer-book within the precincts of the royal apartment. Innumerable epigrams sprang from the alleged incident, but, equally insignificant with the charge, they were soon buried in oblivion. The memory of the affront, however, never passed from the mind of Dupuytren; and years afterwards, on being accidentally called to attend the daughter of a countess, the supposed authoress of the story, he avenged himself by the infliction of treatment the most cruel and heartless on the mother at the death-bed of her daughter.

The dress which Dupuytren invariably wore was very peculiar. At the Institute or the Faculty, in town or at the court, in summer and in winter, he was always clothed in a little round-cut green body-coat, to which, when he visited the hospital, was added a small green cloth cap, of a cut altogether original. Those who have at any time followed his clinique at the Hotel Dieu, will remember the slow, the almost jesuitic pace with which he entered the amphitheatre, the brim of his green casquette turned from his forehead, the white apron in front, his right hand thrust into the bosom of his coat, and his left constantly applied to his mouth; for no matter in what society he found himself, whether in public or in private, at the hospital or presiding at a concours at the Faculty, Dupuytren had a habit of constantly gnawing the nails of his left thumb and index finger, like one who suffers from some intense bodily or mental pain.

When seated in the professor's chair, he never addressed himself to more than a fraction of the audience; his back was turned upon at least three-fourths of the assembly, and he commenced with a low and indistinct muttering, which afforded little indication of the splendid, and on many occasions truly eloquent discourse that was to follow. The most profound silence always reigned in the crowded class which filled the amphitheatre of the Hotel Dieu, as though all were anxious to catch even the first word that dropped from his mouth; and if, during the lecture, any one permitted himself to betray a symptom of *ennui*, one of his searching glances, with a motion of the lip expressive of the most ineffable contempt, covered the thoughtless culprit with shame and terror.

In the wards of the hospital, the originality of Dupuytren appeared even with more relief. On rare occasions he descended so far as to joke with a patient; but towards the students, and even to his own dressers, he was cold, ironical, capricious, and tyrannical, to the last degree. Frequently did it happen, on questioning a patient for a few seconds, that if the answers were not given as clearly and precisely as the inquiries, he would punish the unfortunate *malade* by a shrug of his shoulders, and a departure without a moment's further attention to him. Not easily shall we forget the day when the mother of a child whose leg he was about to amputate, having forced her way into the amphitheatre, suddenly interrupted the operation; the self-command of Dupuytren left him, and forgetting what was due to humanity,—to a woman and a mother,—he turned out the agonized parent from the room, with a *coup de pied dans le derriere*.

Dupuytren never tolerated the slightest suggestion or contradiction affecting his measures or opinions, and, as we have remarked, his treatment of the pupils who were placed under him in the hospital was marked with the utmost austerity. The number of his dressers at the Hotel Dieu amounted to twenty-six. At six of the clock every morning he called over the list, and no excuse for absence was admitted. More than once he has publicly degraded an *externe* who had disobeyed his orders, or showed some symptoms of insubordination, by tearing off his white apron and other such insignia: and on one occasion, it is said, that he so far forgot himself as to strike the apothecary of the hospital, giving the offended pharmaceutist, however, the honour and "satisfaction" of a meeting next day in the Bois de Boulogne: but the duel was, we believe, prevented by the police.

It is a matter of sad experience, that talent and integrity alone are rarely sufficient to raise a man to the high posts of honor in a large capital. The candidate must have protection and a *savoir vivre*, without which he may struggle for years in obscurity. Dupuytren was fortunate in both respects. At a very early period of his life places were offered to him in the hospitals of several large provincial towns, but he always took care to recommend to the post one of the young rivals, whose fame or competition might at a future day become troublesome to him. Thus, of five or six competitors, who originally opposed him, he succeeded in placing one at Clermont, one at Rouen, and one at Strasbourg; and he finally vanquished the remaining three—M. Roux, M. Marjolin, and M. Delpech, in the celebrated concours which took place for the chair of Operative Surgery, on the death of Sabatier, in 1812.

Dupuytren owed his appointment to the head surgeoncy of the Hotel Dieu, where he has ruled, the absolute master, for the last sixteen years, to an accidental circumstance, which deserves to be recorded, both as an example and a warning to hole-and-corner surgeons in all quarters. Previous to the year 1817, Pelletan was surgeon-in-chief of the Hotel Dieu. Dupuytren, who served under him as second, soon became an object of jealousy to the old professor. Distrust succeeded jealousy; then followed mystery, and, finally, a secret operation, by which Pelletan was completely ruined. In 1817 there was a patient in the female wards of the Hotel Dieu who was affected with an enormous carcinomatous tumor of the upper arm. The disease extended to the parietes of the chest and to the neck. The blood vessels were altered, and several other unfavorable complications existed. On a consultation, Pelletan advised an operation; but Dupuytren, in a forcible manner, pronounced various reasons against any attempt to remove the tumor. The patient was undecided. In this state of things Pelletan was imprudent enough to shut himself up with a few favored pupils, and perform the operation in private, without having informed Dupuytren, or any other person who was absent, of his intentions. The patient died almost immediately afterwards, and this event was followed by the retirement of Pelletan.

The reputation of Dupuytren as a first rate surgeon was now fully established. His private practice became considerable, and in 1820 the assassination of the Duke de Berry introduced him to court, thus laying the foundation, if not of his professional reputation, at least of the immense fortune which he has left behind him. If report speaks truly, the surgeon of the Hotel Dieu on this occasion, for the first time, lost the *sang-froid* and presence of mind for which he was so remarkable, and committed two essential errors,—one as a practitioner, the other as a courtier. In the first place he sounded the wound of the duke, a penetrating wound of the chest! in the next he abstained from answering the King when his Majesty addressed to him some question in Latin. Little faith, perhaps, will be placed in the excellence, or even, the existence, of the Latinity of Louis XVIII, for since the time of the scholarly James, the classics have fallen into disrepute at courts. However, here is the anecdote in detail, as told by a man of letters. Immediately after the accident, Louis, who loved his nephew tenderly, entered the sick chamber, surrounded by a crowd of princes and surgeons, burning with anxiety to know the probable issue of the injury, and at the same time anxious to avoid alarming the patient by any imprudent remark. The king turned to Dupuytren, whose appearance even then attracted his notice. Nothing would have been more simple than a whisper in the ear of the surgeon, conveying a request for his opinion. But so close an approximation of king and subject as that species of communication would require, was incompatible with the dignity of a royal personage, and so it was regarded by his majesty, who relieved himself from the dilemma by reducing his question into Latin, presumed to be the language of physicians, and one with which the patient was known to be but slenderly acquainted. But the words fell dead from the royal lips. No answer was returned to them by Dupuytren, whether from indisposition to reply, ignorance of the language, or confusion at the scene, and M. Dubois, who happened to be present, answered for him.

It was, however, rarely indeed that Dupuytren allowed himself to be surprised. If he was excelled in a few particulars by some surgeons,—if, for example, we admit M. Roux was quicker and more dextrous at an operation,—Dessault more brilliant as a professor,—Boyer more prudent and humane, and Marjolin more profound,—there was none who could compare with him for the imperturbability of mind in the midst of accidents or untoward circumstances, none whose eye was more certain, or whose hand was more firm. Like other surgeons, he has made mistakes. He has opened an aneurism for an abscess, and has cut for the stone when no calculus existed in the bladder; but such errors only gave to Dupuytren an opportunity of displaying his superiority. They never disconcerted him. Thus, upon one occasion, when extirpating a tumor from the neck, he accidentally opened a large vein, and the patient expired in an instant, from the admixture of air with the blood. Without being affected by an accident which would have disconcerted nineteen out of twenty practised men, he coolly turned to the class at once, to discuss the cause of death in an extemporaneous lecture, which has seldom been surpassed or equalled for the excellence of its matter and arrangement.

It was, indeed, as a clinical professor that Dupuytren obtained the surprising reputation which placed him at the head of European surgeons. He succeeded, at the Hotel Dieu, the most eloquent lecturer that France ever produced, and in his new office not only sustained the character of the school at its full height, but raised the clinical instruction to a point which must be regarded as little short of perfection. The 'Leçons Orales,' published under his direction, and from which we have translated so many lectures, convey, perfect as they are, but a feeble idea of the rich and well-selected materials which he has been for years submitting, without intermission, to the attention of the pupils of the hospital. Dupuytren was not what is usually called an orator. He seldom had recourse to literary embellishment, or borrowed from the works of others; but his elocution was simple and elegant, his language clear and perfectly correct. Weariness never stole over his audience during a lecture, from the assemblage of useless

details, or superfluous repetitions. On the contrary, his discourse, which flowed from him with the ease and fluency of a perusal, was stored with facts selected from his own practice, and arranged with a clearness that showed how perfectly he understood and had studied every branch of the art.

As an operative surgeon he was successful, without being brilliant; indeed it is notorious that he failed much less frequently than his rival at La Charité, M. Roux, who, in spite of his wonderful dexterity, and excellent method of manœuvring the knife, lost at least three patients for every two of Dupuytren. The cause of this difference is easily explained. Surgery is no longer what it was a century ago,—the art of lawfully cutting and hacking the human body. A more rational direction is given to the studies of those who commence their surgical career. These first apply themselves to medicine as the parent art, and regard surgery in its true acceptation, viz. as a branch of medicine, in which the occasional employment of instruments is demanded. How numerous are the diseases awarded to what is called 'surgical practice,' which not only are 'internal' but are quite beyond the reach of instruments! Regarding surgery in this its true sense, we hesitate not to place the late Baron Dupuytren at the head of European surgery. He operated with great dexterity and with immovable *sang-froid*. But his chief qualities consisted in the perfect correctness of his diagnosis, and the admirable manner in which he managed the therapeutic treatment of his patients. In the great majority of all descriptions of cases, the great difficulty is to establish a correct diagnosis, for on that alone can treatment be correctly founded. The one is subjected to the other, and is a secondary branch of the art. In diagnosis Dupuytren was equalled by no surgeon of his time. A few questions, often put in the most careless tone, a single look, the application of the hand to the abdomen, were sufficient to reveal indications, which, assembled in his mind with almost inconceivable rapidity, afforded conclusions to the surgeon that seldom if ever was erroneous. Not that he was infallible; and it was a reproach that he did not evince that frankness of manner and readiness to acknowledge the commission of error, which should distinguish all men, and especially surgeons. So far from exhibiting a willingness to admit the commission of a blunder, Dupuytren was not ashamed to resort to unblushing falsehood to conceal it. On one occasion, for instance, at the Hotel Dieu, where the intestine had been opened during the operation for a strangulated hernia, Dupuytren, when showing the piece to the class, forcibly thrust his finger through the incision, and dilated with eloquence on the curious way in which gangrenous inflammation sometimes *cut through the intestines like a knife*, although the interne by his side (at the risk, as he himself said, of being kicked) now and then gave the professor a hint that he was mistaken, and that the opening which he demonstrated was not due to inflammation but to the bistoury. Traits of this kind are not unfrequent. The *amour-propre* of Dupuytren even pushed him to the publication of inaccuracies where he was certain of being detected. Thus in his 'Leçons Orales,' and long before them, in 1824, he boasted that the mortality of the Hotel Dieu was reduced to one patient in twenty, one in nineteen, or one in eighteen, as a mean term; but authentic documents, since published by the authority of the council-general of hospitals, showed that at that very period the mortality amounted to one in fourteen.

As a writer his reputation is neither great nor extended. He was, in fact, so occupied by practical duties that he had not time to write. It was chiefly as a clinical professor that he shone, and during the twenty years that he gave instruction, the clinical school of the Hotel Dieu has produced more brilliant surgeons, and disseminated more new and wholesome ideas of surgery, than any other establishment of the kind in Europe.

If Dupuytren, however, did not himself write, yet his ideas have been taken up and published by others, and it would not be a matter of difficulty to enumerate a number of excellent works, of memoirs which have covered the authors with renown, that were taken from the fertile source of his clinical instruction. The little which Dupuytren has furnished from his own pen, is to be found in the memoirs of the Royal Academy, and in the Dictionary of Medicine. Among the most remarkable we may enumerate, *in anatomy*, Researches on the Spleen, on the Veins of Bones, on Fibrous and Erectile Tissue:—*in physiology*, on the Nerves of the Tongue, on the Motions of the Brain, on Absorption, and on the Influence of the Eighth Pair of Nerves:—*in pathological anatomy*, Memoirs on the Neck of the Long Bones, on False Membranes, on Amputation of the Lower Jaw-Bone, on Ligature of certain Arteries, on Fracture of the Fibula, on Artificial Anus, on Diabetes Mellitus, on Congenital Luxation, and on Retraction of the Fingers. It is said that he has left an unpublished treatise 'on the Diseases of the Glands.'

Besides these permanent 'titles,' Dupuytren has modified a great number of operations, and is the author of several most useful instruments For example, his *enterotome* is sufficient alone to have immortalized any reputation; indeed we should be inclined to place his operation for artificial anus after that of lithotrity, and it is infinitely more successful. Thus, up to 1834, forty-one operations, the greater part of which had been rendered necessary by gangrene of strangulated hernia, were performed with the enterotome. Of these three only were unsuccessful; the remaining thirty-eight patients were cured without any accident or risk. Since 1824, at least

one hundred operations of the same kind have been performed and with similar results. Dupuytren also invented a double-bladed bistoury for the bilateral operation, a cataract needle, a compressor in cases of hemorrhage, a porte-ligature; and, as we have mentioned, he has introduced excellent modifications of most of the great operations in surgery.

By his death the science has lost one of its most solid ornaments, and the school of medicine in Paris its most accomplished professor. The void which he has left is immense. Who can fill it? Who can now succeed to that chair with eclat, which has been filled by Dessault, Pelletan, and Dupuytren? That it will even be filled to the best advantage which circumstances admit, we have reason to disbelieve. Intrigue is at work, and there is cause to engender a fear amongst the profession at Paris, that the clinical instruction in the Hotel Dieu will be intrusted to one of the worst clinical lecturers in the capital. M. Roux removed to the hospital on Monday last, and his place will be filled by Velpeau.

London Lancet.

Art. VI.—*Select Cases and Communications, forming part of the Transactions of the Medico-Chirurgical Society of Edinburgh.* Communicated by the Council.

Section Second.

§ I.—Cases.

1. *Two Cases of Hemicrania.* By William Brown, Fellow of the Royal College of Surgeons.

In the spring of 1818, I attended a man, aged about fifty, a hard-working carpenter, of rather intemperate habits. He had been subject to the headach for a consideracle time, but it then assumed the form of perfect hemicrania. The pain occupied exactly one-half of the head, of the nose, and, he said, even of the tongue. The side affected, which was the right one, was slightly swelled, and red. For several days he suffered much from vomiting, and was occasionally delirious. After these symptoms had continued for some days, suddenly a great discharge of blood and purulent matter took place from the right ear and nostril; he was immediately relieved of his uneasy feeling, and was soon restored to health. This man was alive for some years after; but I lost sight of him, and am ignorant of his subsequent history.

Mr. A. K. aged twenty-four, not a robust young man, and rather dyspeptic, applied to me in January 1834, on account of a severe pain in the situation of the right eyebrow, or a little under it. He had suffered from the affection for a day or two, and it slightly injured his vision. There was some swelling and redness of the integuments, and it had the appearance as if a stye or small phlegmon was advancing. I recommended the application of a cold poultice; and was disappointed to see him in two days after, no better. There was still pain in the same spot, the same appearance of redness and swelling, and a tendency to tears in that eye. In a few days I again saw him; but there was no abatement in the symptoms, and as there seemed no tendency to suppuration, I felt alarmed lest mischief should be taking place at the periosteum. Leeches were applied without benefit, and they were ordered to be repeated. There was still no improvement; but as he incidentally mentioned that the headache was worse in the morning, and as his tongue indicated some disorder in the digestive organs, I hoped it might be periodical headach, and changed the plan of treatment. An emetic was ordered, followed by a purgative, and then by a solution of sulphate of quinine with sulphuric acid. I found, upon more minute attention to the symptoms, that the attack came on pretty regularly about four in the morning. He awoke some time before this hour with general unwellness; in a short time the pain began, and gradually increased till it was at its height, in three hours; it then gradually declined, and in about as long time it was gone. He continued uncomfortable and depressed during the forenoon, but in the afternoon and evening felt quite well. This treatment had no immediate effect upon the disease. On one day the attack began later, but continued the usual number of hours; another day it was less severe, but more protracted. The first thing which seemed to exert an influence over it was a grain of opium, given an hour before the usual time of the accession of the paroxysm. This not only moderated the pain, but shortened its duration; and on the second occasion, when it was used, it prevented the attack entirely. The disease lasted nearly three weeks.

These cases have but little in common with each other. The one consisted in acute vascular action leading to the formation of abscess, and occurring in a strong muscular man. The other was a chronic affection, with but little vascular excitement, and occurring in a person of a weak constitution. The one circumstance, however, of the pain of both being on one side of the head, leads me to place them together by way of contrast.

The latter belongs to a class of persons which are of pretty common occurrence. They are usually observed in persons who are in infirm health, who are liable to dyspepsia in one or other of its forms: and many females occasionally suffer in this way for a day or two before menstruation. Megrim is sometimes of short duration, remaining only for a few hours or days, but in other cases it assumes the form of a regular intermittent disease, preserving its terms of accession and

departure with much regularity, and maintaining its hold for several weeks. When it becomes the subject of medical treatment, it is most successfully treated by remedies acting upon the digestive organs, such as emetics, cathartics, and tonics.

These circumstances justify us in referring this affection to a disorder of the general system, or of the digestive organs. But it must at the same time be presumed, that there is a local disease of the nerve affected, which causes the general disorder to influence it rather than some other portion of the nervous system. We are in great ignorance of the nature of local nervous diseases. No great attention was for a long period paid to them, and perhaps the diseased changes are not discoverable by our present modes of investigation. But they have recently received a greater share of notice, and the number of observations which have been made by accurate practitioners, gives the promise of a more extended acquaintance with them, and consequently of a more successful treatment.

The first of these two cases is interesting, as being not a common one, but one of those accidental abcesses, the discharge of which by two of the natural outlets could not have been anticipated from the previous symptoms. Its seat was probably deep in the soft parts around the mastoid process, and I regret that the notice of the case, taken by me at the time, gives so imperfect an account of symptoms which would have been very interesting now. The discharge of matter by the ear is a common occurrence in abcesses lying near that organ; but it is not very easy to understand how it could get to the nose; and some doubt may be perhaps entertained of the accuracy of the statement. I can only say, that my account of the case, taken at the time, mentions this, and that my own recollection is in accordance with it. There are cases on record where matter was evacuated by passages equally circuitous, and I reported to the Society, at a former meeting, one in which an abcess discharged itself from the bladder, rectum, and lungs.

So far the case is curious; but an inference of a practical kind may be deduced from it. It was inflammation surrounding and enveloping the *portio dura* as it emerges from the cranium, which gave rise to this peculiar distribution of the pain. In fact, perfect hemicrania was produced. Is it wrong to presume that in various cases of pain occupying one side of the head or face, inflammation or irritation of a nerve is present?

2. *Cases of Inflammation of the Orbital Linings.* By J. Craig, Esq. Surgeon.

———, a female, aged 33. I saw her on the 23d of October, 1833, and found her complaining of a most agonizing and deep-seated pain in the left eye, or rather in the orbit, extending to the head;—so intense, that during the night she was quite delirious; the conjunctiva was a good deal inflamed, and the eye-ball protruded forward, with a feeling of much tension; the iris was slightly contractile, and vision somewhat impaired; the eye-lids were distended, and unnaturally protuberant; and the pulse was strong, full, and beat 120. She was bled from the arm to thirty-five ounces, and six leeches were applied to the eye-lids; she had a dose of calomel and rhubarb at bed-time, and jalap on the following morning; and saturnine lotions were applied to the eye after the bleeding.

24th. The local symptoms were more aggravated; the palpebræ were red on the surface, much swollen, and œdematous; the globe of the eye was more protuberant, and the least attempt to move it caused the most excrutiating pain; the iris was quite immoveable, and vision gone; the constitutional symptoms were considerably relieved. The leeches had bled freely, and the medicine operated well. She had a blister applied behind the ear, and ten leeches to the eye-lids.

25th. Very much the same. Had the aperient medicine repeated, as also the leeches, and to continue the saturnine applications.

26th and 27th. Symptoms not in the least relieved, and the protrusion of the eye-ball still greater. Took twelve ounces of blood from the temporal artery; applied the leeches again to the palpebræ; a large blister to the forehead and temples; scarified the conjunctiva (which was much inflamed) very freely, and repeated the aperient medicine at bed-time and in the morning, and also ordered an antimonial mixture to be given every two or three hours.

28th. Last night the suffering was so extreme that she was unable to lie down, having sat up all night supported by pillows; early in the morning, of her own accord, applied again nine leeches, which bled freely. Had the aperient medicines repeated at bed-time and in the morning.

30th. The pulse became small and feeble; the eye-ball dreadfully protuberant, but pulsation distinctly felt by the patient deep in the orbit; the bowels were operated upon well, and the febrile symptoms almost abated.—Ordered a large warm poultice over the eye.

November 1st. During the night an abscess burst through the upper eyelid, near to the inner canthus, external to the *conjunctiva*, and discharged a considerable quantity of healthy purulent matter. Through the opening a probe could be passed over the eyeball, towards the external canthus, deep into the orbit. The pain was much alleviated, but the eye still very protuberant, and the eyelids red and œdematous. I directed a poultice of turnip to be applied over the eye.

2d. The opening still discharges a good deal of matter; the painful symptoms a good deal relieved. The bowels are regular, and the tongue clean. She was ordered two

glasses of wine daily, and to continue the poultices.

3d. During the night another opening formed through the lower eyelid close to the inner canthus, through which a probe could be passed below the eyeball to the external canthus of the orbit, and matter was discharged freely from the opening.

From this date she had no bad symptoms. The poultices were continued for several days, then simple dressing, and a zinc lotion, and she recovered remarkably well, with vision quite perfect, but the eye easily fatigued.

In this case the pain was more severe than can well be described; the tumefaction and redness of the eyelids, and protrusion of the eyeball, presented a horrible appearance; the stretching of the retaining muscles, and deep-seated tender parts, the consequently altered position of the optic nerve, and insensibility of the retina, all deserve attention.

With regard to the treatment, it was from the commencement strictly antiphlogistic; and though, from the inflamed state of the eyeball itself and conjunctiva, I did not at first suspect a deep-seated abscess, and, for the sake of affording temporary relief, was on the point of evacuating the aqueous humour, yet the distinct pulsation felt, though not preceded by any rigor, induced me to change the application, and apply a warm poultice, which in a few hours gave relief.

Mrs. R. was seized with a severe pain, extending over one side of the head, but principally situate in the left orbit. This she, for some days, attributed to decayed teeth, which she had extracted without relief. When I first saw her, she laboured under considerable fever; the pain, particularly over the forehead, was so acute as during the night to be accompanied with delirium; the eye itself was slightly prominent, hardly inflamed, and vision was quite perfect; there was a constant discharge of tears.

She was purged freely; had her hair cut out; leeches repeatedly applied to the temples, followed by cold applications to the head, and saturnine lotion over the eye-ball. The fever abated, but the deep-seated pain in the orbit, the malar bone, forehead and temples continued. At one time I had a suspicion of matter forming in the malar antrum, but satisfied myself it was not the case. The eye became very gradually more prominent; the eyelids red and œdematous, and purulent matter was discharged through the nostril. At length an abcess pointed towards the inner canthus, external to the conjunctiva, was opened by Mr. Liston, who saw the case with me, and a quantity of thick cheesy matter was discharged.

The discharge continued for some weeks before it altogether subsided, partly from the opening, and partly through the orbit. Astringent lotions were used, and the case terminated favourably.

Ratho, December 30, 1833.

3. *Case of Hydrocephalus.* By J. H. Balfour, M. D., F. R. C. S.

In the beginning of May, 1833, I was called to see James Cumming, a child thirteen months old, who was reported to have been attacked the evening before with convulsions, which had continued to recur at short intervals. When I saw the child he was in a severe convulsion, which was soon checked by the use of the warm bath, and the application of a stream of cold water to the head. When somewhat recovered from the fit, I examined the gums, and found one of the teeth of the lower jaw requiring scarification, which I immediately performed. In the course of five or ten minutes the child was seized with a second convulsion, which lasted for several minutes, but was ultimately checked by cold applications to the head. Convulsions continued to recur in this manner at short intervals for several hours.

I learned that the child had generally enjoyed good health, but had been complaining for upwards of a week of feverish symptoms of a remittent nature, accompanied with great restlessness and frequent crying. He had already cut eight teeth, and during their appearance had occasionally suffered some degree of irritation. The bowels were stated to be confined, the abdomen was distended, the tongue furred, the pulse very rapid, and skin hot.

The head was ordered to be shaved, six leeches to be immediately applied, and the bleeding to be encouraged by warm fomentations. Afterwards, cloths dipped in cold water and vinegar to be kept constantly applied. A full dose of calomel and antimonial powder was also administered, followed in six or eight hours by castor oil.

Next day the leeches were reported to have bled freely. The convulsions became less frequent, but still recurred occasionally; the febrile symptoms were much mitigated; the skin cooler; the pulse 130; the bowels freely opened, discharging dark-coloured and offensive stools, while there was considerable stupor. Leeches were again applied, and the cold applications continued, while small doses of calomel were given regularly for the next two or three days. Under this treatment the convulsions ceased, but the febrile symptoms were little changed.

The stupor still continuing, and being combined with frequent startings and twitchings of the limbs, strabismus and screaming, on the 14th of May a blister was applied to the nape of the neck, which rose well. Scarcely any amelioration, however, of the symptoms followed. The pulse now varied from 160 to 180, and the startings were very frequent.

On the 17th the report was; The child laid in a drowsy state, occasionally starting, and uttering loud screams; much strabismus; pupils dilated, and insensible to the stimulus o light; skin cooler; pulse varying from 90 to 100, somewhat irregular; urine deficient. A blister was applied over the whole head, and

doses of *Hydrargyrus cum creta* given repeatedly. Purgative enemata also were administered, and whey was given for drink.

20th. The torpid state continues, and the child appears to be in a confirmed state of hydrocephalus.

Believing that effusion had taken place in the brain, I had now very faint hopes of the child's recovery; and in this opinion I was confirmed by Dr. Graham, who accidentally saw the child at this time. The irritation of the blister producing little effect, I now resolved to try the effect of friction with croton oil. For this purpose, I took equal parts of croton oil and *Aqua Ammoniæ*, and rubbed a small portion of the mixture, three times a-day, on the nape of the neck and back part of the head. I at the same time continued the use of the mercurial remedies, which did not, however, produce any particular constitutional effect.

By using nearly one drachm of the croton oil liniment in successive portions, a copious pustular eruption was produced, which excited very great irritation. Soon after this there was a decided amelioration in the symptoms. The state of torpor became less profound, and sensibility gradually returned. The pulse resumed its natural frequency and lost its irregularity, while the pupils could be made to contract by the stimulus of light. The strabismus continued for a considerable time, but ultimately disappeared. In the course of eight or ten days the child was considered nearly out of danger. During convalescence some bronchitic symptoms appeared, which were subdued by embrocations, and the use of syrup of squills. The eruption produced by the croton oil was long very sore, requiring the application of poultices and healing ointment.

I saw the child a week or two ago in good health. It has now got most of its first set of teeth, and seems to be remarkably stout and healthy.

This case appears to be very similar to that mentioned by Dr. Traill in the second number of the Transactions of the Provincial Medical and Surgical Association, and considered by him as one of hydrocephalus. It is an instance in which there were present all the symptoms of acute hydrocephalus, or that inflammatory affection of the brain which often ends in effusion of serum, but which may prove fatal without any effusion whatever taking place. It seems to me to be interesting, as showing, that, even when all the symptoms of this formidable disease are present, we ought not to relax our endeavours, from an idea that the case is beyond the power of medical aid. On this account I have been induced to lay the present imperfect notice before the Society.

The croton oil in this case was employed merely as a powerful means of counter-irritation, and as such it is superior to tartar-emetic ointment, from the rapidity with which it acts, and the violent irritation which it excites. I have now used it frequently, and with very good effect, in affections of the head and chest, as well as in rheumatism. Ten, twelve, or fifteen drops, either alone, or combined with hartshorn, &c. rubbed for ten minutes on the surface, and repeated twice or thrice, generally produces in six or seven hours, heat, itching, and redness, succeeded in twelve or thirteen hours afterwards by a vesicular eruption, which soon assumes a pustular character.

15 *Dundas-street.*

Edinburg Medical and Surgical Journal.

REVIEWS.

Art. I.—*A Treatise on Cow-Pox; in which the existence of Small-Pox, or Varioloid in any form, subsequent to Vaccination, is shown to,* &c. By David R. Hibbard, M. D. late Vaccine Physician to the New-York Dispensary. New-York, Harper & Brothers. 1835. 12mo. pp. 69.

A Popular Essay on the Value and Present Condition of the Practice of Vaccination, &c. By a Physician. N. York, H. Greene, 1835, 8vo. pp. 38.

We are truly glad to perceive that our physicians are directing their attention in such a manner as to call the notice of the public to the great importance of vaccination. Within the last few years, since the appearance of varioloid, public confidence has been somewhat impaired in reference to its efficacy as a preventive of that appalling scourge small-pox; and we have no doubt that this may in great measure be attributed to the slight attention which has been paid to the subject, and the negligent manner in which it has been done. The author of the work which heads this article, it would seem, has for several years devoted considerable attention to the subject; he has been long engaged as vaccine physician to the New-York Dispensary, and now proposes to direct his attention almost exclusively to this subject, and for this purpose has established the "United States Vaccine Institution," for the following substantial reasons, set forth in his work:

"1st. The little attention which the profession generally pay to the subject of vaccination.

"2d. The immense difficulty which physicians experience to meet the demand for vaccine virus, especially during the existence of small-pox.

"3d. The fact that, to have the vaccine virus always *pure*, *fresh*, and *genuine*, the greatest possible attention should be given both to its *insertion* and *abstraction*.

"4th. That re-vaccination, to be at all satisfactory, should in every instance be performed with perfectly genuine and recent virus.

"5th. The probability that varioloid has arisen from a deterioration of the vaccine virus, in consequence of not returning sufficiently often to the cow for a fresh supply (that now in common use having been obtained by Dr. Pearson, of London, as early as 1799), is one reason why vigorous and persevering efforts should be made to procure the virus again from its original source.*

"6th. No physician, unless he devotes his exclusive attention to the subject, can vaccinate more than a very limited number of persons; he is consequently compelled frequently to resort to others for a supply of the virus. Is it not probable that, conducted in this manner, the efficacy of the vaccine virus will become impaired, and that the disease thus imparted will not, at all times, be entirely perfect and genuine?

"7th. The fact that no institution exists in America, having for its objeet the careful preservation of the vaccine virus in sufficient quantities to be able instantly to meet the demands which may be made for it from all parts of the country, and thus furnish the means for the immediate arrest of small-pox wherever it shall appear; that the institntions which pretend to pay attention to the subject are charitable, and therefore but partial and inefficient in their operations.

"Finally. The certainty that entire immunity can be afforded by vaccination against small-pox as well as varioloid (the latter becoming, as it now does, so frequent and alarming as to destroy in some instances all confidence in the efficacy of cow-pox), an institution like the one now proposed is deemed actually necessary to remove the prejudices which exist and are increasing against this, the most innocent, and, at the same time, the most perfect safeguard to small-pox which has ever yet been offered to mankind."

We confess that we are glad to see such an institution; and in thus making it known, we believe that it will not only be important to the community at large, but will serve a useful purpose to physicians throughout the country, who may thus be certain of a supply of the pure vaccine virus.

The work under notice is divided into chapters; the first treats of the history, which is already sufficiently familiar to our readers; from the second, on the source and causes of cow-pox, we quote the language of Dr. H.

"From the present state of our knowledge, we must conclude that the cow-pox is a disease originating spontaneously in the cow,—is peculiar to that animal,—'and never appears in her but once.'*

"The strongest evidences I have met with in support of this opinion, I obtained some time since from a very intelligent gentleman residing in the vicinity of New-York, who keeps quite an extensive *dairy*. He remarked that it is customary for him, early in the spring, to procure a number of cows from the country; they are taken directly from their simple food and common fare, brought to his stables, and fed high upon some warming, stimulating mess which he prepares; and by this process their usual quantity of milk is vastly increased in a very short time. The consequence is, that the cow will sometimes refuse to eat for several days, and manifest several signs of being unwell. During this period a vesicular eruption will appear upon her teats and udder; the little vesicles will increase in size and fulness for several days; and, finally, if not irritated and rubbed, dry away into scabs. As this process is going on, the cow gradually recovers her appetite. To satisfy himself of the nature of these eruptions, he informed me, that upon one occasion he took matter from one of these little vesicles, with which he inoculated himself, and that it produced the cow-pox in the most perfect and genuine form. He has since been repeatedly vaccinated, but has thus far remained entirely insensible to its action. The scar which resulted from the inoculation I have examined, and can attest to its bearing every mark of a genuine vaccination."

After describing the progress of successful vaccination, we have next some observations on the causes which modify the regular action of the vaccina.

"The most ample opportunities," says Dr. H. "have been afforded me at the New-York Dispensary for observing the progress of vaccina, under all the varied forms which it can assume; yet, in entering upon this important part of the subject, I am constrained to say, that so great is its diversity of action, and so numerous are the causes modifying its regular process and perfect development, that I cannot disguise from myself the difficulty I encounter in portraying them satisfactorily.

"Idiosyncrasy, however, appears in this, as in all other diseases, to hold its rank among the modifying causes. Many writers on this

"* During the year 1828, the Board of the National Vaccine Establishment made numerous inquiries through their extensive correspondence with practitioners in all the dairy counties of England, and no tidings could be received of the disease in the cow; whence it may be fairly considered as having been lost, during a certain interval; and were it not for the generosity of government, supported by the laudable and active zeal of the gentlemen who form the Board, the nation might have been altogether deprived of the advantages derived from this happy discovery.--JOHN MARSHALL, *M. D. Vaccinator to the National Vaccine Establishment, London.*

* Dr. George Pearson, p. 27.

subject have mentioned cases *not susceptible* of cow-pox; several have fallen under my own observation, which, although vaccinated under the most favourable circumstances possible, have, nevertheless, been incapable of being affected by it.

"One case, among the many, I would mention, of a young man who, being vaccinated in infancy without effect, applied to me for the purpose of having it repeated; being at the time exposed to the contagion of small-pox. As children were daily returning to the institution with regularly formed cow-pox vesicles on their arms, ample opportunity was afforded me for effectually testing its powers in the present case; but, although the lymph was employed in a liquid state, from vesicles seven, eight, and nine days old, and no less than *twenty-three* times in succession, in neither instance did it produce the slightest effect; nor did the individual experience any evil consequence from his exposure to the small-pox. I have likewise, after repeating the vaccination in a careful manner, and for a sufficient number of times, to do away with any apprehension of fault in the process, inoculated the small-pox virus several times, but without exciting any more than a slight redness of the part, which disappeared in three or four days.

"I have met with other cases no less remarkable in the opposite extreme; and having instituted re-vaccination, or *super-vaccination* (as Dr. Gregory calls it), to a very great extent—probably upon more than *five thousand* persons,—I was thus furnished with a criterion by which to estimate the comparative number of those who were unsusceptible, as well as those extremely predisposed to this disease; and I would state, as a curious fact, that the ratio is almost numerically the same. The most susceptible exhibit upon a re-vaccination the disease in almost a perfect form. There may be some slight difference between the vesicles produced by a *first* vaccination and by that of the *second;* but it would be so trifling as not to excite the attention of an or- with so extensive inflammation; but it is accom- dinary observer. The only difference would consist in its being smaller, and not attended panied with a greater degree of itching, and the earlier formation of a scab. Persons extremely predisposed to cow-pox will be, upon a first vaccination, affected by it in a magnified form. The vesicle produced will be much larger, seated upon a more tumefied and inflamed base, accompanied by a greater soreness in the armpit, and a greater degree of general irritability.

"If, after these appearances have been manifested, a re-vaccination be instituted, a vesicle will be produced, possessing all the characteristics of the genuine cow-pox, with this difference only, that it will run its course some days sooner.

"I vaccinated in April, 1834, Miss M. aged thirteen years. She had not been previously vaccinated. Eight days after, a vesicle resulted of a very large size. On the ninth day the areola measured one inch and a half in diameter. On the tenth day it extended from the shoulder to the elbow. On the eleventh it reached below the elbow; the arm was much tumefied; she experienced great pain in the armpit, and stiffness of the whole limb, attended with considerable fever; the vesicle itself was very much elevated, and over an inch in diameter, perfectly circular, having a small brownish scab in its centre.

"On the twelfth day the fever abated. The inflammation around the vesicle faded nearly away, a general yellowish hue taking its place. The soreness and tumefaction had also disappeared, the scab covering almost the whole vesicle. On the sixteenth the scab was perfectly formed; on the twenty-third it dropped off. The scar resulting was large, superficial, and presented an unusual number of small indentations or cavities on its surface.

"I again vaccinated Miss M. in May. The eighth day after, a vesicle was produced, with its margin distinctly elevated above its centre. The vesicle was clear and pellucid,—the areola just commencing. On the tenth the areola measured two inches in diameter; the centre of the vesicle was depressed, and the circumference elevated above it; the vesicle itself being one-third of an inch in diameter. On the thirteenth the areola quite disappeared. On the nineteenth the scab dropped off.

"On the twenty-third of June I again repeated the vaccination. A vesicle was formed on the sixth day, with edges elevated above the centre, though not in so marked a degree as in the preceding instances, nor was the areola so extensive, nor the arm so stiff and sore. A more disagreeable itching was, however, manifested. The redness and tumefaction continued until the ninth day, when they disappeared, and the whole terminated in a small conical scab, which fell off on the thirteenth day. I repeated the vaccination in this case three times afterward, and discovered that in each instance it produced a marked and decided effect, although each subsequent inoculation was less than that which preceded it. Thus I succeeded six different times in exciting a disease by re-vaccination, more or less resembling that of a first vaccination. It now remained to test whether there still existed any susceptibility to the further action of cow-pox virus. I therefore instituted re-vaccination, and repeated it from time to time with every possible care, and under the most favorable circumstances, but not the slightest redness of the part could be excited by the virus.

"It only remains for me to add, that I have vaccinated upwards of one thousand persons, repeating, in the above manner, one inoculation after another, and met universally with the result I have mentioned.* I have also, after

"*It is a fact worth noticing, that the vaccine virus, when fairly inserted into the arm of a person who has previously been vaccinated, or has had the small-pox, will excite an inflammation much more

having first fairly satisfied myself that the individual was no longer susceptible of the action of the vaccine virus, inserted the virus of the small-pox; but in no case has it excited more than a redness of the part, which passed off by the third or fourth day. From these facts it follows incontestably that by a single operation of the vaccina upon the system, its full and complete energy is not in every instance exerted, and that some persons are so constituted by nature as to be affected by the cow-pox several times before that sensibility or predisposition to it is entirely eradicated."

The author next treats of those cutaneous diseases which disturb the regularity of the vaccina, and interfere with its prophylactic influence upon the system; under this head we have some judicious observations, which might be taken as personal, only that we are not acquainted with, and never saw Dr. H.

"The existence of small-pox after vaccination will not be esteemed so surprising an event, when we consider how often the vaccina is forced upon the system when it is least fitted to receive it. In former times, when inoculation for the small-pox was in vogue, the utmost care was taken to prepare the system beforehand for its reception. For this purpose one or two weeks were spent in dieting and taking medicine. This had a twofold effect: the small-pox was rendered more mild and safe, and the system being thus clear from other affections, it received its first impression so fully and perfectly as never to be susceptible of its recurrence.

In inoculating for cow-pox nowadays, we witness quite a different practice. Suppose a physician has half a dozen children to vaccinate,—the following are the steps taken for its accomplishment:—He begs of his brother physician a *point* of vaccine virus, with which he inoculates one of these children. Eight days after, he calls to examine the state of the disease. He finds it advanced sufficiently far to enable him to procure from it the necessary quantity of virus wherewith to inoculate the others, who are then, of course, all vaccinated, taking for granted that nothing extraordinary affects them at the time. Any *slight* derangement of the system is necessarily overlooked, for this does not constitute a sufficient impediment to the immediate introduction of the vaccine virus, which is now at hand, and the inoculation cannot be foregone. The children are therefore all vaccinated. What now is the result? Does the physician return sufficiently often to observe the progress of the disease he has excited, to enable him to *judge* whether it be in every particular perfect and genuine? Or are there any witnesses competent to pronounce that security from small-pox has resulted from the vaccination? If the physician sees the children afterward, it may be because he wishes to procure a further supply of the vaccine virus; or, perhaps, he entertains a particular partiality for the family, and would pay them a special attention. But even in that case how often does he return? Is it sufficiently often to be assured that the cow-pox progressed unmolested, arrived at maturity, faded away, and without the intervention of any cause, throughout its whole progress, calculated to interrupt its regularity and thwart its beneficial effects upon the system? And if in any case a marked irregularity has taken place, is a re-vaccination carefully instituted?"

In the chapter on the evidences of a perfect constitutional affection we have the following observations:

"The sore produced by a re-vaccination has been heretofore regarded as spurious, and as entirely without benefit to the system. The term *spurious*, however, which Dr. Jenner first applied at random, to designate all aberrations from the ordinary appearance of the vaccine disease, has been the fruitful source of much contention. It was in truth an unfortunate term. Of late it has been employed by some to express any deviation from the regular appearance of the vaccine vesicle; but in this sense it surely ought not to be employed. The effect produced by a second vaccination differs very considerably from that of the first; still they are both genuine, both result from the inoculation of real cow-pox virus, although one should appear so much more perfectly vesicular than the other. To apply, therefore, the term *spurious* to designate the secondary action of the vaccina upon the system, is utterly without authority; and as it conveys no definite, but rather an erroneous idea, it had better never have been employed.

"The only evidences, then, which can be appealed to with confidence that the vaccina has produced a perfect constitutional effect upon the system, and thereby shielded it from small-pox, is to be derived from the insensibility of the system to its further action."

The concluding chapters are on the virus proper to be employed in propagating this affection; the age most suitable for vaccination which Dr. H. considers to be, in children when they are from ten to fifteen weeks old; and lastly, the process of vaccinating, success in which says Dr. H. "depends more upon the dexterity with which the operation is performed than upon any peculiar process which may be adopted, the object being merely to bring the vaccine virus in contact with the absorbent vessels, and there suffering it to remain."

The second work under review is intended as a popular essay, and deserves to be extensively distributed; we should be rejoiced to see it in every family. It is evidently the re-

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quickly than when inserted for the first time. The spot to which it is applied will, if it produce any effect whatever, exhibit the appearance of a small pimple, resembling very much that caused by a moscheto bite, attended by more or less surrounding inflammation. This will itch very considerably for a day or two, according to the extent of the inflammation produced, and then quickly die away, leaving, probably, a small amber-coloured scab, having its edges slightly coiled upon itself."

sult of a vigorous pen and cultivated mind, and is peculiarly adapted to call public attention to the highly important subject on which it treats. The following is the concluding paragraph:

"We have carefully abstained from the slightest interference with the duty of the medical adviser; and if we are not mistaken, have afforded no small evidence of a necessity for his services. The diminution of sickness, and particularly of an epidemic malady, may not appear to be much to the interest of the physician; yet, as physicians, we exult in the fortunate discovery of our illustrious brother. If these pages shall awaken some from the slumbers of neglect and supineness, and shall convert others from the torpor of unbelief; or if they shall serve to establish in the minds of the friends of vaccination, an increased confidence in its advantages, and a determination to extend them, they will not have been written in vain. We would that against every other form of pestilence which walketh in darkness, we could oppose, with equal confidence, a defence as sure as the "Ægis of Jenner;" and then, whilst we lessened the amount of suffering and the causes of death, should we add new laurels to the healing art, and derive new arguments in favor of its utility."

ANALECTA.

1 Observations upon the Therapeutic effects of Creosote. By Dr. Reich, of Berlin.—During the winter of 1801-2, Dr. R. was exposed, for many hours, in an open carriage, to the rain and snow. His right hip was, during all this time, soaked with the water of the melted snow; in consequence of which he was attacked with a fixed and permanent pain of the joint, which resisted all the ordinary means: at the same time that the articulation was painful, the thigh was insensible, and as it were paralysed. Imagining that the *tintura fuliginis* of Seelig, which had produced such good effects in gout and rheumatism, probably owed all its properties to the creosote, he determined to employ this latter substance itself. He commenced with five drops in six ounces of emulsion, by spoonfuls, every two hours.—The disagreeable taste of the medicine excited some nausea; nevertheless, the night having been passed in tranquillity, M. Reich took the next day ten drops; the following day twenty drops in four doses. The feeling of stupor and paralysis in the thigh was entirely dissipated. The shooting pains in the articulation disappeared the next morning, but returned before evening, as also the feeling of stupor. The medicine was again employed during the three following days, in the dose of twenty drops per diem. The pain and the stupor were entirely dissipated, and did not return.

A lady, aged forty years, had experienced, in the month of July, two attacks of acute rheumatism accompanied with swelling of the joints of the hands and feet: on the 24th of August she was taken in the limbs with a feeling of stiffness and engorgement, which is the ordinary forerunner of the most acute pains. The creosote was prescribed, but this time in the form of pills, in order to disguise the disagreeable taste which it has in the liquid state. The following is the formula: ℞. Creosote ʒi. Powdered Althæa, q. s. f. in pil. c. x. On the 26th, the patient only complained of a sensation of stiffness in the articulation of the knee. The 28th, she could go down into the garden; and on the 6th of September, she was free from all rheumatic pain, from every feeling of stiffness of the joints; she had besides regained the freshness and the appearance of good health, which, it is well known, never exists under the influence of the rheumatic diathesis.

A man aged fifty-three years, addicted to the use of alcoholic drinks, was affected with gout at the commencement of 1832: it was relieved, at first, by the use of the mineral waters of Wis-Baden. He had a new attack at the commencement of 1833. A physician was consulted, but did not relieve him. The employment of the juice of herbs, and of a potion, with muriatic acid and ether, produced a momentary relief. But about the 21st of September he had a relapse. The invalid could not walk without the assistance of crutches: the joints of the foot and knee were swelled; every night sweats exhausted the strength of the patient; his lips and tongue were very red; his gums were softened. They resorted to the employment of the pills of creosote, five of which were taken in the morning and the same number at night; they were continued to the 22d of November, and with such success that the patient could take daily long walks.

The author also cites two cases of phthisis pulmonalis, with purulent expectoration, in which pills of creosote produced a cure. But, as he does not give the stethoscopic signs, this should be doubted. Too many cases of pulmonary catarrh have been cited as cases of phthisis pulmonalis cured, for one not to feel incredulous.

M. Reich has also employed the creosote externally with constant success.

The first experiment was made upon a female subject three days after death. Putrefaction was already far advanced, and the odor was insupportable. The body was sprinkled with the distilled water of creosote, which stopped the progress of putrefaction, and destroyed the bad odor.

A young man had been affected with the most severe confluent variola; his body was covered with scabs, raised by a collection of thick and fœtid pus; the employment of a solution of one drop of creosote to the ounce of water, destroyed the odor, and caused the ulcerations of the skin to cicatrize. An effect equally advantageous was obtained in a child of seven years of age, whose mouth was filled with apthæ and erosions, accompanied with swelling of the maxillary glands and bleeding of the gums.

A young man, aged twenty-six, had a scrofulous ulcer on the external part of the leg for six years, during which time it had several times been healed, but again reappeared soon after. For eight months it had been open, and surrounded with varices and indurations: the creosote did not produce complete cicatrization, because the patient did not wish to continue its employment; but it procured a remarkable abatement in the pains, of which this ulcer was the seat. In a pregnant woman, affected with gonorrhœa and venereal ulcers, and who previously had frequently had leucorrhœa, injections of creosote, suspended in water, completed the cure in fifteen days.

This medicine has not shown itself less efficacious in odontalgia, obstinate itch, and many diseases of the skin of a syphilitic origin. —*Rev. Med. May*, 1834, *from Hufeland's Journal, Jan.* 1834.——*Amer. Jour. of Med. Sci. May*, 1835.

2. New process for preparing cantharides. By M. Piette. (*From the Bulletin General, July*, 1834.)—M. Lucien Piette, an apothecary at Toulouse, recommends the following method of killing and preserving Cantharides. Put them into a wide-mouthed glass, or a glazed earthen vessel, and pour a small stream of oil of lavender, rosemary, or of any labiata, when the insects will soon die. They are then to be dried on a stove, or in the sun. Thus prepared, they preserve their beautiful green color, with all the active principle. After being dried they have an agreeable odor, and may be preserved for some years without the mites attacking them.—*Edin. Med. and Sur. Journal.*

3. Effects of creosote.—Several physicians of Munich have put to the test the antiseptic deaiccative and stiptic properties of this substance; and, if we may believe the journals, it has been used with the happiest effects in indolent, carcinomatous, and syphilitic ulcers, ringworm, itch, and caries. It is usually employed externally, pure or in a state of solution, prepared by diluting creosote with eighty parts of water. To obtain a more concentrated water of creosote, a gros (59.1 Troy) of this substance is dissolved in two ounces of alcohol, and a few drops of the solution added to the water till it becomes opaque. It is highly useful in arresting caries of the teeth. Internally, it has been used in dysentery by Reichenbach, who is of opinion that the inhalation of the vapor would be advantageous in suppurations of the trachea and bronchial tubes. From the experiments of several physicians at Munich, it would appear that its action is only topical, and that it is not absorbed. In one experiment, the carotid artery of a dog was cut through, and the bleeding was stopped by pressing it with the finger. The blood did not flow, and the wound healed in a few days without a bandage. Is this credible?—*Ibid.*

4. Tubercles in the placenta and uterus. By M. Hardy, Intern of the Hospitals. (*From the Archives Generales, June* 1834.)—On the 1st of January, 1832, Marie Nolet, a washerwoman, 35 years of age, presented all the signs of pulmonary *phthisis*. She said that she was six months pregnant, and distinctly felt the infant move. On the 6th, she died. Immediately after her death the Cæsarean operation was performed with a view to save the infant, but it was found dead. The body was examined next day. The lungs adhered strongly to the pleura. Numerous softened tubercles were found in the anterior and superior parts of both, near which caverns existed. The right lung, besides, presented evident signs of sanguineous congestion, and appeared increased in size. The liver had not the appearance which it usually presents in phthisical patients, but was nearly of its usual color and volume. The spleen was smaller than in a healthy state, and neither in it nor the liver were the tubercles found; such, however, was not the case in the *uterus* and *placenta*.

On its external surface the *uterus* presented a considerable number of small projections under the *peritoneum*. On cutting into them they were recognized as tubercles in a crude state. None appeared in the interior of the tissue nor on the internal surface of the womb. Tubercles have frequently been met with in the *uterus* in *phthisis pulmonalis*, but authors have not mentioned their being found in the *placenta*.

In this case eight or ten were disposed here, and those on its uterine surface. Some were as large as a pea—two had almost the bulk of a filbert; they were of a whitish color, and pretty resistent. They might have been taken for scirrhous tissue, if the coexistence of tubercles in the lungs, *uterus*, and the same organ, had not shown their connection with this latter species of morbid production.

On examining the fœtal surface of the *pla-*

centa, a great number of small miliary tubercles covered by the *amnios* were felt by the finger.

The organs of the fœtus were all healthy, and exhibited no traces of tubercles.

5. THE BONES OF CANCEROUS SUBJECTS NOT FRIABLE.—At the comparative trial of the candidates for the chair of Clinical Medicine at Paris, 28th June, M. Lisfranc took occasion to correct the error of those authors who have asserted that cancer renders the bones friable.

During fifteen years he has given courses of operative surgery, and has frequently been furnished with the bodies of cancerous females. Instead of the bones being dry and easily broken into splinters, he has found them softer, moister, and more engorged with fluids than in the healthy state, and three strokes of the saw were sufficient completely to divide the largest.

6. CASE OF FRAGILITAS OSSIUM. By M. ROBERTY, Intern of the Venereal Hospital. (*Archives Generales, July* 1834.)—Josephine Thevenot, aged 25, well made and hitherto healthy, married at 17, and had a daughter who enjoyed perfect health. In September 1833, she came under the care of M. Boyer, at the Venereal Hospital, for a blennorhagic discharge from the vagina and some vegetations situated on the mucous membrane of the *vulva*. According to the patient's account, the disease was recent, and had been communicated to her by her husband. Emollient applications were used, and the vegetations excised, and she left the hospital in a few weeks, without the discharge, however, being entirely dried up.

On the 29th of October, 1833, she returned to the hospital, and was placed under the care of M. Cullerier. The discharge had stopped, and no symptoms of disease appeared about the genital organs. An affection, however, apparently more severe, induced him to keep her in the hospital. Before being affected with *blennorhagia*, she began to feel general fatigue in all her limbs, which was increased by the least exertion. To this succeeded pains, at first slight and wandering, but which afterwards became more intense, and appeared to fix themselves principally in the thighs, occupying their middle, and spreading thence over all the regions of the body. On her first entrance into the hospital she did not complain of them, but after she was dismissed her sufferings increased; and, by the assurance of several physicians that they were of a syphilitic nature, she was induced to return to the Venereal Hospital in October, 1833. At first the patient was able to walk a little, supporting herself against the walls and beds of the ward. In walking the motion was very painful, her knees approached and even knocked against each other,—a phenomenon which has been observed in fractures of both necks of the femur. She was soon forced to keep her bed; the inferior extremities did not exhibit any unusual mobility or shortening; the superior extremities and the trunk enjoyed their ordinary mobility.

The disease was believed to be an affection of the spine; but the treatment adopted in consequence, far from relieving, increased her sufferings. Long lying produced an eschar on the *sacrum*, and the patient was cut off by the fatigue of the discharge and suppuration from it.

Four days before her death, on the 29th of March, 1834, in attempting to remove her for the purpose of arranging the sheets, the left thigh was fractured about the middle third.—No apparatus was applied.

On examination no trace of any disease was found in any system, except the osseous, which presented the following appearances:—All the bones preserved their usual size without any swelling or tumor, but they were about a third of their ordinary weight, and more flexible than in a normal state, and easily broken when bent too much. The long bones were fractured with the slightest efforts, and the fractures thus produced were comminuted, the fragments presenting numerous asperities. The osseous tube appeared to be torn rather than broken. A great deal of blood flowed from the fractured surfaces. The fracture of the *femur*, which occurred during life, presented the same characters. This softening and fragility was met with in all the bones without exception, but especially in the *femurs*, legs, *pelvis* and *vertebra*. The *periosteum* which covers these bones was detached with great facility, and drew with it the prolongations which accompany the vessels into the osseous tissue. On compressing one of the bones blood oozed from a number of small openings. The blood-vessels of the bones were of a considerable size. All the bones were of a deep-red color, and were easily cut into by the scalpel, but there was none of the gelatinous carnified matter described by authors. The proportion of the phosphate of lime was less than usual. On raising the *periosteum*, a layer of osseous tissue was found about half a line in thickness, which seemed almost reduced to dust and disorganized.—Under this layer the osseous tissue presented, especially in long bones, structure of longitudinal fibres, which might be separated to a certain point from the cellular tissue and vessels,—a circumstance which appears to confirm the opinion of Albinus. The layer of cellular tissue which was in contact with the medullary membrane, was in the same state as the internal layer. The medullary cavity in the long bones was considerably increased, so that at the middle of the thigh the osseous cylinder was scarcely a line thick. It was filled with a very thick medullary substance like pap, of the color of wine, and chequered with yellowish granulations. The medullary mem-

brane was infiltrated with blood, and thickened. It was easily separated from the osseous tissue, and drew with it the vascular filaments, adhering to that tissue. In the short bones, and in the extremities of the long bones, where the medullary membrane is represented only the cellular lamellated tissue, which accompanies the blood-vessels, these alterations were less distinct. The necks of the *femurs* had entirely disappeared, and the head of the bone was attached to the body only by the articular fibrous capsule.

7. Plan of tying the internal mammary artery. By M. Bonnafont, Demonstrator of Anatomy at the Hospital of Instruction of Alger. (*From the French Lancet, August* 1834.)—The internal mammary artery is far from being beyond the action of external bodies. Placed at first behind the superior third of the posterior surface of the sternum, it diverges by degrees from it to run between the fibro-cartilages of this bone and the interval corresponding to the fifth, sixth, seventh, and eighth ribs, where it is distant almost an inch from the external border of the sternum.—Placed immediately on the pleura, covered by the intercostal muscles and the integuments, it may be easily wounded. The calibre of this artery being sufficiently great to produce mortal hemorrhage if wounded, it is of consequence to know how to stop this fatal bleeding by placing a ligature on the artery. The following is the operation recommended:

1*st*, Cut the integuments down to the external intercostal muscles, to the extent of two inches in lean, and two and a-half in fat, subjects, beginning at the external border of the sternum, encroaching a little on its external surface, and stretching to the middle of the corresponding intercostal space, following a line parallel to the axis of the ribs.

2*d*, Tie carefully the small arterial branches, which might embarass the operator by the blood which they furnish.

3*d*, Cut, by means of a director and straight-bladed bistoury, layer by layer, the external and internal intercostal muscles, taking care, in cutting the latter, to place the director in a sufficiently oblique direction to avoid wounding the pleura. That being done, the internal mammary artery will be distinctly observed placed between the nerve, which is situated externally, and the vein, which is placed internally, and above the pleura, to which it nowhere adheres. Nothing is then easier than to place, by means of a crooked needle, or a director a little bent, a ligature on the artery. The wounding of the pleura may be avoided by taking the precaution mentioned above.

As the inferior portion may furnish blood from its anastomosing with the epigastric artery, it may be tied by the same operation in the intercostal space below.

8 Parturition through a central Laceration of the Perineum.—By James Maxwell, Esq.—"In every elementary work on midwifery, the student is cautioned to support the inordinate distention of the perineum, during the expulsion of the head of the child.

"Notwithstanding the greatest care, the posterior commissure of the vulva is not unfrequently larcerated, embracing more or less of the perineum, and constituting an injury which readily heals without any disagreeable consequence. The following case of the passage of the infant and secundines, through a central laceration of the perineum, leaving the vulva entire, is one which is considered by obstetricians as of rare occurrence; and some have even denied the possibility of the passage of the child through that opening. A young healthy negro-woman, of regular conformation, applied for advice upon account of her inability to admit of the embraces of her husband. On examination it was found that the vagina was plaeed somewhat higher than usual, and had an aperture surrounded by a dense tendinous ring, which would scarcely admit a common sized writing quill. She had antecedently to this period applied to an irregular practitioner, who introduced a small pair of forceps with an intention to enlarge the opening, but was obliged to desist on account of the pain produced. An incision was subsequently made, and a tent introduced, but from her extreme restlessness and impatience, the wound healed, leaving the vaginal aperture as contracted as before. I heard no more of her for two or three years, till an express requesting my immediate attendance, informed me that she was in labour.—According to the midwife's account, the labour at first proceeded regularly, and was shortly afterwards succeeded by rapid strong pains, which distended the perineum to an enormous size.—The head was observed to press strongly against the narrow opening in the vulva; at length a forcible pain ruptured the perineum, and the child and placenta were expelled through this central opening, at the moment I arrived.—The laceration extended from the commissure of the vulva, to the sphincter ani leaving both untouched, and the os uteri presented at the external wound; the lacerated edges of the perineum had a rough unequal appearance, without the least hæmorrhage. Examination convinced me that the recto-vaginal septum and sphincter-ani were not torn. After venesection she was placed on her side, and had an opiate. Next morning the inflammation was found to run high, and the ruptured edges of the perineum assumed a formidable appearance which soon yielded to copious bloodletting, emollient poultices, and the use of mild cooling laxatives. By keeping the legs and thighs together and dressing with poultices, the wound united, and she was completely well in six weeks.

"Two years afterwards, this woman again became pregnant, although from the contracted

state of the orificium vaginæ, guarded as it was by an unyielding membraneceous ring, it was utterly impossible to accomplish sexual intercourse.

"I was again sent for, and arrived at the commencement of the labour; the pains at first came on gradually, at length they became quick and forcible, till the head of the child passed inordinately against the perineum, distending it to an enormous size. Knowing the impracticability of a passage through the partes naturales, and that rupture must again take place unless obviated by an operation, I made an incision through the indurated ring, divided the posterior commissure of the vulva, and extended it by the side of the old cicatrix to within a small space of the anus; a strong forcible pain immediately succeeded, and the child was instantly expelled alive, shortly afterwards followed by the placenta. There was no hæmorrhage, she was bled and dressed as on the former occasion. She passed a tolerable night, and voided her urine which scalded her. On the following day, the parts assumed a gangrenous appearance, with an intolerable fœtid smell. As the inflammation subsided, a tent was introduced into the vulva, and in two months the wound healed up perfectly, leaving a moderately sized passage into the vagina. Although she lived with her husband for several years afterwards, she never became pregnant again.

"There are two brief notices of similar cases given in the Lancet of 29th December, 1832, and the succeeding volume of that work, contains the remarks of Baron Dupuytren upon this exceedingly rare accident.—*Jamaica Physical Journal for May.*

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9 On the cure of Ascites by stimulating Injection.—In 1832, a favourite bloodhound bitch, the property of a friend, became dropsical, and had ascites. She was tapped, and a strong stimulating injection thrown into the peritoneal sac immediately after the evacuation of the fluid from tapping, considerable inflammation supervened, but the antiphlogistic measures adopted were successful in overcoming it, and a perfect recovery took place, the bitch never having any return of the disease, and frequently afterwards had young. After this, I was led to reflect on the benefit that might be derived from a similar mode of treatment, where the disease occurred in the human subject, and more readily came to the determination of trying it on recollecting the example although on a smaller scale of curing hydrocele by a stimulating injection. The great objection offered to attempting the cure of ascites after this mode, has been the fear of inducing an extensive and fatal inflammation of the peritoneum, but it did not appear to me to be attended with the quantum of risk so generally apprehended as serous membranes, however liable to be excited into an inflammatory action in a healthy state, are by no means so easily so when in that peculiar state wherein the serum is so superabundant as to form dropsy. On the contrary, they require the application of such remedies as will decidedly create an increased action, and will bear stimulating applications without injury to a much greater extent than we have hitherto allowed ourselves to believe. Good in his study of medicine, says "Paullini" relates a singular mode of operation, "the patient not submitting to the use of the trocar, had the good fortune to be gored in the belly by a bull, the opening proved effectual and he recovered."

"The only conclusion we can come to on perusing such a case, is that the bull's horn having entered the peritoneal sac, allowed the collected fluid to flow out, and merely created such an increased action throughout the weakened peritoneum as restored it to healthy and vigorous action, whereas had the peritoneum been similarly wounded when in health the probability is that the action would have been so much increased as to have produced violent inflammation, rapidly terminating in death. In consequence of the train of reasoning I had adopted, I determined on trying a stimulating injection for the cure of ascites in the first favorable case, and the result of which I have now to detail:

"In 1823, a negro slave attached to Williamsfield Estate, by trade a cooper, elderly but healthy, was suddenly seized with general dropsy, a variety of remedies were used, and the general dropsy disappeared, but fluid was evidently collecting in the belly, the disease rapidly increased in spite of all the usual remedies, and soon required that he should be tapped for the relief of the more urgent symptoms. I tapped in presence of my friend Dr. James Rankine, now in extensive practice in England, and after drawing off a very considerable quantity of fluid, a quart of cold water in which I had mixed a wine-glassful of house rum, was thrown into the peritoneal has; the patient was then placed in a recumbent posture, and means taken to have the injection applied as generally as possible to the whole of the sac, the patient stating in a short time that he felt some degree of pain and uneasiness, as much of the injected fluid as possible was drawn off, but certainly not so much as was thrown in. I watched the patient most anxiously, and the morning after the operation he complained of considerable uneasiness and some pain on pressing the abdomen, there was no fever or any material affection of the pulse. I had recourse to fomentations, and before evening all uneasiness had vanished. Suppuration to a small extent took place in the wound made by the trocar—the patient was put under a course of tonics, and good diet with gentle exercise; his recovery was rapid, and he resumed his usual work on the Estate, and continued to labour for six or seven years and then died of a disease not connected with his former dropsical attack. I

regret I had not an opportunity of examining the body after death. The remarks I would now make on this case are few, its being a solitary one prevents my drawing the conclusion that further trial may prove to be fallacious; yet I cannot help feeling sanguine as to the ultimate success of curing ascites by means of stimulating injections when tried under favorable circumstances as readily as hydrocele is now cured by similar means. It can only be tried with advântage or hope of success in those cases where there is no extensive derangement of any of the Chylopoetic Viscera; where it arises in dirt eaters, with whom there is generally disease of the stomach, liver and spleen, or in drunkards from indurated liver and lost powers of digestion; it would probably prove of no avail; where ascites supervenes, on debility from loss of blood or long continued fever, and from other causes not connected with visceral disease we may anticipate success from stimulating injections thrown into the peritoneal sac after tapping. At all events the above case will show, that a stimulating injection may be used without inducing the dangerous symptoms, the dread of which has hitherto prevented its being tried. I am not aware that any British Surgeon has before this case, tried the effects of a stimulating injection in similar cases, and I shall feel proud, indeed, should the case now recorded, be the means of future benefit to dropsical patients.

20th March, 1835.—*Jamaica Phys. Journal*

MEDICAL INTELLIGENCE.

1. Cæsarian operation successfully performed.—We have derived the following particulars from a correspondent in Philadelphia, of a case in which both mother and child were saved by the Cæsarian operation. The Mrs. Raybold, whose case (in which embryotomy was performed,) was sometimes since reported in the American Journal of Medical Science by Dr. Fox, became again pregnant, and in April last sent for Dr. J. G. Nancrede. The case being of so important a character, Dr. F. S. Beattie was called in conjunction with Dr. N., and he immediately suggested the Cæsarian operation: the patient having consented, and Dr. Dewee's opinion of its propriety being obtained, Dr. Gibson was called upon to operate, when the necessary incisions having been made through the abdomen and into the uterus, Dr. Beattie delivered both child and placenta, the child in a state of asphyxia, but he succeeded in recovering it.—The wound was dressed, and healed by the first intention, without a single unpleasant symptom, unless a little milk fever on the fourth day. She suckles her child and goes about healthy, a living monument of what American surgery can effect.

2. University of Pennsylvania.—A correspondent writes us that "a new chair will be created in the University of Pennsylvania, Institutes of Medicine: there are some half dozen candidates,—the most prominent are Professor Dunglison, of Baltimore, and Dr. J. K. Mitchell. Drs. S. Jackson and G. B. Wood, of Philadelphia, will compete for the chair of materia medica: the election takes place in July, and great interest is being made for all the candidates."

Eds. U. S. Med. and Surg. Journal.

3. Connecticut medical society.—At the annual convention of the President and Fellows of the Connecticut Medical Society, held at Hartford, May 13th and 14th, 1835, the following gentlemen were elected officers fo. the ensuing year:

"Thomas Miner, M. D. *President.*
Silas Fuller, M. D. *Vice-President.*
Elijah Middlebrook, M. D. *Treasurer.*
Charles Hooker, M. D. *Secretary.*"

The following were among the resolutions passed during the session:

"4. *Resolved*, That a committee of one from a county be appointed to consider what measures, if any, are required in regard to the use of nostrums, and to report thereon. *Committee*—Drs. E. H. Bishop, P. Brownell, E. Fellows, W. T. Shelton, E. Litchfield, B. B. North, C. Smith and A. Talcott."

"The Committee on the Fourth Resolution having reported, it was

"7. *Resolved*, That the giving of certificates recommending any secret medicinal preparation, although its composition may be known to the physicians giving such certificates, is contary to the spirit of our police, tends to encourage quackery, and is discreditable."

"10. *Resolved*; That a copy of the Report of the committee on the Fourth Resolution be furnished, according to request, to the publisher of the United States Medical and Surgical Journal."

In accordance with our request, we have been favored by Dr. Bishop with the interesting Report of the committee, from which we select the following:

Extract of the Report submitted to the Convention. By E. H. Bishop, M. D. of New Haven, Chairman of the Committee.

Man loves deceit although he pays dear for the delusion. Anxious for success, he is forever seeking some other than the plain, open road. He runs after every fondly proclaimed promise of a new way—of a hidden path known only to witch or Indian;—yes, although the corpses of those slain by steam, lobelia, or gamboge, strew the path, he believes not there's danger in the way.

Credulity and superstition have not diminished. Not only the illiterate, thoughtless multitude—the "turba ingens stultorum" believe the Alchemistic Panacea has been, or may be, discovered; but individuals of talent, education, and high station, will prefer submission of health and life to ignorant, inspired pretenders, who are often the "lowest of the low," idle, reckless and irresponsible vagabonds; to trusting the advice and assistance of those who have experience, and, so far as attainable, the accumulated acquisitions of ages.

We should in vain attempt by reason or remonstrance to lessen the increasing amount of quackery. We should be esteemed either partial or insincere; nor would we reach those most inclined to follow charlatans and their compounds. We ought, however, in justice to the dignity of our profession, avoid the least resemblance or encouragement to any hidden mysteries, or secret remedies; and show that *we have at heart*—the good of mankind; the diffusion of useful information, and the honor of the medical profession.

Your Committee would particularly direct the attention of the Society to the use, making and vending, or reccommending, of nostrums by physicians. Upon the subject, an article in our system of medical police says, "The use of quack medicines should be discouraged by the faculty, as disgraceful to the profession, injurious to health, and often destructive to life. No physician or surgeon, therefore, should *dispense* a secret nostrum, whether it be his invention, or exclusive property: for if it is of real efficacy, the concealment of it is inconsistent with beneficence and professed liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice."—The opinion expressed in "The System of Medical Ethics" of the New-York State Medical Society, is "the right of a patent medicine being incompatible with the duty and obligation enjoined upon physicians,—to advance the knowledge of curing diseases, it constitutes quackery, and cannot be professionally countenanced."—In one of our bye-laws the severest penalty is annexed for any member who shall make and vend any nostrum, or patent medicine. How far those are liable who as apothecaries make them an ordinary article of merchandise, without professional recommendation, or especial responsibility, we will not stop to enquire, nor ask, why the law does not operate to the prevention, if so designed.

We see in the newspapers, those veracious chronicles of the times, column after column of records of important discoveries in the healing art—of cures miraculous—never-failing remedies, and universal catholicons. And we find annexed to these (well known to us false promises,) the names—of whom? of the occasional individual who may have received benefit, or only believes he has seen proofs of marvellous effects, to which he gives his oath! No! not these alone, nor of those credulous persons who exist in every rank of society, in station and intelligence, the highest and the lowest, and who appear to think medicine quackery, or its professors simple, never to have found one or two panaceas. But we find the title of our own honorable profession,—they to whom its honor and the good of man should be the last end and aim,—are sometimes willing, contrary to the interest of science, (and what should be their own *absolute conviction*,) to stand sponsors to the offspring of empiricism. Friendship or delusion may induce them to send their names and become accomplices, *second* indeed to the great inventor or discoverer. How they may rank with him in respect to the responsibility and *honesty* of passing the delusion upon the people, we may judge. We see they can "certify a conviction" of a nostrum being "entirely harmless," "perfectly innocent," an "invaluable medicine," and recommend its use to "*all* persons" afflicted with any disease—not of a genus or species,-but—of an entire class; and insult science and physicians by offering it as "an invaluable auxiliary," and "a remedy upon which the utmost reliance can be placed."

Certainly no apology can be offered for the fact that the physician is made acquainted with the ingredients or chemical composition, as this surely cannot prevent the evils. He gives his name and character to the free use of every apothecary's boy, who may think he can make a villainous mixture which simulates and will sell. He virtually assumes the office of sponsor for every bantling brought forward with a name, if not qualities, like the offspring of his friend.

Before the prevalence of nostrums was so general, heedlessly some of the physicians of Philadelphia, most eminent as practitioners and instructors, pronounced "Swaim's Panacea" invaluable in some diseases, and with praise but little qualified. When called upon, they readily recalled their recommendations; and stating the uses they had made of it, declared it often injurious—(we should of course always have expected,) denounced the nostrum. They thought they had a knowledge of its composition; now, like captive kings in an evasion, their names and characters still follow its course of glorious success, with their stations and titles affixed: but the re-

cantations may as well never have been written, or lie concealed in the records of the Philadelphia Medical Society. Few persons, even in the profession, ever saw them, and others never will; or, if they did, would scarcely believe they originated in honorable motives, whilst no person can fail to know their first encomium. To how many imitations of this popular panacea have they given currency and authority. Therefore,

It is on account of this use of the *name* of a medicine, (its attachment to imitations extremely injurious of innocent preparations,) that we feel we should express an opinion against the recommending of any secret preparation whatever, which in any way may be connected with medicine. Even a corn plaister may be liable to the objections, or a dentrifice may be of safe and mild materials; yet imitations may be found which will increase the readiness of its effects, and prove either chemically or mechanically injurious.

Resolved,—That the giving of certificates recommending any secret medicinal preparation, although its composition may be known to the physicians giving such certificates, is contrary to the spirit of our police, tends to encourage quackery, and is discreditable.

We cheerfully give place to the following offer made by the proprietors of the Boston Medical Magazine: the plan is an excellent one to secure valuable communications, and it affords us pleasure to make it as extensively known as possible. The publishing agent of this journal, when publisher of the American Medical Recorder in Philadelphia, was the first to plan and adopt it; and in this way secured many of the truly valuable Essays which enrich the pages of that journal. In pursuance of this plan also, we offered prizes in the first number of this work.

Eds. U. S. Med. and Surg. Journal.

4. Medical prize essay.—"The propretors of the Magazine, determined to employ all the facilities which such a journal affords for the encouragement and reward of literary accomplishments in the members of the medical profession, hereby offer a Prize of fifty dollars for the best Medical Essay, consisting of not less than fifteen, nor more than thirty octavo pages, which shall be offered on the following conditions:

1. The subject of the essay may be chosen by the writer, from among the various topics of medical science, literature, practice and ethics.

2. Every competitor must deposite his manuscript with William D. Ticknor, No. 138 Washington-Street, Boston, post paid, on or before the first day of January, 1836,—accompanied with a sealed packet bearing the name and address of the writer.

3. A committee of five disinterested and accomplished physicians will be selected to examine the essays, and adjudge the premium.

4. The successful essay will be published in the Magazine, and a copy of it sent to every medical institution in the United States, bearing the names of the author and of the gentlemen who acted as judges.

5. All the essays offered for the prize shall be at the disposal of the proprietors of the Magazine, who may publish them or any of them, as they may judge best; but the letters containing the names of the unsuccessful competitors shall be destroyed unopened, as soon as the decision of the judges is made.

☞ Our contemporaries of the medical press, as well as other journals approving the project, are respectfully requested to give the above notice an insertion in their respective publications.

5. Premium for breeding leeches—The attention of physicians is solicited to the following liberal offer of a committee recently appointed by the Mass. Medical Society.

The subscribers, a committee for that purpose, by authority from the Massachusetts Med. Society, hereby offer a premium of Five Hundred Dollars to any person who shall actually within this Commonwealth, within seven years, breed and produce to the Committee, the best sample of not less than one thousand well grown Leeches from a foreign stock, and equal for medicinal uses to the best imported leeches, on the following conditions:

1. He shall make known in writing the process of breeding, feeding, maturing, and keeping the same, to the satisfaction of a committee of the Counsellors appointed for the purpose, that it may be published for the general good.

2. He shall make known in writing to the above Committee all facts, which may come to his knowledge, relating to the natural history and habits of leeches so produced, bred and matured from their birth to their arriving at full growth.

Benjamin Shurtleff.
Walter Channing.
William J. Walker.

6 Medical Convention of Ohio.—In our second number, page 74, we called attention to a circular letter calling a convention of the physicians of Ohio for purposes therein specified. Pursuant to this call "on the 5th day of January, A. D. 1835, for the purposes therein mentioned and expressed, seven-three physicians from various sections of the State assembled in the basement room of the Presbyterian church, in said city, on the day and year aforesaid, at 10 o'clock, A. M."

The following gentlemen were elected officers:

For President, Peter Allen, of Trumbull co.
1st *Vice President*. L. C. Rives, Hamilton.
2d. do. Robt. McNiell, Fairfield.

3d. do. J. A. Parker, Preble.
4th. do. D. W. Rhodes, Muskingum.
5th. do. J. P. Kirtland, Trumbull.
6th. do. Jacob Kirby, Highland.
Corresponding Secretary, Wm. M. Awl, of Franklin.
Recording Secretary, M. Z. Kreider, of Fairfield.
Treasurer, M. B. Wright, of Franklin.

The convention remained in session during three days—Several able reports were made by Drs. Drake, Kreider, Cooper, Reed, Rives and Thompson, which are principally of local interest. The meeting was conducted with great harmony, and we have no doubt it will have the effect to elevate the character and dignity of the profession in our sister State. Among the resolutions we observe the following:

"On motion of Dr. Cooper,

Resolved, That the thanks of this convention be tendered to Dr. Wm. M. Awl, for the very efficient part he has taken in originating this convention, and the prompt attention he has shown to the comforts of this convention as a body."

7. Prize Essay.—The following resolution was passed at the last meeting of the Medical Society of the State of New-York.

"*Resolved*, That the following be the Prize Question, for the current year, and that the sum of Fifty Dollars be offered for the best dissertation on the same:

The influence of Trades, Professions and Occupations in the United States in the production of disease.

The following were appointed the Committee on Prize Questions, for the current year:

Drs. John B. Beck,
James R. Manley,
Richard Pennel,
John Stearns,
John C. Cheesman.

8. *Multum in Parvo.*—Among other statistical paragraphs, it is said there are two thousand six hundred and fifty physicians in the State of New-York. One-third, at least, of this number, are supposed to reside in the city of New-York.

The above is from the Boston Medical and Surgical Journal—we can assure our Boston friends we have not quite so many in the City of New-York as they suppose; we have however a tolerably good supply, but the daily influx of population is evidence of our commercial prosperity, and as we are rapidly draining the Eastern States of their hardy people, we can find room for a few of their physicians. Will the editors take us up? We bespeak for them a welcome reception.—*Eds. U S. Med. and Surg. Journal.*

9. Table of the Arteries.—One of the most industrious loborers in the vineyard of medical science in this country, is Dr. A. S. Doane, of New York. Scarcely a week passes by without the announcement of a new production from his pen. Before us is a folio table of the arteries, translated by that gentleman from the French of Chaussier, so systematized, that to the student it must prove exceedingly acceptable. Were a few copies left on sale at this office, they might possibly find purchasers.—*Boston Med. and Surg. Journal.*

10. Massachusetts Medical Society.—The annual meeting of this truly respectable and useful institution, took place, according to the provisions of the by-laws, on Wednesday last, at the Athenæum in Pearl street.

At one o'clock, business was suspended for the purpose of attending to the anniversary address from Dr. Bigelow. This performance was truly an admirable one. The conclusion was pertinent and impressive—presenting discriminating, sober and encouraging views of the actual capabilities of our art, and earnest exhortations to all who practise it, to employ with assiduity the best methods of study, in order to multiply its resources and extend the sphere of its therapeutic influences.

After the discourse, the annual business of the Society being completed, they walked in procession to Faneuil Hall, where a dinner had been provided, which, although not quite so inviting as on former occasions, was sufficiently acceptable to appetites rendered keen by unusual abstinence.

The festivities of the anniversary were concluded at the house of the President, where the fellows enjoyed an agreeable reunion in the evening, and were entertained with the accustomed taste and hospitality of their host.

Owing to some circumstances beyond the control of the government of the Society, they were unable to furnish the expected volume of 'Practical Medicine,' at this time,—in all other respects the meeting appeared to be a most satiafactory one to the Fellows, and was full of promise in regard to the future improvement, respectability and usefulness of the institution.

At a meeting of the *Councillors* on Thursday morning the following officers were elected for the *Society*, viz:

John C. Walker, M. D., President.
Nathaniel Miller, M. D., Vice President.
Enoch Hale, M. D., Corresponding Secretary.
John Homans, M. D., Recording Secretary.
Walter Channing, M. D., Treasurer.
David Osgood, M. D., Librarian.—*Boston Medical Magazine.*

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TO READERS AND CORRESPONDENTS.

We shall be glad to receive the promised communications from Drs. Hunter of New York, Abm. Hopper, Hackensack, N. J., Gardiner, Fowler, Dunning, and Eagar, of Orange County, N. Y., Peter A. Millspaugh and Dr. Rapeljie, U. S. N.

Communications are received for our next from Drs. Hall, Newark, N. J. and Webster of New York.

In reply to inquiries we may state that the forthcoming edition of Good's Study, by Dr. Doane, has been retarded in consequence of the Brothers Harper having, with the accustomed liberality of those enterprising publishers, determined on appending entire Bostock's interesting History of Medicine. The profession may look for it, however, in the course of a week or two, and we doubt not, as it has been so completely *Americanized*, it will be eagerly purchased.

Our answer to "Crito" is briefly, No.

Our correspondent "Dorsey" is too pertinacious; his personal feelings in reference to the individual to whom he alludes, do not operate with us, however slight may be our respect for his professional attainments.

"Hospital Quarrels" is under consideration—we shall examine into facts, and if our correspondent is correct we will have no objection to his communication.

The communication signed "Stat nominis in umbra," will be most cheerfully attended to.

We would call the attention of the profession to the adhesive plaster manufactured by Messrs. Roberts & Co., Ann-st., as the best in the market; these gentlemen also have recently imported sets of splints for fractures, stomach pumps, enema syringes, bougies and catheters of superior quality, together with a variety of other useful articles, which physicians and surgeons are invited to examine.

☞ *James Webster, the Publishing Agent of this Journal, being much absent from the city, all Communications concerning the same may be addressed* (post paid) *to him, Post-office, New-York.*

THE

UNITED STATES

MEDICAL AND SURGICAL JOURNAL.

No. XII.

JULY, 1835.

Art. I.—*Notes on the Treatment of Scarlatina.* By C. A. Lee, M. D., of New-York.

The indications of cure in scarlet fever, founded on the principles set forth in the previous communication, are the following:

1st. To relieve the local inflammation, and the congestion of the mucous membranes.

2d. To equalize excitement, and promote the flow of blood to the external capillaries.

3d. To relieve all irritating matters from the alimentary canal, and prevent the ingestion of all articles, except those of the blandest and mildest nature.

4th. To guard against congestions of vital organs, especially the brain and lungs.

5th. To allay the unnatural heat and irritation of the surface; moderate the general irritability and excessive re-action.

6th. To restore the secretions, and bring the organs to the healthy discharge of their functions.

The therapeutic means to be employed for the fulfilment of the above indications are various, and must be adapted to the exigencies of each particular case.

To accomplish the first and second, general and local bleeding are the most efficient remedies. To these we may add emesis, with ipecacuanha, aided by copious warm dilution; external revulsives, such as the foot bath made stimulant by the addition of salt, mustard, nitro-muriatic acid, cayenne pepper, &c., warm bath, warm diluent drinks, viz: balm, mint, and pennyroyal teas.

The third indication will require a cathartic of oil, senna and salts, or rhubarb and magnesia aiding the operation by moderately stimulating enemata; followed by demulcent drinks, such as barley and rice water, flaxseed tea, and absolute diet.

To fulfil the fourth indication, cupping and leeching, conjoined with the stimulating revulsives already named, will be found the most efficient remedies. The fifth will be most satisfactorily attained by the direct application of cold to the surface, by affusion, or sponging with vinegar and water, or spirits and water, and exposure to the air.

The 6th indication will require no particular remedial agents, for as the inflammatory excitement abates, the organs return gradually to their healthy functions; and if the treatment has been judicious, there will be little or no danger of subsequent accidents, or relapses, as they are termed.

In the treatment of Scarlatina, we must then bear in mind, that the disease is one primarily of irritation, rapidly merging in inflammation, and that too of a mucous surface, whose relations are extensive, being associated by sympathy with the whole animal economy. As the inflammatory engorgement becomes developed upon that portion of this membrane so intimately associated with the brain, both by its vascular and nervous connexions, a peculiar train of phenomena follows, requiring the closest scrutiny, and the most prompt attention on the part of the physician. A little delay may here prove fatal. It may truly be said, that in no disease is the early treatment of greater importance than in this—and the result generally depends on the means employed during the first few hours.

We have already remarked that attention should early be directed to the mucous lining of the fauces; for the appearances there obtained, in conjunction with the symptoms, furnish a correct idea for the future treatment. So fully convinced was Dr. Armstrong of the importance of this advice, that he emphatically remarks, "the throats of children should be examined daily whenever the scarlet fever prevails *for some preternatural appearances; these will frequently indicate the approaching distemper before any complaint be made.*"

If the pathological principles which I have endeavoured to establish be correct, it follows, that the doctrines of malignancy. putrescency and debility which have so long prevailed, and which still influence the treatment of many practitioners, are highly erroneous, and lead to fatal consequences. We learn that our chief efforts are to be directed against that high inflammatory action which, unless controlled, suddenly terminates in serious organic lesions, and thus to prevent those symptoms of prostration, &c. so much dreaded, and so often misunderstood. The practice of administering stimulants and tonics almost indiscriminately in this disease, as recommended by high authorities, may well be called an incendiary practice to which thousands of valuable lives have fallen victims.

General Blood-letting.—There is no remedy more salutary and efficient when judiciously employed in scarlet fever, than general depletion. That it has been abused, I have no question; but the same remark will be applicable to all therapeutic measures, as long as human judgment is not infallible. Its chief advantage consists in the relief it affords to internal congestion, and in establishing a revulsion in aid of the recuperative efforts of nature, and thus fulfilling that first and chief indication already laid down. The objection usually urged against it, viz. the danger of inducing subsequent debility, is subject to just criticism; for to have any real weight, the stage of the disease, the symptoms and all the circumstances of the case should be definitely settled and clearly pointed out, in order to determine the applicability or non-applicability of the remedy. The prejudice against this remedy is therefore believed not to rest on any satisfactory foundation, but to be the result of an antiquated medical theory, and a false pathology. The following remarks of Mr. Armstrong coincide so directly with my own, and are at the same time so clear and forcible, that I cannot refrain from quoting them at length.

"So far as my reading extends, all those writers who decidedly condemn depletion in scarlet fever either do so on the vague authority of others, or from having themselves used it partially in the first, or seen it destructively hazarded in the last stage. Indeed, a singular confusion exists both in the descriptions and in the opinions of almost all the writers who protest against venesection; for not only do they blend the symptoms of the first and last stages together, but carry their prejudices so far as to condemn purging with the most indiscriminate zeal. It were to be wished that they had at least paid more attention to the stages; for it is upon this point that all the difficulty, that all the discrepancy turns in the treatment of the malignant varieties. Let one man call very early, pursue the depletory plan, and he will save the greater part of his patients; let another call late, pursue the same method, and he would lose every patient. It is for want of having discriminated the stages that they have unconsciously misled the public through their literary productions. The late most excellent Dr. Fothergill, who so powerfully advocated the doctrine of debility in his popular essay, changed his sentiments when his experience became mature. For a little before his death he confessed to Dr. Withering, that he had long been dissatisfied with the treatment of scarlet fever, and that in prescribing *bark*, he had rather yielded to the opinions of others, than followed the suggestions of his own judgment. Those authors were successful who used depletion early, and those failed who used it late; and thus they arrived at different conclusions respecting the same measure, because it was employed under circumstances essentially different. The following general rules may prove serviceable in the application of the remedy.

1. General depletion should not be employed during the stage of oppression or chill.
2. It should not be employed after extensive disorganization of the mucous membrane, or structural derangement of other organs.
3. It is inapplicable when the action of the heart is very palpable, or the surface cold.
4. It is inapplicable in the stage of collapse.
5. In cases of severe congestion, small repeated bleedings are preferable to large ones; and the patient should be placed in an erect position during the operation, and recline as soon as symptoms of faintness appear.
6. In the quantity of blood taken, we are not only to regard the effect produced, but should consider also the age, habits, constitution, general strength, &c. of the patient.
7. In every form of Scarlatina, the earlier general depletion is practised after reaction has taken place, the greater will be the chances of success from its employment.
8. Stimulating revulsives to the extremities may, with much benefit, precede or accompany general blood-letting.

It is difficult to lay down any general rules which will not admit of some exceptions, and so we find it in the present instance. For example, facts would not warrant us in drawing the invariable conclusion, that general bleeding should never be practised, till free and complete reaction is established; for there are numerous cases, especially in persons of robust and plethoric habits, where we may safely resort at once to the lancet. Again, there are instances when the pulsations of the heart are feeble, but which may very promptly be relieved by general depletion, relieving sometimes almost instantaneously the state of oppression under which the circulation labors, thus giving fulness and activity to the pulse. But if the doctrine of the mechanism of the circulation, as now adopted by the best physiologists be true, viz. that the blood, leaving the vessels, traverses the parenchyma of the organs, by certain inherent forces, constituting a molecular movement, we can readily perceive

why in scarlet fever the arterial pulsations are diminished in force. The blood in the capillary and cellular tissue, does not return into the vascular system, being accumulated about the points of inflammation, and particularly directed to the vascular tissue of the mucous membrane and the skin. Though free and extensive leeching may in general be best adapted to relieve this condition, yet general blood-letting is often an important, if not an indispensable adjuvant.

It is very important in bleeding in this disease to keep the fingers steadily on the artery, in order carefully to watch the changes in the circulation. It has already been remarked that it is common for a small and frequent pulse to acquire fulness and force, and when this occurs, we may confidently anticipate benefit from the operation. Should, however, the fulness and frequency of pulse increase during the flow of blood, it should immediately be checked, and our dependence placed on leeching, revulsives, &c. If the feet be immersed for a considerable time in a strong decoction of cayenne pepper, aided by friction, sufficient reaction will often be produced in cases apparently of great debility, to warrant recourse to the lancet; and should not this be the case, the warm bath, made stimulant in the manner already pointed out, may be employed; or the hody may be gently rubbed with flannels, wrung out of warm vinegar and salt; or bottles of warm water may be placed in the bed around the patient. The steam vapour bath will also prove a powerful revulsive. When reaction has sufficiently progressed, a vein should be opened, and the flow of blood regulated by the rules already given.

Leeching.—Leeching is the next remedy in point of efficiency, in the treatment of scarlet fever. The objections which are urged against general depletion, are but very partially, if at all applicable to this mode of depletion; for as the local affection constitutes a most important feature in this disease, so its removal is one of the chief indications of cure. I need not here point out the peculiar advantages which leeching often possesses over any other mode of bleeding, as they are well understood, and properly appreciated by the intelligent physician. It will suffice to mention its applicability to numerous cases where general depletion would be inadmissible; the abstraction of the blood from the capillary or organic, instead of the general circulation, the affluxive movement thus established to the direct relief of the local affection; and finally the gradual and safe manner in which these important changes are effected. Leeches are generally applied to the sides of the throat, and over the tonsils in scarlet fever; but there are many cases where they may be directed with greater advantage to the epigastrium. When the local affection of the fauces is not very severe, but the gastric irritability and tenderness properly denote the existence of gastro-enteritis; or where the eruption is retarded; or having appeared, has receded, occasioning serious internal congestion, local defection over this region will be followed by the happiest results. The flow of blood should afterwards be promoted by the application of warm poultices of linseed meal, or crumbs of bread, removed from time to time, as the pulse may indicate. By promoting the bleeding in this manner, leeching will produce a general depleting effect, so gradual as not to enfeeble the vital powers.

The following rules should be observed in the application of leeches in scarlatina.

1. Where the febrile excitement is great, they should be preceded by general blood-letting.

2. Where the tonsils are much swollen, it will be more beneficial to apply leeches in the neighbourhood, than immediately over the inflamed parts.

3. In cases of repelled eruption, or local congestion of any organ; in the former instance leeching should be practised over the epigastrium; in the latter over the organ affected.

4. The earlier leeches are applied in scarlet fever, the more benefit may be expected from their use.

5. If the punctures are not caused to bleed freely after the leeches are removed, the irritation from the bites will prove injurious, by determining a flow of blood to parts already inflamed.

Revulsives.—The next remedy which was mentioned as calculated to fulfil the first indication in the treatment of this disease, was *revulsives.* They are very important remedial agents in all congestive forms of disease; though it is to be feared they do not receive that share of attention to which they are justly entitled. General and local blood-letting should rank under this class of remedies; but it is principally understood to include stimulating pediluviæ, made with cayenne pepper, mustard, &c. is of the first importance. The nitro-muriatic-acid warm bath, is also a most powerful revulsive to the surface. To these may be added mustard cataplasms, epispastics, friction with warm spirits, camphor, tinct. lyttæ, &c. emollient cataplasms and warm fomentations.

I have generally observed the following rules in the employment of revulsives in scarlet fever.

1. Revulsives should not be employed where there is great heat of the skin, or where it is *uniformly* above the natural standard.

2. Revulsives are mostly indicated in the stage of oppression where the surface is pale and cool, the stomach irritative, and the patient experiences sensations of chilliness.

3. Revulsives are always beneficial where the temperature of the surface is below the natural standard of health.

4. They are indicated in all cases where the cutaneous efflorescence is partial, or where having appeared, it has suddenly receded.

5. In cases where the extremities are cold, with congestion of the head, indicated by restlessness, pain, delirium, &c. revulsives to the feet and legs are indispensable.

6. Revulsives, with the exception of leeches, such as cataplasms, should never be applied to the neck and throat in scarlet fever.

7. Where the gastro-enteritis is intense, general revulsion by the tepid bath, will prove more beneficial than stimulating pediluviæ to the epigastrium or extremities.

8. Revulsive medications should be continued until the desired effect is produced and no longer. While on this subject, it may be remarked, that the practice of applying blisters and mustard poultices about the neck in scarlet fever, cannot be too much condemned. They increase in a large proportion of cases, the local inflammation and congestion, while they aggravate the general restlessness and fever. To this may be added the tendency to run into mortification and sloughing, in a tissue already highly congested and inflamed.

Emetics.—Under the class of revulsives, emetics also deserve a conspicuous place.

The modus operandi of this class of agents is doubtless complicated; but I think may principally be resolved into the revulsion they exercise upon the circulation, and especially upon the capillary system. By the powerful impetus communicated by the diaphragm and abdominal muscles, the action of the heart is increased; it relieves itself of its superabundant supply of blood to propel the same into the extreme capillaries, and in this manner internal congestions are removed. Emetics however cannot by any means be indiscriminately employed in scarlet fever. Much judgment is to be used, both in their selection and application. When judiciously employed, they will prove hardly inferior in efficacy to any other agents, and when ill-timed, the injury thence resulting, will be corespondingly great. Emetics also are powerful agents in unloading the secernent vessels of the gastro-enteritic surface, as well as the faucial and æsophageal portions of the same membrane, and in dislodging the collections of viscid, sero-mucous secretions there accumulated.

By this specific action, so to call it, the sanguineous engorgement of the mucous surfaces is relieved; the skin assumes a softer and more natural feel; the febrile action is lessened; and the pulse becomes fuller and less irritable. An objection is sometimes urged against emetics, by the advocates of typhus and debility, founded on their supposed tendency to produce prostration; but the objection rests on a fact, by no means settled, and the existence of which, as a general rule, may well be disputed. That the anginose affection of the throat, are benefited by the operation of emetics, is a fact too well established to be denied, as every one who has treated a case of cynanche trachealis very well knows; and still there is often present in these cases, great apparent debility.

We deduce then the following propositions in relation to use of emetics in scarlatina.

1. They are principally indicated in the first stage of the disease, previous to reaction.

2. Emetics are inadmissible in any stage of scarlet fever, where there is much congestion of the head or lungs.

3. Where there is great irritability of the stomach, and other signs of acute gastro-enteritis present, emetics are generally inapplicable, until this condition is relieved by general or local blood-letting, revulsives, &c.

4. Gentle vomiting is indicated, where the throat is clogged with viscid secretions, and the other conditions are not present which forbid their employment.

5. In cases of repelled eruption, if other revulsives fail, emetics may often be employed successfully.

6. The most eligible article, is ipecacuanha,* administered in small doses, and aided by copious draughts of tepid water. Tart. antimony is also a useful emetic, where there is not great irritability of the stomach.

Cathartics.—The remedies next alluded to, in this order of indication, were cathartics. These require as much care and judgment in their administration as emetics. Like them too, they are often abused; being given without specific design, or present indication. Since the work of Hamilton on purgatives appeared, *super-purgation* has been the crying sin of English as well as American Physicians; while perhaps the French have erred in the opposite extreme. "In medio tutissimus ibis."

When called to a case of scarlatina, general bleeding, or leeching, or revulsives, or an emetic may be first indicated; but we should endeavour at as early a period as possible to produce a full and complete evacuation of the intestinal canal. We have generally given a single dose of calomel, and followed it

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* The indiscriminate use of emetics in scarlet fever, has been productive of great mischief. They are given in all stages, and under all circumstances, without regard to the nature of the article administered, or the condition of the patient. By observing the preceding rules, however, it is believed that we shall avoid most of the evils, and derive all the benefit to be expected from their use.

The objections which M. Broussais justly urges against emetics in the treatment of chronic gastro-enteritis, seem to me not applicable to their use in this disease; for while in the former, the vessels have become so modified and changed by long continued morbid action, that a remedy of such temporary operation could not be expected to effect a radical cure; in the gestro-enteritic inflammation or engorgement of scarlatina, it is highly probable that the free sero-mucous discharges, or secretions, occasioned by the emetic substance, may relieve the loaded vessels, and thus lay the foundation for a speedy cure.

by senna and cream of tartar, or small and repeated doses of epsom salts, or castor oil or eccoprotic mixture; this should be followed in three or four hours, by a copious saline enema, and the bowels should afterwards be kept free by a frequent repetition of the same. It is highly important to produce free catharsis, for nothing contributes to give the disease a malignant and congestive form, and particularly to occasion determinations of blood to the head and other local congestions, as much as the presence of irritating matters in the intestinal canal. At the same time, this should be accomplished by the least irritating means, and therefore jalap, aloes, and all other drastic articles in the popular form of bilious pills, should be proscribed. Slighty acid demulcent drinks should be freely given, such as barley water, rice water and flax-seed tea acidulated with lemon-juice, and sweetened with loaf sugar.

Calomel.—With respect to this article, which is called by some the sheet-anchor in scarlet fever, I am well convinced from extensive personal experience, that its virtues have been extravagantly exaggerated, while the evils resulting from its use, have been generally overlooked. Its effects have been blended with the disease, and considered "part and parcel" of it; but if submitted to a rigid analysis, they cannot abide the test. According to my observation, extensive ulceration of the mucous lining of the mouth and fauces, as well as the tonsilary glands, result from its use, and where such ulcerations already exist, it exasperates them. Its well known influence in ordinary cases of disease, to bring on an nflammatory condition of the glands of the mouth and throat manifested by salivation, or even sphacelas, is universally acknowedged; while most writers on syphilis attribute a peculiar ulceration of the throat, closely allied in its characters to the operation of the venereal poison, to its morbid effects. If then it be administered in a disease, in which the mucous membrane, and glands of the mouth and fauces are already in a highly inflamed condition, is there not good reason to fear, that it will co-operate with the diseased action, and hasten it irrecoverably into ulceration? Besides, though salivation is less frequent among children than among adults, ulceration is much more common, and its effects more disastrous. A single dose of calomel, therefore, of ten or twelve grains, and this in the commencement of the disease, and followed immediately by other laxative remedies, is the extent to which I would carry the use of this article in scarlet fever, with my present views of its action. The rules then for the administration of cathartics in scarlatina, are few and simple.

1. We should at as early a period as practicable, procure a complete evacuation of the intestinal canal, and that by means which will produce the least irritation.

2. When the stomach is irritable, a single dose of calomel may be given, and its operation aided by enemata.

3. In other cases, castor oil, epsom salts, rhubarb and magnesia, or senna tea, may be administered.

4. The bowels should afterwards be kept soluble, by slightly acidulated mucilaginous drinks, and enemata.

Cold Sponging.

The next indication mentioned, requires the application of cold to the surface of the body by affusion, or sponging. The relative merits of these two modes of applying this remedy are not definitely settled, yet the general prejudice against the former, will always be an insuperable obstacle. Dr. Currie, to whom we are indebted for this remedy in febrile diseases, has definitely pointed out and established the principles by which its use is to be governed; but it is the neglect of these rules, and the consequent want of discrimination, that has occasioned the comparative discredit into which it has fallen. In many cases of scarlet fever, the temperature of the body ranges from 105 to 125 degrees of Fahrenheit; higher, it is believed, than is known in any other febrile disease in our climate; and it is this fact that makes this remedy so peculiarly applicable to this very malady. If the circumstances of the case will admit, we should practice affusion; if not, frequent sponging with vinegar and water will prove a good substitute. Dr. Good remarks, "sponging will rarely be found sufficient, or rather will rarely be found of equal advantage with affusion; the fluid may indeed, in this case, be dashed against the patient, till the heat is subdued, and the process be repeated as fast as it returns. The refreshment is often instantaneous, and operates like a charm, and seems to show, as I had occasion to observe formerly, not merely a refrigerant, but an exhilarating power; as though the water were decomposed, and a part of its oxygen were swallowed greedily by the thirsty absorbents of the skin, which immediately becomes softer and moister, as well as cooler."

When we consider that sanguine irritation is the immediate cause of nervous irritation, and that these again reciprocally react on, and increase each other, and that the consequent morbid impressions are conveyed to the sensorium, and thence reflected upon the sensitive surfaces, we see the importance of moderating this exalted action, by sedatives applied directly to the part. Actual experience also proves that there is no agent so directly calculated to remove coma and delirium; allay head-ache and the morbid sensibility of all the organs of relation, as the application of cold to the surface. It is a remedy which nature urgently and imperiously demands, not only externally but internally, and we cannot wonder at the extreme fatality of the exanthematous fevers, where her voice is stifled or disregarded.

The following rules may prove useful in the application of cold in scarlet fever.

1. This remedy is indicated where the temperature of the skin is steadily above the natural standard, as indicated by the thermometer.

2. As affusion is not generally practicable, sponging with equal parts of vinegar and water will prove the best substitute.

3. The frequency of the application must depend on the degree of heat; as a general rule, it should be so applied as to keep the temperature, as near as possible to the natural standard.

Tepid sponging may be substituted with advantage when the patient experiences sensations of chilliness, in those cases where the heat of the surface is not much elevated above the natural point.

Local Treatment

The local treatment in scarlatina is for the most part purely empirical. We have abundance of infallible recipes for gargles and washes, the design of which would seem to be, to increase the inflammation already existing, and hasten it as rapidly as possible into ulceration and gangrene. Of this description, are those made of cayenne pepper, the mineral acids, and other escharotics; to which I would add the external application of blisters and mustard cataplasms.

The means on which I depend exclusively for controlling the local disease during the acute stage, are leeches and emollient poultices externally; and ice, ice-water, and demulcent gargles internally. At the close of the disease, after the inflammation has abated, if there are pale sloughs, which are not readily thrown off, from want of action in the parts, stimulant washes may be used with benefit. The success which attends this mode of treatment, compared with the usual routine, is in the highest degree satisfactory. After the removal of the leeches, tepid poultices of linseed meal, indian meal and lard, or common bread, should be applied and renewed from time to time. In this manner, free depletion is promoted, while at the same time, the emollient has a soothing revulsive effect, promoting the flow of blood to the external capillaries. As the local disease is successfully combated, the skin assumes a more natural feel, the morbid heat abates, anxiety and restlessness are removed, swallowing and deglutition are performed with greater ease, the pulse becomes slower and fuller, pain and delirium vanish and critical evacuations appear. Ice is to be used internally by holding small lumps in the mouth, and swallowing the water as fast as it dissolves, as recommended in a late number of the American Journal of Med. Sc. by Dr. Jackson of Northumberland. The effects of this are no less beneficial and immediate, than cold sponging to the surface. Where there has been a very high degree of inflammation in the fauces, I have occasionally employed with much benefit, cold evaporating lotions to the neck and throat externally, instead of the warm poultices. After the acute stage is over, to aid in the removal of the sloughs, the tinct. of bark, or myrrh, or the diluted mineral acids may sometimes be advantageously used; though much caution is necessary, lest they may induce a return of the inflammatory action.

Convalescence.

Convalescence from scarlet fever rarely requires the aid of medicine. When the early treatment has been judicious, the recuperative effects of nature, aided by light farinaceous diet, will be amply sufficient for the safe and speedy restoration of the patient to health. Recovery is often seriously retarded by the administration of stimulants, upon an irritated surface; occasioning heat and dryness of skin; frequency of pulse; furred tongue, and other symptoms of gastro-enteritis. In addition to this, dropsical effusions are apt to form in the cellular tissue, often occasioning universal anasarca, or fatal hydro-thorax; and this *sequela* is generally attributed, sometimes correctly, to exposure to cold, or overeating. The only cases, in which mild stimulants or tonics are safe, are where the tongue is pale and flabby, the skin livid, pulse slow and feeble, the appetite poor, and the functions performed in a languid manner. In such instances, which are very rare, a weak infusion of gentian, columbo, or orange peel may be given, or a little pale ale and water, carefully watching their effects, and withdrawing them as soon as the appetite and powers of digestion are restored.

Art. II.—*Delirium Tremens, cured by Prussic Acid.* By Emery Bissell, M.D. of Norwalk, Connecticut.

Among the various accounts of Prussic Acid, I do not recollect to have seen it any where noticed, as a remedy in the treatment of the formidable and often fatal disease above mentioned. I was first induced to make trial of it in 1826, in consequence of the utter inefficacy of the common and most approved method of treatment, by opium and diffusible stimuli, in a case which fell under my care. Since that time, I have resorted to it in several other instances, and with the same pleasant and satisfactory results, as in the first case. A detail of the case will best illustrate the circumstances under which it was exhibited, as well as its effects upon the disease. The patient was K—— of C—— Oneida Co. N. Y. 40 years of age, plethoric habit—had drank ardent spirits intemperately for many years. The disease, as it very often does, commenced in a disguised form, showing rather imperfectly the symptoms of acute rheumatism—such as shifting pains in the different articulations, slight swelling, with spots of slight

erythema upon the surface. These spots were exquisitely sensible, continued a few hours, then receded, and appeared on some other part. These were some of the appearances manifested on my first visit, May 5th, 1826. Pulse at this time, 80 per minute, and soft, tongue coated, face livid and bloated, pains in the ankles, knees, and hips. During the first four days he took but little medicine except laxatives and mild sudorifics. On the 9th at evening, I found him raving to a great degree with every mark of that peculiar delirium which follows habitual inebriety; the motions of the limbs tremulous accompanied with convulsive twitchings of all the muscles of voluntary motion. He now complained of no pain, rose from the bed and dressed himself without difficulty, though for four days previous he had not been able to turn himself without the assistance of two persons. Gave him opium, two gains to be repeated every two or three hours.

10th. Has passed a bad night, and is much worse this morning, gave opium, five grains every three hours, with as much brandy as he could be induced to take.

11th. Comparatively calm—having had some quiet sleep, rheumatic affection has returned, bowels constipated, directed a mild cathartic, tinct. aloes et myrrh—followed by enemas of chicken broth.

12th. Delirium has returned as bad as before, opium and brandy as on the 10th. No better at evening, gave strong laudanum, two hundred and fifty drops at a single dose, repeat it in drachm doses every three hours—brandy resumed.

13th. Patient rather comatose, but without any abatement of delirium—brandy, laudanum, &c. discontinued—gave ten drops* prussic acid, in a small quantity of pure water, every four hours.

14th. The effects of the acid have been truly surprising—patient became quiet within two hours after taking the first dose, a calm refreshing sleep ensued, and the delirium has in a great degree subsided. From this time convalescence was rapid; a moderate use of the acid was continued about four days, no unpleasant consequences of any kind followed from it. One of its effects deserves particular notice, it unequivocally acted as a mild and pleasant laxative during the whole time of its exhibition. The same effect I have found in every case where it was used subsequently. From the facts that the influence of this article is so exclusively felt by the nervous system, that it leaves none of the unpleasant sequelæ of narcotic medicines, that it is so agreeable and eligible in its exhibition, and wholly within the control of the practitioner, I have been led to the conclusion that it might be much more extensively used, as an efficent remedy in that class of diseases, in common parlance termed "nervous."—Quere. What would be the effect of large doses in tetanus?

"* The acid here used, was prepared by J. Noyes, M.D., late Professor of Chemistry in Hamilton College. What the Doctor's peculiar mode of preparing the article is, I do not know; it is of a strength which requires three or five drops, as a full dose in ordinary cases. It keeps in well corked vials for any length of time, under full exposure to the light without decomposition, or in any way losing its properties. I have employed it exclusively for the last fifteen years, and have kept it in perfection for two full years exposed to the ordinary light of my room."

Art. III.—*Case of Difficult Labor occasioned from Hydrocephalus Internus Uterinus.* By Lewis A. Hall, M.D. of Newark, N. J.

I was called October 10th, 1830, to see L. A. aged 28 years, in labor with her first child. I arrived at 11 o'clock in the evening, and upon inquiry found she had been in labor 24 hours, and during that period had been under the care of a female attendant; this woman assured me that when she "first saw the case the waters had been drained off, (to use her own phrase) some hours, and that the pains were brisk but the child did not advance." On examination, the head was found presenting; the vertex even with the vulva, and remained so in the interval between the contractions of the uterus, and during contraction did not in the least advance.

Scalp very much suffused and distended, the superior fontanelle resting against the left acetabulum, with the occiput in contact with the right sacro illiac symphysis. Contraction coming on every seven or eight minutes with great force, I inquired how long the head had remained in this situation: and was told "since eight o'clock this morning," consequently there had been no progression for the last fifteen hours. The labia from repeated handling very swollen; abdomen tender, the patient's spirits very much depressed, strength unimpaired, the head of the child compressible, and the pelvis well formed. I drew twenty oz. of blood from the arm, which increased the force of uterine contraction, at three o'clock in the morning case presents the same, only the scalp was rather more distended.

Pain not so severe as it had been, complained very much when she was touched. At five o'clock v. s. fifteen oz.—at six, her pains, which had been slighter for the last three hours, increased both in frequency and force, at nine o'clock the case remaining in statu quo, I gave twenty grs. of pulvis secale cornutum, and repeated the same every hour until twelve, when the contractions were as severe apparently as they could be, recurring every three to five minutes.

At one o'clock not the least progression, I now proposed a consultation, which was promptly and positively refused me by the patient and her friends; stating they wished me to proceed in any way I thought proper.

I then determined to employ the forceps; in a few minutes I succeeded in introducing one blade, but was unable to introduce the second so as to be able to lock them. The blade that was introduced I now endeavoured to use as a lever, but to my surprise on applying a moderate force the blade passed over the head of the child in the same manner it would over a gum-elastic globe.

By this time the pains had very much abated, labiæ much swollen and sensitive, and the abdomen so tender as not to bear the weight of the bed-clothes. My forceps were now laid aside, and being still refused the benefit of further council, the patient's spirits depressed, and her friends alarmed, abdomen not only tender but painful, labiæ painful and dry, patient complains of *nausea;* vomiting ensues, wants air, says she feels faint; pulse good, countenance swollen, calls for drink, throws up the drink she has this moment taken, feels much relieved at stomach, no pains. In a profuse perspiration, complains of feeling very hot, drinks some lemonade, spirits exceedingly depressed.

From the flexible state of the head, I thought it possible that this might be a case of *hydrocephalus internus uterinus*, and immediately formed the resolution of opening the head, and after suffering its contents to escape, to deliver with the forceps. At four o'clock I accordingly opened the head at the posterior *fontanelle*, carrying my instrument between the parietal bones to the anterior fontanelle. The contents of the head escaped with a gush, and water with small portions of brain were evacuated to a large amount. Introducing the blunt hook into the head, I attempted to deliver by pulling with my left hand in the direction of the os coccygis, at the same time compressing the head from the pubes with my right. I did not succeed, the forceps were again used, and were introduced and locked, but the inferior portion of the handles were so far apart that I was doubtful of their being properly applied; force was exerted in a cautious manner, and finding them secure, I endeavored to compress the head as much as possible between the blades, thinking by that means to evacuate its contents, and thereby diminish its volume. But with all the force prudence would permit, I was unable to clear the head of the superior strait, and was foiled in my efforts. Withdrawing the forceps, I introduced the blunt hook, and one blade of the forceps to act as a lever, and the blunt hook as a beam upon which I exerted force, I succeeded in delivering the woman of a male child with a morbidly enlarged head, and diminutive body and limbs; the placenta was detached, and in a few minutes expelled by uterine contraction. The woman was put to bed, and not one unpleasant symptom followed, I ordered warm bread and milk poultices to the labiæ, and a large hop poultice over the abdomen; the bowels were evacuated by mild purgatives, and in two weeks the patient was as well as women usually are at that period, after being confined.

The following were found to be the dimensions of the head of the child by measurement: on applying a tape to the centre of the chin and carrying it over the frontal bone in the direction of the sagittal suture, over the occiput to the nape of the neck, the distance was twenty-two inches: over the parietal protuberances, and chin eighteen inches, and in all other directions in proportion. The sutures were unusually wide, the coronal was of the greatest width, and the bones were extensively separated from each other. By placing the head in a clear light it was found to be slightly diaphanous.

ART. I.—*Select Cases and Communications, forming part of the* TRANSACTIONS OF THE MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH. Communicated by the COUNCIL.

§. II.—PHYSIOLOGICAL.

4. *Some Observations on the Structure of the Mesenteric Glands in the Balænoptera rostrata.* By Dr. JOHN REID.

Dr. Knox having lately purchased a young whale, he very kindly allowed me a considerable portion of the mesentery, cut close to the spine, for the purpose of repeating the experiments of Mr. Abernethy upon the organs in the whale that correspond to the mesenteric glands, as related in the Philosophical Transactions of London for 1796. This animal was a female, about ten feet in length, belonged to the *Balænoptera rostrata* of naturalists, and had been dead about a fortnight (February.)

An injection, composed of brown spirit varnish, white spirit varnish, and turpentine varnish, mixed in the usual proportions, and coloured with vermilion, was first thrown into the arteries, and the same materials colored yellow into the veins. Both injections succeeded well, and very minute vessels were seen ramifying in all directions upon the surface of the intestines and mesenteric glands. The mesenteric glands appeared a little increased in size after the injection had been thrown in; but on handling them, the materials injected could not be felt to be collected into masses in their interior, as described by Mr. Abernethy, except in one case, and this was evidently dependent upon extravasation. The lacteals were next attempted to be injected. These were more easily found than could have been expected, as the mesentery was completely void of fat, and all the small arteries and veins were filled with injection. Several of these vessels were injected; but in all, from the softness of the glands, or some other cause, the mercury seemed to burst into the substance of the gland, converting it into a sac, and none of it appeared in the *vasa*

efferentia. On opening one of these glands, I was at first almost convinced that the mercury had passed into a cavity in the interior of the gland; and I had almost persuaded myself of the existence of an indistinct lining membrane upon its walls; but upon more minute examination of the others, and particularly as none of the mercury could be detected in the *vasa efferentia*, and as no such cavity could be detected in those not injected, I became satisfied that it had ruptured the vessels, and passed into the substance of the gland. On cutting into the substance of the glands, in which the arteries and veins were only injected, these vessels were seen ramifying through their texture, dividing and subdividing very minutely, and nowhere presented the appearance of opening of cavities or cells. It also appeared to Dr. Alison, who examined some of these glands under the microscope, that the whole of the injection was contained in the vessels. The glands themselves were of a uniform texture; and, with the exception of being of a darker colour, and their greater size, resembled very closely in their appearance the mesenteric glands in the human body.

Those who are acquainted with Mr. Abernethy's experiments, will at once perceive that the results of the injections just described differ very materially from those obtained by that gentleman. Upon what this difference depends I cannot pretend to judge. Mr. Abernethy does not mention the genus, species, or size of the whale from which he procured the mesentery; but it is evident, from some parts of his paper, that the mesenteric glands must have been much larger than those in the present case. The largest of these bodies in this case did not exceed a pigeon's egg; and when they appeared larger, this was found to depend upon two or more of them lying in close contact. It is not likely that these bodies can differ so very much in their structure in the different Cetacea as to account for results so dissimilar; and the disparity in size could only produce a difference in degree, not in character. Mr. Abernethy used a waxen injection, which is considerably coarser than that which we employed. It appeared to Mr. Abernethy, that some of the arteries and veins opened upon the inner surface of large cavities in the interior of the glands, into which they poured their contents; while in the present case, though the injection had run more minutely than what we could expect a waxen injection to do, none of it seemed to pass out of the vessels. It also appeared to Mr. Abernethy, that a number of lacteals opened into the interior of these cavities, and probably mixed their contents with those of the arteries and veins. Whether there were any communications between the lacteals and veins, or whether the lacteals poured any of their contents into cavities or cells, these injections do not entitle us to form anything like a satisfactory conclusion; for the extravasation of the mercury into the substance of the gland prevented all accurate observation, and besides the whole of the minute veins being filled with injections, it would be prevented from appearing in them, admitting that such communications did exist. We saw enough, however, to render it very improbable that the lacteals in this case opened into such large cavities as those described by Mr. Abernethy. Dr. Knox himself injected some eighteen or twenty of the lacteals two days previous to my attempts, immediately after the abdomen had been opened, before the mesentery had been detached, before the arteries and veins had been injected, and while the parts were still very fresh. The mercury passed freely through these vessels as the glands; but none of it appeared either in the vains or *vasa efferentia*.

5. *Injections of the Vessels of the Fœtus, to show some of the peculiarities of its Circulation.* By Dr. John Reid.

Three fœtuses were injected in the following manner: A red coloured injection was thrown up the *vena cava* inferior, and a yellow-coloured injection down the *vena cava* superior at the same time, and as much as possible in equal quantity, and with equal force, to endeavour to imitate the currents which flow along these veins during the life of the fœtus. As it is impossible that one person can manage both, it was necessary to intrust the two syringes to different persons; and this must render the success of the injection more precarious. It was principally wished by these injections, to try to ascertain to what extent the Eustachian valve prevented the intermixture of the two currents entering the right auricle by the two *cavæ*; and, provided that the Eustachian valve really had the effect of keeping the two currents to a certain extent separate, directing the greater part of the ascending current directly into the left auricle through the *foramen ovale*, whether these two currents still continued separate in their subsequent course,—that passing along the aorta going entirely to the large vessels of the head and superior extremities, and that through the *ductus arteriosus* filling the descending aorta.

The first trial was made on a fœtus of four months. By some mistake the injection was not thrown down the *cava superior*, and that thrown along the *cava inferior* was in small quantity. On examining the heart, we found that the red injection had passed along the *cava inferior*; that some of it had passed into the right auricle, but the greater part had been directed through the *foramen ovale* into the left auricle by the Eustachian valve, so as to fill the whole of the left side of the heart, while not a single drop of injection had passed into the right ventricle.

This experiment, then, was not entirely useless, for it showed, in this case at least, that a fluid ascending through the inferior *cava* passed more readily into the left side of the

heart than into the right. That part of the injection should have passed into the right auricle, was to have been expected, for though the Eustachian valve when perfect nearly insulates the *cava inferior* from the cavity of the right auricle, yet it cannot entirely exclude the passage of some of the fluid into the right auricle, when that cavity is not occupied by the column of blood which descends through the superior *cava*.

The second trial was upon a fœtus at the full period. Upon examination we found, that, though the two currents chiefly passed in the course which we shall fully describe in the third experiment, yet some intermixture had taken place. This was not to any great extent. This intermixture might depend upon two causes. *First*, the Eustachian valve is supposed to be less perfect at the full time than at an earlier period; and, *secondly*, the injection was not so well managed as it ought to have been, from the difficulties experienced in two persons commencing and stopping exactly at the same time, and using nearly equal forces.

The third trial was upon a fœtus of about seven months, to judge from its size and the position of the testicles. Care was taken by a previous course of training, to throw in the two currents as equally as possible. On tracing the red injection upwards, we found that it had passed through the *foramen ovale* and filled the left side of the heart without any intermixture with the yellow, except very slightly at the posterior part of the right auricle. Not a drop of the yellow appeared to have accompanied the red into the left side of the heart. From the left side of the heart it ascended the aorta, and filled all the large vessels going to the head and upper extremities. The injection in all these vessels had not the slightest tinge of yellow.

On tracing the yellow downwards, we found it filling the right auricle, free from intermixture, except slightly at the posterior part of the auricle, as already mentioned. From the right auricle it filled the right ventricle, passed along the pulmonary artery, and filled the *ductus arteriosus*, and branches going to the lungs. On entering the aorta, it passed down that vessel, filling it completely without any intermixture of red; and thus, all the branches of the thoracic and abdominal aorta were filled with yellow. The whole of the red had passed to the upper part of the body. In an experiment of this kind, the injection, after filling the left auricle, passes along the pulmonary veins, but, during the life of the fœtus these veins must be filled by the blood returning from the pulmonary arteries. Had the injection been sufficiently minute, it would have passed from the pulmonary arteries into the pulmonary veins, and, consequently, we would have had some intermixture of yellow in the left auricle.

Though it may be doubted, whether these wo currents keep themselves so distinctly separate in the living fœtus as they appear to have done in this last experiment, yet, from the result of these three injections, we may be justified in concluding, that the blood returning from the placenta principally passes to the head and superior extremities, and that the lower part of the body is principally supplied by the blood returning by the *cava superior*, or, in other words, by blood which has already made a circulation in the body.

§. III.—Pathological Anatomy.

6.—*Some Account of a Case, with the Appearances on Dissection, demonstrative of the manner in which Hydatids are first generated in the Human Body.* By John Howship, Teacher of Surgery, Surgeon to the St. George's Infirmary, &c. &c.

The exact structure of the simiple globular hydatid (Acephalocyst of Laennec) is not sufficiently made out; neither has the mode in which it is first produced been hitherto, I believe, satisfactorily explained.*

The extreme simplicity of its form, and the manifest character of its structure, render it tolerably evident that the hydatid is a fine, smooth, transparent bag, of a rounded even figure, filled with a serous fluid; and it may be further presumed that the coat or cyst is essentially an albuminous matter. It has, however, been much doubted whether so simple a form can claim the regard due even to the lowest link in the chain of organized beings.

In a paper written in 1787,† Dr. J. Hunter states, that he met with a large tumour, situated between the stomach and the spleen, made up of several smaller tumours, containing hydatids, which were completely spherical, adhering nowhere to the sides of the sac, nor to one another. The tumours or sacs he observed, had two coats; an outer, which was the strongest and thickest; and an inner, which was soft, tender, and pulpy. On examining these hydatids, the inner surface of some was found covered with small hydatids, not so large as heads of pins, and looking like minute pearls or studs set in the inner coat.

The author adds, that, in another case, the abdomen was irregularly swelled; and on examining the body, there were found numerous encysted tumours full of hydatids, and that the increasing volume of the tumour had even made its way upwards, through the diaphragm into the chest, yet not appearing to have done any injury to the parts, except by mechanical pressure.

In the above valuable paper, then, the author adverts to the apparent mode in which hydatids multiply, but without venturing to specu-

* When this paper was written, I had not seen the work of Sir A. Cooper on the diseases of the breast, which contains many valuable remarks on this subject.

† Transactions of a Society for the Improvement of Medico Chirurgical Knowledge, Vol. i.

late on the manner of their first production in the body.

The late Dr. Baillie * says, that on the inside of the hydatid smaller ones are formed, which are commonly not larger than heads of pins, but sometimes they are even larger than a gooseberry. These are attached to the larger hydatid, either scattered at irregular distances, or in small clusters. They are also found floating loose in the liquor of the largest hydatids. It is then observed, that the origin and real nature of these hydatids are not fully ascertained, although it is extremely probable that they are a sort of imperfect animalcules. So that we may venture to conclude, that even the acute perception of so accurate an observer as Dr. Baillie had no favourable opportunity for determining the origin of these appearances.

On the 9th of November 1831, my friend, Mr. Spilsbury, of Walsall, a gentleman zealously devoted to the science of his profession, obligingly sent me the following case, with its accompanying specimens.

"A healthy youth, aged 14 years, had worked as a shoemaker till November 1830. He said that in 1828, having drank at a brook, he supposed he had swallowed some spawn of animal growth. On close inquiry, it appeared that he had feverish symptoms, and was frequently sick, presumably from an inflammatory cause; and these symptoms, with the incident thirst, had induced him to drink freely at the brook. The following summer he frequently coughed up blood, and very frequently bled from the nose. His mother spoke of him as a hearty boy previous to drinking at the brook, and said she was herself convinced that he had living animals of the newt kind within him.

"During life, from the distinct lobulated feel of the different tumours with which the enlarged abdomen was filled, it appeared probable it might prove to be fungoid disease of some of the viscera, especially as the superficial veins of the abdomen were enlarged and tortuous. Neither the appetite nor the secretions ever failed, with the exception of the bile, with which the skin and urine were highly tinged, the stools being white. The enormously enlarged abdomen measured six feet in circumference; the legs and thighs being loaded with œdema, while the thorax and arms were amazingly extenuated. He died on the 7th November 1831."

On laying open the abdomen, Mr. Spilsbury found the whole of the viscera one confused mass of tumours, of which a large portion was, by dissection, detached from the right side. In opening the duodenum, a pulpy sac, like coagulable lymph, was cut into, containing probably a full pint of small hydatids, the largest about the size of a hazel-nut. These hydatids were of various tints, from a deep-green to a bright-yellow, swimming in a thin serous fluid.

The whole of the bowels and other viscera were equally involved in this disease; the continued pressure from which appeared to have very much reduced the size of every viscus by exciting interstitial absorption. The liver, in particular, was diminished in thickness almost to the peritoneal coat, not more than about half an inch of its parenchymatous substance remaining.

The thorax was not inspected, for the limited time afforded did not permit the whole of this extensive disease being unravelled. In the cavity of the abdomen the adhesions were so numerous and intimate that there was neither beginning nor end; the examinatian, consequently, was only so far satisfactory as the time would permit.

On carefully dissecting the parts forwarded to me, I found that the mass removed from the right side, although composed of different textures, was certainly an entirely new formation. It appeared that acute inflammation had, in the first instance, led to a free effusion of fibrine into the abdomen; that, as the fibrinous matter became organized, new vessels after a time began to secrete serum (at certain points) into the substance of the fibrine; thus inducing the development of serous cysts. These tumours had the appearance of extremely fine thin organized adhesions; and a considerable number of these cysts, some nearly of the size and form of hen's eggs, most of them of a spheroidal figure, and all connected together by extensive fibrinous adhesions, constituted the large mass removed from the right side of the abdomen.

The partial detachment of the external coat, from several of the tumours, ascertained that each organized, coloured and vascular cyst, contained within it a fine colourless albuminous cyst; devoid of red vessels, and having every character of what Dr. Baillie has termed the true hydatid.

It struck me as extremely curious, that each fibrinous and vascular cyst contained one albuminous cyst or hydatid; and that this hydatid exactly fitted the space it occupied, so as to be at every point closely in contact with, though only lightly adherent to, the surrounding cavity.

Wishing to demonstrate the exact occupation of the cavity by its hydatid, I carefully dissected off one vascular cyst from the next; and, raising a small part of the outer coat by the assistance of a flat silver probe, progressively separated it more extensively, without rupturing the hydatid, until I had removed nearly the lower half of the outer or vascular cyst; a small portion of which was also detached, so as to expose the opposite, or upper end of the hydatid. I then attached four fine silk threads to the upper margin of the outer cyst, and cautiously transferring it to the moistened surface of a card-paper, it was lifted up, and allowed to slide very gently into a glass vessel filled with spirit of wine. But just at the moment when it appeared to the

* Morbid Anatomy of the Human Body.

best advantage,—such was the influence of the spirit in producing contraction in the coat of the hydatid, and such the consequence of the lower specific gravity of the rectified spirit, leaving the weight of the hydatid only partially supported,—that the albuminous cyst presently separating from its surrounding attachment, fell heavily to the bottom.

I next dissected off a cluster of two fibrinous cysts from the mass, and proceeded to open them, intending to expose only a part of the front of the hydatid in each, to avoid the possibility of its dropping out or leaving its place. In laying aside the covering of the first, I found that the fibrinous and vascular cyst admitted of being separated, with some care, into two or three lamina. Not having leisure to finish the examination at that time, the specimen was immersed in spirit of wine; and on returning the next morning to open the other fibrinous cyst, this was found to be simply a cyst containing serum, but no hydatid. On cutting away a part of the front of the cyst, it appeared that the immersion in spirit had induced a partial coagulation of its fluid contents; a scanty albuminous cloud having fallen to the bottom. This, then, was an exception to the remark previously made, that each fibrinous cyst contained one albuminous cyst or hydatid.

Another apparent exception presented itself in opening an ovate fibrinous cyst, within which I found its enclosed hydatid everywhere in contact, and, as in the other examples, lightly adherent to the surrounding cyst; but, on closer observation, I perceived a line crossing the tumour, and tracing this line enabled me to ascertain that the one cyst, in this instance, contained two hydatids of about equal growth, pressed against each other, the containing cyst at one part only manifesting the slight remains of a former wall of partition. The adjacent surfaces of the hydatids had not the slightest tendency to adhere to each other.

In these examinations, I observed that the coats of the hydatids, thicker at one, were thinner and more transparent at other points of their surface, verifying the correctness of a similar remark previously made by Dr. Baillie.

On opening one of the fibrinous cysts to expose the hydatid, I cut away to a small extent the front of the hydatid also, in the hope that the exact relation of the two textures might thus be exhibited to advantage. The experiment failed. The albuminous cyst, unrestrained by a confined volume of fluid, no sooner felt the influence of the spirit, than it contracted powerfully, becoming more dense and opaque, in parts curling up, it became almost inverted, and was soon reduced to less than half its original magnitude.

The fluid filling the cavity of each hydatid contained a variable proportion of albuminous matter in solution, as shown in its coagulation by alcohol.

On cutting open, and examining the internal surface of the hydatids, a number of minute points were generally found projecting into the cavity. These points were most frequently collected into a cluster, or little cushion, upon one part where the substance of the hydatid was thicker than elsewhere; but sometimes they were unequally dispersed, and more thinly scattered over the surface. Generally, these points were sufficiently manifest to the naked eye, but in some cases were only seen distinctly by the assistance of a glass. They most frequently appeared like minute pearls lying on the surface, but occasionally exhibited a less regular figure, pointed or flattened.

These minute spheres, or projecting points, were in every case so closely attached to the surface, as not to admit of removal; and by examining them with care, and applying the point of a lancet to them, under the microscope, it was apparent that they were generated within the substance of the coat of the cyst, and in no instance was the growth sufficiently advanced to induce or to admit the separation of the young from its parent.

These appearances, which have been noticed by Mr. Hunter and other physiologists, have been regarded as showing the developemen of the young hydatid, and the mode in which they multiply, although throwing no light upon the manner of their first production in the body.

We may now advert to that process of vitality, that series of effects, by which the first formation of the hydatid appears to take place.

So long back as in the year 1809, in examining the body of a woman,* my attention was particularly struck on finding within the chest a soft preternatural substance, as large as a human kidney, situated between the ribs and lungs, and proving to be a soft solid, secreted into a cavity or fine cyst, formed in some adventitious adhesions, the result of preceding inflammation.

This fact, as it presented itself, demonstrated not only the well ascertained truth, that fibrinous matter thus circumstanced becomes organized; it also proved that the capillary arteries distributed into the newly organized part, are occasionally gifted with the power of taking upon themselves the various offices of secretion, as readily and effectively as the vessels in parts of original formation.

In a case, then, like that before us, the following is the manner in which, as it appears to me, hydatids are first generated. Peritoneal inflammation inducing copious effusion, the resulting extensive adhesions become progressively organized; and subsequent to this stage follows the characteristic and peculiar action.

The newly formed capillaries secreting a thin fluid (at certain points) into the substance of the fibrine, give rise to the slow develop-

* The case is the 63d in my Practical Observations on Surgery and Morbid Anatomy.

ment of serous cysts; and in the early progress, perhaps in the commencement of this action, a part of the albuminous matters ecreted with the serum, coagulating as it is effused, forms a fine pellicle, lining the internal surface of the cyst; to which cyst it is for a time destined to remain lightly attached, although more intimately and permanently united with the surrounding substance of its own thin expansion.

There is every reason to believe that the little vesicle so produced, which, it is obvious, must of necessity be an exact cast of the space it occupies, has the power of absorbing serum from the surrounding surface,—a circumstance which at once provides for its progressive growth, with other incident consequences.

Now, of these incident consequences, that which is the most invariable is the release, sooner or later, of the little vesicle, or hydatid, from its place of confinement; the fibrinous organized cyst still yielding to the increased pressure of its contents, and the hydatid thus continuing to grow.

In the mass that I examined, certain parts of the fibrinous cysts were so thin, and so nearly transparent, that, had the patient lived a little longer, they must, in all probability, have been ruptured, when the contained hydatids would have been delivered or released into the general cavity of the abdomen. In this case, while the albuminous cyst or hydatid continued to absorb serous fluid, it would have still gone on to increase the remains of the fibrinous cyst from which it had escaped, eventually losing every trace of its former figure and purpose, so as to prevent the possibility of its being recognized on dissection. In truth, the continued agency of such pressure, as in one of Dr. Hunter's cases, induced insterstitial absorption of the diaphragm, may be supposed adequate to excite the progressive removal of any other texture exposed to its influence; and this brings us down to that particular stage of the disease, in which death being the most frequent result, nothing is found on examination of the body, capable of explaning distinctly in what manner the hydatids ever were related to the cavity in which they eventually are found loose.

In one such case, an entire hydatid came into my hands, containing many quarts of fluid. The late Mr. Blair had examined the body of a dropsical person after death, and found in the abdomen two enormous hydatids, the largest of which was accidentally ruptured, but the smaller he was enabled to preserve; and I subsequently put it up in Mr. Heaviside's museum.

Having in my own collection a valuable specimen, presented by my friend, Mr. Spilsbury, in which the right lateral ventricle of the brain became the seat of a considerable dropsical accumulation, containing a number of hydatids, I referred to this preparation, and observed, that, within the cavity of the enlarged ventricle, the numerous flocculent and filamentous expansions, and at one point a small imperfect cell, sufficiently demonstrate the remains of the fibrinous effusion and its consequences; giving reason to believe, that, whether the hydatids present themselves in one serous cavity or another, the mode of their first production is one and the same in every instance.

The form and appearance of the hydatids from the brain were exactly similar to those from the abdomen; yet, further to identify the resemblance, I opened the preparation, to ascertain the state of the internal surface of several. On making this examination, the appearances found were precisely those already described, in hydatids from the cavity of the peritoneum.

Again, we know that large collections of hydatids are sometimes found, either in encysted tumours, or in cysts formed within the substance of one or other of the viscera; appearances that explain themselves, when we recollect that the cellular, or parenchymatous textures, are subject to the deposit of fibrine, no less than those of serous and mucous cavities; and that the hydatids being in such instances found swimming here in purulent, or there in serous fluid, is a circumstance merely dependent on the tendency to acute or to chronic action, which may have prevailed in each particular instance.

The cellular membrane beneath the skin, the cellular texture connecting the muscles to each other, and even the finer cellular tissue uniting the individual fibres of a muscle together, have been the occasional seat of encysted tumours of this description; but one of the most curious examples, perhaps, on record, is a case that was under the care of Mr. Keate, where a collection of hydatids was situated in the *diploe*, between the tables of the skull, in which the extreme obstinacy of the disease was only equalled by the persevering activity with which the treatment was followed up, by which the complaint was at length overcome.*

The hydatid appears to possess a vitality nearly similar in degree to that of the more usual forms of effused adhesive matter. The thin coat of the albuminous hydatid seems just as capable of preserving itself, and of resisting decomposition, (where the supply of fluid necessary for its growth is not withheld,) as the thicker mass, or less even substance of the fibrinous effusion may be. Yet these two conditions of matter differ widely from each other. The albuminous hydatid, although it may expand in volume or multiply in number, it still permanently the same as to its place in the scale of existence, while effused fibrine is subject to change, and susceptible of many successive degrees of advancement in organization.

The cause of this difference is, that the hydatid, notwithstanding it appears to possess a power of absorption from its surface, and also

* See Med.-Chir. Transactions of London.

a power of appropriation for its own purposes of growth, is nevertheless incapable of becoming vascular, whereas the first step to advancing organization in fibrine is indicated by a number of red vessels passing into it.

It is not easy to determine with precision what the exact powers of any of the living solids would be independent of that requisite supply of fluids with which nature has bountifully and providently furnished them. Reasoning, however, by analogy, it seems fair to assume, that, as the simple, spherical hydatid, appears to be in every essential respect the same in structure with the more complex variety found in sheep, if each were examined under circumstances equally favourable, the former would manifest the same appearances of vitality that have been repeatedly demonstrated in the latter.

The inventive genius, and truly philosophical mind of Mr. Hunter, first led him to suspect, and soon enabled him to prove, that the fluid contents of the egg are gifted with an appropriate measure of vital power to regulate temperature, and resist decomposition. Mr. Hunter also considered that the blood, while circulating in its vessels, possesses a degree of vitality, a living principle; a privilege, it appears to me, unreasonable to deny to the serum, when effused by secretion into any circumscribed cavity.

On these grounds, I should feel disposed to consider that the true hydatid is gifted with a certain measure of vitality fitted for its peculiar mode of life, yet apparently of so feeble a description, as to render it more entirely dependent for its existence on the temperature and condition of the surrounding medium than any other animal with which we are acquainted.

7.—*Some Observations on Phlebolites.* By Dr. John Reid.

The accompanying preparation is a portion of one of the broad ligaments of the uterus, in the veins of which are observed a number of small rounded osseous-looking bodies, which have received the name of Phlebolites. They are described by Beclard in his Anatomie Générale under the chapter on Veins, and by Jules Cloquet in his Pathologie Chirurgicale; but I am not aware of their having been noticed by any English author, though they must have occasionally been seen by those much engaged in dissections. Their presence does not appear to be attended by any bad effects, and they consequently possess little practical importance; but the nature and cause of their formation may, ere long, become an object of considerable interest in physiology, as serving to strengthen or confirm some of the doctrines concerning the living fluids of the body. They cannot be considered as of rare occurrence. I have now seem them in five instances, and four of these have been within the last twelve-months. In three of these they were found in the uterine veins; in one (a male) in the vesical veins; and in the present case, both in the vesical and uterine. They varied in size from that of a millet-seed to that of a large pea. They varied in number from two to more than a dozen. In all the cases in which I have examined them, they seemed to be placed loose in dilatations of the veins, allowing sufficient space for the blood to pass between them and the coats of the vein. Some of these veins were of very small size in the undilated portions, and required a careful examination to be convinced that they were placed in veins; while others were of sufficient size, as to render this apparent almost at the first glance. The subjects in which I found them were all advanced beyond the middle period of life.

Beclard and Cloquet describe them as being most frequently inclosed in layers of fibrinous matter or coagulated blood; but in all, except in the present case, I have found them without any covering whatever, and in nearly all of them of a bony hardness throughout.

In the preparation before you a very large one may be observed with a clot of blood. Several smaller ones were also observed enveloped in coagulated blood. The spermatic veins in this case, in the branches of which these were deposited, were much enlarged.

According to Cloquet and Beclard, they have been also found in the hæmorrhoidal veins, in the spermatic veins of the male, in the saphenæ veins, and twice in the *vena cava inferior*. In one of the cases described and delineated by Cloquet, he states, that the smaller ones were formed of a little soft clot of blood; that those of a larger size contained in the centre a nucleus of white fibrinous matter; that the largest had in their centre an osseous-looking nucleus, upon which the white fibrinous matter was arranged in concentric layers, the internal very hard, the others becoming gradually softer as they approached the surface. He also gives a drawing of a round fibrinous mass taken from the *vena cava inferior*, containing an ossific-looking matter in the centre, from which a number of rays of the same substance passed through the fibrinous matter towards the circumference. Another specimen similar to this was seen by Cloquet in Sœmmering's museum, and was said to have been taken from the *vena cava inferior* of a child.

I am not aware that the chemical composition of these bodies has been accurately ascertained. Cloquet speaks of them as composed of phosphate of lime, but he does not state that they were analyzed. Mr. Kemp had the kindness to analyze two of them taken from different subjects. He has not yet been able to obtain accurate results; but he states, that he is certain that both were principally composed of phosphate of lime, of carbonate of lime, and of animal matter, and that it appeared to him that these earthy salts and ani-

mal matter were nearly in the proportions that exist in the bones. He has promised to make a more accurate analysis; and we will then see how far they differ from, or agree with, the osseous texture in their chemical composition. It may also be stated, that the animal matter seemed composed in a great part of gelatin; but this would require farther researches.

It becomes an interesting subject of inquiry, whether these bodies are formed by a deposition of the earthy salts contained in the blood, mixed with some of the animal matter, or whether this depends upon some vital action in the fluids, corresponding to the formation of the osseous texture. Neither Beclard nor Cloquet give any opinion upon the cause of their formation. The fact of their being only found in the depending veins, where the flow of blood is retarded, and the improbability of the formation of any osseous texture in the interior of these vessels, strongly favour the notion of their being merely depositions from the blood, as urinary calculi are from the urine; while the nature of their formation; the gradual conversion of the fibrinous layers into osseous, the radiation of the ossific matter through the fibrinous clots, and their chemical composition (if their similarity to bone is confirmed,) must strongly incline us to ascribe their origin to something more than mere physical or chemical laws. Additional observations, by furnishing more extensive data, may enable us to come to more decisive conclusions on this interesting question.

§. IV.—Surgery.

8.—*Case of Rupture of the Tendon of the Biceps Flexor Cubiti.* By Sir George Ballingall, Regius Professor of Military Surgery, and Consulting Surgeon to the Royal Infirmary of Edinburgh.

Mr. D. a healthy active man, about 50 years of age, well known to many members of this Society as an eminent chemist and druggist, while raising a heavy weight, with the tips of the fingers of his right hand, suddenly felt a snap, accompanied with a numb pain, in the lower part of the arm, a little above the elbow. The weight instantly dropped from his hand, and he was conscious of an inability to use his arm as formerly. On endeavouring to take off his coat, within a few seconds after the accident, he had great difficulty in doing so, owing to the swelling which had already taken place in the arm. On examination, there was observed a large tumour about the middle of the arm, occupying the seat of the belly of the *biceps* muscle. This being considered by Mr. D. as arising from effusion, he had a pretty tight bandage applied. He now felt scarcely any pain, and comparatively little inconvenience in the use of his arm.

Next morning, on removing the bandage and examining the arm carefully, Mr. D.'s son, a medical man, was of opinion, that the tumour, which had now increased much, arose entirely from the retraction and swelling of the *biceps* itself. In this opinion he was confirmed by finding, that, in the hollow which existed below the tumour, there could be detected a body, apparently the tendon of the *biceps*, which was loose at one extremity, and could be moved from one side to the other with great facility. Bandages were now applied, consisting of two pieces of leather accurately and tightly laced, one on the arm and the other on the fore-arm, with a strap passing from the lower to the upper piece of leather, for the purpose of keeping the arm in the bent position. Owing to the patient using his arm much, the bandages were not kept accurately applied, and after ten or fourteen days they were thrown aside.

The tendon has gradually contracted adhesions to the neighbouring parts; and although there is still considerable swelling of the muscle, and some difference between the form of the two arms, yet the patient can use the arm tolerably well. It is not by any means so strong as formerly, and he cannot make any great exertion with it. He experiences difficulty, and some degree of pain or cramp in attempting to raise a weight with the points of his fingers, and finds the power of pronation considerably impaired in the affected arm.

The preceding history of this very rare accident was drawn up at my request by my friend, Dr. J. H. Balfour. Having been in the country at the time Mr. D. sustained this injury, I had no opportunity of examining his arm until nearly a week afterwards, when I was led, as others had been, to conclude, that the tendon of the biceps was undoubtedly ruptured, or perhaps rather torn from its attachments; for although the tendon could not now be moved freely from one side to the other, yet, upon throwing the muscles of both arms into action by bending the fore-arm against a resistance, the tendon of the left biceps sprung out as it were, and became tense, while no such thing happened in the right arm,—the flexion of the fore-arm being apparently accomplished by the *brachiæus internus*, the flexors of the carpus and fingers.

On examining the arms a few days ago, at the distance of eight months from the accident, I find that there is a considerable difference in their figure,—the belly or prominent part of *biceps* in the right or injured arm being higher up, and somewhat different in shape from that of the left; immediately below the junction of the fleshy with the tendinous part of the muscle, there is a considerable thickness or swelling, apparently in the tendon, and when the muscle is thrown into action, the tendon of the injured arm is less prominent and distinct than that of the opposite side. Mr. D. still finds the strength of the right arm considerably impaired. He complains of some difficulty in pronating the hand, and more especially in alternately rotating the radius outwards, and inwards, as he has occasion to do in th

act of pouring any powdered substance out of a wide-mouthed bottle into the scales. This last mentioned circumstance I am particularly induced to notice, because, from the actions usually assigned to the biceps, it might have been supposed that the act of supination, rather than that of pronation, would have been impaired.

13, *Heriot Row*, 10*th May*, 1834.

§. V.—Practice of Physic.

9.—*Notice of the late Influenza in Edinburgh.* By William Brown, Fellow of the Royal College of Surgeons.

No account of the late epidemic has yet been submitted to the Society. During its prevalence the duties of practitioners were much too harassing to allow of their engaging even in professional literature; and when it had ceased, few felt much desire to occupy themselves about it, and our attention became soon absorbed by other subjects. The following notices are so slight as scarcely to merit the consideration of the Society, but they will serve in lieu of a more elaborate history, and may afford hints to others who will do it more justice.

The term influenza, as popularly used, is very vague and indefinite. In the variable weather of our spring months, when any one has an attack of ephemeral fever, catarrh, or sore throat, he is often said to have the influenza; and this is uniformly the language employed when, from the extensive operation of the exciting cause, the number of persons affected is considerable. Medical writers limit the term to the disease when strictly epidemic; and although in some respects the disease may be essentially the same, yet the distinction is important, and ought to be maintained.

Influenza is no new malady, but seems to have been known in various countries from a remote period. Cullen, in his Synopsis Nosologiæ, under the title of "*Catarrhus à Contagio*," refers to a long series of epidemics at different intervals of time, and reaching back as far as the year 1323. Some of these are described with considerable minuteness by the authors who observed them, and they have all a strong resemblance to each other, and to the one which last visited this country. The history of that of 1658, given by Willis, is highly interesting; and, bating a little of the theories of the day, gives a most distinct view of the symptoms and treatment. In the second volume of the Edinburgh Medical Essays, there is a short notice of the epidemic which prevailed in Edinburgh and elsewhere in the winter of 1732, and this also seems to be very much the same as the one of 1833. In 1775, it is also much noticed; but in 1782 it attracted more particular attention; and the result of an extended correspondence from almost every part of the country enabled Dr. Edward Gray (in the Medical Communications) to draw up a very full and satisfactory history of the epidemic. In 1803 it was again epidemic, and from its extensive diffusion and its great severity, it called forth the inquiries of many scientific practitioners. The observations furnished by these gentlemen, and the results deduced by them, are recorded with great fulness in the works of that period. Since 1803 there has been no epidemic influenza of very general prevalence. Some individuals believe that it has never wholly been absent from Britain, and that during every spring it has appeared in a more or less developed form, either as a separate disease, or as colouring and influencing other maladies. There have unquestionably been several instances during the past thirty years, when catarrhal fever has prevailed pretty extensively, and especially in the spring of 1819, when it exhibited very much of the usual character of influenza, and also in the winter of 1822—1823, which is described by Dr. Stokes of Dublin; but no epidemic has been so well marked, and so extensive in its influence since 1803, as that of the last spring. Not only did it visit almost every town and village of Great Britain, but it spread extensively over the European continent, and there is reason to believe that it came to Europe, as most epidemics have done, from Western Asia.

Early in the spring of last year the influenza visited London, and there prevailed with great severity It had already begun to abate in that city before it reached Edinburgh, and that was in the middle of April. The first case I saw was on the 20th. This seemed but an ordinary case of catarrhal fever, with only rather more depression than was usual. For a day or two longer a few cases of the same character presented themselves to my notice. But upon the 25th and 26th, cases occurred bearing all the symptoms of the epidemic influenza. After this the disease spread over the whole city, and very few familes were exempted from its attacks. The epidemic lasted about eighteen or twenty days; embracing eight or ten days in the end of April, and nearly as many in the beginning of May. It has been computed that more than a half of the inhabitants had it in one or other of its forms. In many cases the different members of a family were attacked nearly simultaneously, and were confined to bed at the same time; but in others, individuals were seized successively after the interval of one, two, or three days. There was a great difference as to the severity of the attack. Many persons were so severely affected, either by illness or by positive debility, as to be forced to keep in bed; while others required merely to abstain from much exertion, and needed only to recline occasionally; and not a few were able to pursue their occupations, but with a strong feeling of unwellness, which would have induced them to be in the horizontal posture, had they not felt compelled by circumstances to exert themselves.

The duration of the attack did not in general exceed three days; indeed, two days may be stated as its more usual course. This refers to the cases of influenza itself, because its consequences lasted for a longer period, wherever the affection did not at once yield.

The symptoms were, shivering, headach, pain in the back, muscular pains generally in various parts of the body, muscular weakness, loss of appetite, thirst, and cough. The former symptoms indicated fever, the last one marked the seat of the inflammation or congestion. The disease seemed to consist in an affection of the mucous membrane of the air-passages. Various parts of the canal were affected in various cases and different periods of the attack, indicated by sneezing, sore throat, cough, uneasy breathing; but cough was present in almost every case, and was therefore the pathognomonic symptom of the malady. In a few cases vomiting and purging occurred in sufficient prominence, and one case seemed pure dysentery. In other epidemics, the mucous membrane of the bowels and urinary passages have partaken considerably of the inflammatory tendency; but on this occasion, so far as I know, these cases were not frequent.

It may be supposed by those who did not witness the disease, that it was in no respect different from common catarrh, and that the epidemic consisted merely in a large number of cases. But a very limited experience was sufficient to mark it out very distinctly as so far a separate disease. Its distinguishing characters were the violence of the catarrh, the great extent of fever, the rapidity of its progress, and the weakness which accompanied, and usually followed it. The suffering endured by the patient was very great, and nothing but a previous acquaintance with the nature of the disease could have satisfied the medical attendant that there was not great danger.

It is not perhaps strictly correct to speak of the mode of treatment, because, from the overwhelming number of cases both in public and private practice, regular and systematic treatment was quite impossible; and because, from the short duration of the disease, the relative effects of various remedies could not well be ascertained. In truth, few of us have had before so good an opportunity of observing the natural progress and natural termination of a disease. A large number of cases passed through a regular course favourably, without any medical interference; and perhaps those which were most carefully treated would have just gone on in the same way if left to themselves. Probably we got a great deal of credit for our practice which we did not deserve, and merely employed our skill to the effect of retarding or thwarting the natural processes of the system. However, there were so many instances of natural termination of the disease by sweating, that we had ample encouragement to aim at this, and the feelings of the patient usually pointed at it. The initial lassitute, shiverings, and muscular debility, required the recumbent posture in bed; and where any one, with symptoms at all well marked, struggled against these, and tried to keep on foot, engaged in bodily or mental exertion, and exposed to the atmosphere, these seldom failed to become aggravated. Diluent drinks were always desired by the sick, sometimes in the cold form, but more generally without any preference as to temperature. Dumulcents of various kinds were useful in allaying the cough, at least they were thought so. Diaphoretics of various kinds were employed. I frequently used a weak solution of tartrate of antimony, with solution of muriate of morphia. This seemed to encourage perspiration, and at the same time allay irritability. In a great many of the cases where the patients were not of vigorous constitution or in robust health, I used wine and spirits freely from the very commencement; and in many the debility was so striking as to make this treatment indispensable.

Blood-letting was very rarely called for. I had not occasion to use it in any primary case of influenza. The affection of the bronchial membrane seemed to be much more of a congestive than of an inflammatory character, and to be relieved by other means. Many of the cases in plethoric and robust persons *seemed* to demand this remedy; but experience soon convinced us that it would give no greater relief than would be afforded by a delay of a few hours, and that it retarded the subsequent recovery. I do not deny that there were cases which required it, but I do not recollect of seeing any such; and I have no doubt, from the apparent urgency of the symptoms, and the desire of the patients themselves, that in many cases the practitioner removed blood which might have been spared. Blood-letting was, indeed, required in a good many cases, but these were all of the secondary affection, or what was called Relapse. This was what supervened at a longer or shorter interval after the critical sweat, and generally followed some exposure to cold, bodily exertion, improper diet. The symptoms were in many instances very much the same as the original attack, but they indicated a different disease,—indeed a real inflammation. It is worthy of notice, that while the mucous membrane of the air-passages was the usual part affected in the primary attack, the relapse or secondary affection was by no means confined to this texture. The pleura was sometimes the seat of the inflammation, and sometimes the brain or its membranes. Acute rheumatism also in some cases supervened. This secondary attack almost always required bleeding, while, unhappily, the previous attack, by the weakness which it had induced, made the patient less fitted for bearing evacuations. Active treatment indispensable, and it was not always successful. When death took place, it was almost always from the relapse.

The mortality of the disease required to be estimated by two different rules,—both absolutely in the actual number of deaths, and re-

latively in the proportion of deaths to the number of fatal cases. I have no means of ascertaining the number of fatal cases; but I have good reason to know that they were very considerable. When, however, the number of persons affected is taken into consideration, the proportion of deaths must appear very trifling. The average number of deaths from continued fever may be estimated at one in thirty; from malignant cholera, one in three. Now, supposing only a half of the inhabitants of Edinburgh to have been affected, the mortality of fever would have given nearly 3000 deaths, that of cholera 25,000. From information obtained from the burying-grounds of Edinburgh, Canongate, and St. Cuthberts, I find that the whole number of burials during April and May amounted to about 889, and that of these only about 37 were registered as being from influenza. It is not to be doubted that the increased mortality, although recorded under a number of other diseases, ought strictly to be referred to the epidemic malady; but we cannot think of these numbers without a feeling of gratitude, that a disease so extensively diffused was so little fatal.

Whenever we attempt to investigate the nature of any disease, with reference to the question of contagion, we find ourselves beset by various difficulties. These arise not so much from the existing prepossessions of all classes of society, (which a man of discrimination will be able to disregard,) as from the actual difficulties which surround the decision of the question. That the very contagiousness of disease is influenced by the constitution of the atmosphere, is well known; for even small-pox, one of the most contagious of all, sometimes exists without showing any tendency to propagate itself, while at other times each case multiplies itself on every side, and thus an epidemic occurs. The same remark holds true of continual fever, of pertussis, and of some other diseases. We say that this arises from the constitution of the atmosphere, because the influencing agent is evidently one of very general operation, and we suppose that such an influence must come through the atmosphere; but we are entirely in the dark as to this matter, and there are some circumstances which seem to be very much at variance with such hypothesis.

There is another fact equally ascertained and which tends to obscure the evidence o observers on this disputed question. It is the striking difference which exists among individuals as to their susceptibility of contagious influence. Some are affected by a very transient and slight intercourse with the diseased individual, while others endure the most intimate and long-continued intercourse without suffering from the malady.

It seems highly probable, also, that during the existence of an epidemical disease, the power of contagion itself varies in activity. Circumstances leading to this conclusion have often been observed, and they increase very much the difficulty of the investigation.

There has long been a difference in opinion among physicians as to the contagiousness of influenza. The popular voice is generally on the affirmative side of the question; and the name given by systematic writers, "contagious catarrh," seems to intimate that, as in other cases, the popular opinion has been founded upon an anterior medical opinion. Now, however, the negative side is that supported by a great proportion of professional observers, and the more the subject has been examined, the more general is the belief that influenza arises from some common cause, and is not propagated from one individual to another. There are many circumstances which seem to militate against this opinion, and every one has seen cases which are easily explicable on the ground of contagion; but the great majority of observations lean to the other direction, and are not easily reconcileable with that doctrine; and one interesting fact was, that the great bulk of persons exposed to the open air were attacked, while the great bulk of persons confined to the house escaped. There were doubtless many exceptions to both statements, but the observation was generally correct. If we add to this, the rapidity of its progress through families, and its appearing nearly at the same time in all quarters of the city and suburbs, we have considerations giving probability to the idea that it was not propagated by contagion. All that has been said is, of course, only an approximation to a proof; but it proves, that if influenza be contagious, it is so in a very different manner and degree from other diseases.

Table of Burials in Edinburgh during April and May 1832, *and April and May* 1833, *with the numbers of Cholera and Influenza in these months respectively.*

	1832.	Ch.	1832.	Ch.	1833.	In.	1833.	In.
Grayfriars, .	April, 152	52	May, 154	58	April, 78	1	May, 134	2
Conongate, .	April, 52	7	May, 41	3	April, 29	0	May, 49	1
Calton, . .	April, 45	1	May, 52	2	April, 57	1	May, 101	18
St. Cuthbert's,	April, 180	85	May, 123	20	April, 119	0	May, 175	13
Chapel of Ease,	April, 5	0	May, 12	0	April, 10	0	May, 15	0
Newington, .	April, 51	2	May, 40	0	April, 48	0	May, 74	1
	485	147	422	83	341	2	548	35

The total burials in April and May 1832 were 907, while the total burials in April and May 1833 were 889. Thus, the mortality during the prevalence of influenza was nearly as high as that during the prevalence of cholera.

I was not able easily to obtain an average of the burials in each separate month; but in the Calton burying-ground I found that the average of five years was as follows: 44 in April, and 48 in May. I am desirous of further inquiring into this subject.

[To be continued.]

REVIEWS.

ART. I.—*An Appeal to the Public, and especially to the Medical Public, from the Proceedings of the Trustees of the University of Pennsylvania, vacating the Chair of Materia Medica and Pharmacy.* By JOHN REDMAN COXE, M.D. pp. 68. 8vo.

"If there is such corruption, insincerity, and rotten-heartedness in the Philadelphia medical school, as depicted in the publication before us—fate speed its overthrow."—*Boston Med. and Surg. Journal.*

THE names of Columbus and Vespucius are inseparably connected with the history of our happy country, and the page of the historian does ample justice to their memory. The puritan fathers of New-England, who landed at Plymouth from the Mayflower in 1620, are remembered, even at this distant period, with the most affectionate interest; and each returning 4th of July presents one general jubilee, wherein twelve millions of freemen unite to pay due honor to the memory of the heroes, the statesmen, and the patriots of '76. A distinctive era, too, is marked in the medical history of these United States; and there is not a single votary of Esculapius, who does not dwell with pleasurable emotions upon remembrance of the names of Rush, Barton, Kuhn, Wistar and Waterhouse, who were the pioneers in the march of medical knowledge, and who may justly be pronounced the fathers of medical science in this country.

Among those we have enumerated, the name of Rush stands pre-eminent; he stood among those who pledged "their lives, their fortunes, and their sacred honor" on that inestimable instrument which declared us a free and independent people; his name is written in imperishable characters upon the historic records of medical science, and will pass down to posterity honored and revered, when not a single stone of the University of Pennsylvania is left standing amidst the wreck of perishable matter, to point the site of that monument which he erected whilst living, as evidence of his genius, his talents, and his labors in the cause of American medicine; the time has now arrived when HIS NAME is likely to be banished from the walls of that institution which owes ALL its fame to his brilliant reputation, and ALL its present standing to the halo he has shed around it. Surely then this is a matter in which every medical man of our country takes an interest. We are all anxious for the fate of an institution brought into being, nurtured and matured, under the auspices of a patriot and sage of our revolution: he deposited a sacred trust in the hands of his successors, to be employed for the general good; and as we respect his memory, and value his services, it becomes us, as public sentinels, vigilantly to watch over, and carefully to guard this interesting relic which he bequeathed to his posterity, when the brightest jewel in his crown is likely to become a thing of traffic, and, in the unceasing round of trade, with every change from hand to hand, its lustre may be tarnished, and its value lost.

With such feelings, then, and above all, inspired by an anxious desire to "render unto Cesar the things which are Cesar's;" animated by a full sense of what is due to the feelings of individuals whose names will presently come under our notice, but, at the same time, fully determined to discharge our duty faithfully as public journalists, although we confess our task is a painful one, we shall now enter into a candid examination of the merits of this "Appeal" of Dr. Coxe to his professional brethren, who, in the following terms, he asks to decide "whether, in a city whose inhabitants are proverbially just and kind, I have had either justice or mercy, and by this judgment the trustees of the university, the professors, and myself, must all abide. I shall bow to it, whatever it may be, with profound respect; I shall believe it to be just, even if I am condemned by it."

It may be proper to state thus early, that John Redman Coxe, M.D. was elected professor in 1809; was forcibly *expelled* from his chair *by the students*, on the 14th day of January 1835, under the sanction of that law commonly called *mob-law;* and that the *legality* of this expulsion was *recognised** by a majority of the trustees on the 3d day of Feb-

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* Qr. Among the trustees, we recognise the names of Binney, Sargent, Chauncey, J. R. Ingersoll, W. Meredith and Nicholas Biddle; are we to understand this as the law of Pennsylvania?

ruary, and by *all* the professors! With this general statement, we shall proceed to lay before our readers a view of the facts of the case; and as a correct judgment can only be attained by a knowledge of facts, we shall be enabled to extract a few of the most prominent from the voluminous correspondence which has been furnished entire by Dr. Coxe. With these before him, no man can err.

It will be impossible for us, in the short space allotted to a review, to embody all the facts of the case presented in the Appeal, neither can we conveniently trace them in the order they occur; but that our readers may have a fair impression of the whole of the transactions which preceded and finally led to the violent expulsion of Dr. Coxe from his chair, we shall notice them in such order as may best suit our convenience, at the same time that our analysis shall be as brief as the circumstances of the case will admit in rendering justice to Dr. Coxe and his former colleagues.

The "Appeal" commences with a review of events which took place in 1831, when an abortive attempt was made by the professors to have the chair of materia medica divided. In the course of proceedings of the faculty on this subject, we select the following passage from one of their communications as a sample of modesty!

"It cannot be concealed, that our continued prosperity is in some degree to be ascribed to adventitious causes. We have been succoured by private institutions auxiliary to us, and immensely benefited by the wreck of rival schools. The latter, however, are everywhere building up anew, renovating their strength, and preparing to struggle with us. It is only by a general acknowledgment of our *superiority of talent* and advantages, that we can preserve our ascendency. Give to us the organization now proposed, and, in no arrogant spirit, may our future triumphs over all competition be predicted.—!!

"By order,
"W. E. Horner,
"*Dean of the Med. Faculty.*"

Well might they say that the prosperity of the institution is ascribable to "adventitious causes;" but surely they did not expect that this paper would ever have seen the light; they thought it would be confined to the perusal of those among the trustees who were willing to do their bidding—"a general acknowledgment of our superiority of talent!" Insolent in the extreme! Leave Dr. Samuel Jackson out of the question, and where do we find this "superiority of talent?" Did any one ever charge the signer of this precious morceau with being possessed of even ordinary talent? that he is a most excellent anaomist, no one can deny; his mechanical skill s unquestionable, but we know many highly respectable mechanics who are just as perfect in their trade as Dr. Horner is in his, and who possess, even without education, far greater "talent" for elucidating their subjects and communicating their knowledge to others. We believe Dr. Horner is a phrenologist, and we will do him the justice to say, that this science has a strong argument in his peculiar development; for we do not know of another instance where the organ of "acquisitiveness" is so extensively developed, as in his own case. We cheerfully accord to him then the "talent" of acquiring *talents*, and this will be awarded to him by every student who had the honor of paying for subjects, &c. when he had charge of the dissecting rooms of the university.

Again—Is "our superiority of talent" illustrated by any one fact, one new principle in surgery, or one solitary addition to science, by the professor of surgery? Dr. Gibson once administered "cicuta" by mistake in a case of scrofula, and the patient recovered. It was forthwith announced as a discovery; but the profession were not so ignorant and stupid as he supposed, for they had constantly employed it, from the fact that it was recommended by all standard medical writers long before Dr. Gibson's "accident!" and deformed limbs can attest the *utility* of his "inclined plane" for fractures! Is his "text book" an evidence of his "superiority of talent?" a far better book could be made, in four and twenty hours, out of Samuel Cooper's surgery, with a single pair of scissors.

What shall we say of the professor of the theory and practice? We freely accord to him "talent" of a high order, but it has been permitted to wither and die. With all his intellectual endowments, he has done nothing to advance the cause of science, and his name will be forgotten, when that of his illustrious predecessor, Rush, will be fresh in the recollection of an admiring posterity. What is there to perpetuate his name? In the archives of the university of Pennsylvania, it will go down as one of the active persecutors in the unholy crusade against Dr. Coxe. In the annals of history, it will stand in juxta-position with William Gibson, M.D. as one of the "signers" to the efficacy of a quack medicine, whilst that of Rush is appended to the sacred instrument of American liberty.

We shall have occasion to allude to the professor of chemistry presently. Our remarks may be charged as personal; we intend them to be so, for when these gentlemen forgot what was due to others, and officially and vauntingly proclaimed their own "superiority," they have a right to expect that their claims will be canvassed; and, if we mistake not, it will be found, that although "adventitious causes" have not aided them to the same extent, yet the support which has been afforded to the medical institutions of Boston, New-York, Baltimore, Lexington, Charleston and others, must be attributed solely and exclusively to an "acknowledgment" of the

"talent" which presided over them. For ourselves, we recognise no "superiority" in the university of Pennsylvania; the pretensions set forth in the above communication are as absurd as they are insulting to the profession generally, and are justly entitled to severe animadversion. We have no connexion with any medical school; we respect and shall support the rights of all, and shall freely comment on whatever we may conceive wrong in either. Let us now return to Dr. Coxe, and we might here quote the concluding paragraph in relation to the events of 1831, which contains a just tribute from Dr. Coxe to one of the most honorable, high-minded, and talented men of which our profession can boast; it is the only bright spot amidst this gloomy record of intrigue and injustice, and affords strong evidence of the tone of feeling which prompted Dr. Coxe, when, from amidst the mass, he picked out one who may justly be considered his rival and opponent, and held *him alone* up to public view, pure, spotless, and untainted: but it could not be otherwise: the name of Samuel Jackson is synonymous with all that is honorable in feeling and generous in friendship; above the contemptible chicanery of the day, he moves in an atmosphere peculiarly his own; eloquent as a lecturer, and zealous in the cause of that science of which he is a brilliant ornament, he pursues the even tenor of his way, securing at every step the warm attachment of his pupils, and the respect of friends.

The substance of Dr. Coxe's appeal goes to show, that the medical faculty were desirous of his removal; that, for this purpose, they brought into play every means within their power; that the pliant among the trustees were moulded; that the hopes and fears of the students were brought into requisition, and that even the demonstrator of anatomy was engaged in stirring up the elements of discord among the pupils of the school. Dr. Coxe became informed of some of these plans in 1832, and we give the following correspondence without comment.

"Extract of a letter from Virginia, dated April 16th, 1832, is as follows:

"Dear Sir—A few days since I received your letter of the 7th inst. and am sorry to hear that your removal from the chair of Materia Medica is still attempted. Although personally unknown to you, yet I intended to have called on you previous to my leaving Philadelphia, in order to have conversed with you on the subject of your removal; but in consequence of the most of my friends leaving town the following morning after the commencement, I was induced to leave town with them, and hence had no time to call on you after my graduating.

"I deem it a duty I owe to you to express my satisfaction, not only for your gentlemanly deportment, but for the two courses of lectures I have heard you deliver on Materia Medica. I am, however, induced to address you from other motives; to express my feelings in relation to what I did, and ever shall, consider an unjust persecution, in the efforts recently made to effect your removal from the station you now occupy. At a meeting of the medical class (of which I was a member) I was not only opposed to the object of the meeting, but had previously refused to sign a paper offered to me for that purpose. I feel confident in the belief, that had it not been for the fact of one of the classes publicly stating at the meeting, *that it was the wish of the other professors that you should be removed*, and that he had his information from a source that might be relied on; I repeat my belief, that had it not been for this statement publicly made to the class, the resolution brought forward against you would not have passed. I drew this inference from the fact, that but few of the class, comparatively speaking, could be prevailed on to sign the paper presented, before the meeting took place, and that many of the gentlemen that did sign it, from what I have heard some of them say since, regret having ever signed the paper. I shall be much gratified if this note may add to the many testimonials of your standing as a public lecturer.

"I am, dear Sir, very truly,
Your obed't serv't."

"The next in order of date, April 23, 1832, is from a gentleman in South Carolina, addressed to me previous to his leaving Philadelphia

"Sir—During the period of my medical studies in Philadelphia, I have never had the pleasure of a personal acquaintance with you, and, on the eve of my final departure from your city, under ordinary circumstances, I should not have thought of addressing you. My object in doing so now, is simply to call your attention to a certain fact, which came under my notice on the evening of the 29th March, whilst at the supper given by Dr. Chapman to the graduates.

"Permit me, however, previous to entering on the subject, to disclaim all intention of injuring in any way the person of whom I shall have occasion to speak. From the efforts which were made during the last winter to remove you from the situation which you hold, I conceive it my duty, as an act of justice, to inform you of what was said of you that evening. I was not aware until then, that the subject of *balloting on the fitness of a candidate for a degree, was ever made the subject of common conversation in public.* I was mistaken. I found the subject by no means a secret; for in my hearing, and addressed to another individual, and subsequently to myself, Dr. Hopkinson said, that you had voted against many candidates this year; or, to give you his own expression, 'Coxe has blackballed a great many this year.' What his reasons were for giving this information, I am

unable to say, as it was certainly uncalled for by me. Should this be of any service to you, I am perfectly willing that you should make use of it as you may think proper. With the hope that I may, in the least degree, be instrumental in aiding the cause of justice, permit me to conclude, and subscribe myself,

"Yours, very respectfully."

"This gentleman gives, in conclusion, his address, in case I should desire to communicate with him. And I beg leave, on the above authority, to demand, thus publickly, of Dr. Hopkinson, on what ground he ventured to make so bold an assertion, on a subject on which I never committed myself, not even to the members of my family; and surely it will not be credited that I should unbosom myself to my *friends* of the faculty, then engaged in attempting my removal from amongst them.

"I will detail but one more of the letters alluded to, and which was written *in reply to the following*, from myself to its author, two days after the preceding:

"Dear Sir—On a subject in which my character is implicated, I feel myself authorized to apply for information to any one who can probably afford it; and by which alone I may hope to vindicate myself from charges unjustly made against me. Under such impressions, having heard that you had not yet left the city, I address you, although unacquainted with, and entirely unaware of, your private sentiments as to the late events in our medical school, in relation to the chair of Materia Medica; yet fully confiding in your love of justice, and of the honorable dictates of your mind, I would then ask, Sir, whether you were present at the supper given by Dr. Chapman to the graduates on the 29th March, and, if so, whether any personal information was given you, or any of your friends, by Dr. Hopkinson, or others, that *I had blackballed the candidates very largely at the late examinations*? As I am not in the habit of ever committing myself as to the nature of my votes, and as this implies an attack, indirect at least, on my integrity as a professor, we will readily see how much I must desire to trace so base a charge to the proper source, and vindicate myself to the late class, in whom this charge must have produced additional feelings of disregard, and perhaps of animosity towards me.

"May I ask also, sir, whether, if you were present at the meeting of the students on the 6th January, you observed Dr. Hopkinson to be there, and whether any one of the speakers, there, and then, declared, that the proceedings of the class against Dr. Coxe, would be backed by five of the professors?

"If, Sir, you can, and feel inclined to give me any information on these, or any other particular bearing thereon, I can only assure you, that you will confer a great obligation on one who has been grossly calumniated in those late and various proceedings.

"Very truly and respectfully,
Your obedient servant,
John Redman Coxe.

"April 25, 1832."

"To this I received the following answer the same day:

"To Professor John Redman Coxe.

"Dear Sir—Your communication was handed to me this morning by your son; and in reply to your inquiries must confess the fact, of being present at most of the meetings the last winter alluded to in yours. I heard at one of the meetings, probably the first, a gentleman, now a graduate, and whose name I will readily give if necessary, assert positively, that each individual of the medical faculty, had put into the hands of the medical board, a letter or letters, sanctioning your removal from the chair you now fill; the discussion of which produced at the time, or very shortly afterwards, some considerable commotion and disturbance among the class. I was present at Dr. Chapman's party given to the graduates on the 28th March last; and heard no individual, *save one*, say or insinuate any thing derogatory to your character. My obligations to the individual alluded to, are such, I hope, sir, if it is not to exonerate myself from a charge I believe unjust, you will excuse me in hesitating to give his name. However, sir, as a principle of honour forbids my having any thing secreted, when called upon, which has a tendency unjustly to injure the innocent, I have a right, and shall, if 'twere implicating a *brother*, to disclose the individual's name if necessary, who has thus made such assertions. Such assertions, sir, have been made, and I hope your investigation of particulars, may make an example of any individual, who would thus unjustly attempt to injure yourself, or any other individual by calumny.

"With respect, I remain yours, &c."

"To this prompt and honorable reply, I made the following answer:"

"Dear Sir—Permit me to thank you for your prompt and very candid reply to my inquiries. The reason you assign for withholding the name of the individual you advert to, is fully sufficient for me to decline obtaining it from you, unless it might be absolutely requisite in the progress of events. Should such be the case, I shall then, with your permission, enable you to redeem the pledge you have so honorably given.

"Your obedient servant,
John Redman Coxe.

"April 25, 1832."

This correspondence is sufficient to show forth one individual in no enviable light. Of the facts stated we have had some intimation ourselves. Our readers are ready to exclaim,

who is Dr. Hopkinson? We shall endeavour to explain: he is the demonstrator of anatomy in the University of Pennsylvania, a birth he could not have held thus long but that he is a son of one of the trustees who has taken an active part in what we conceive to be a most piratical attack upon the professional standing of professor Coxe; he is one and the same person who, during the cholera of 1832, turned upon his patron and benefactor, and rendered Professor Chapman ridiculous in the eyes of the profession, at a time when he thought it possible he might be able to gain a reputation, which resulted only in the acquisition of a notoriety of which he is worthy; he *was* once the secretary, and lecturer on anatomy in the "School of Medicine," (a place now occupied, to use the language of Jefferson, by a "capable and *honest* man;") why he *is* not so longer, a ready answer may be obtained from Drs. Randolph, La Roche, Coates, Wm. Rush, and others; he is demonstrator of anatomy, and his skill in the division of "subjects" is familiar to his students—legs, arms and head, divided and injected, may yield a net *profit* of fifteen dollars, out of a subject which cost six, and this from the pockets of the students, "all high-minded and honorable men," who could listen to him, that they might propitiate a power it would seem they dreaded—for in the language of Dr. Coxe, "no one, but an individual himself capable of an action so base and atrocious, would, without evidence, clear as the sun, have ventured to attribute such conduct to me." We have occupied more space than was intended in delineating the *merits* of Dr. Hopkinson, and it was only with a view to show the means and appurtenances which finally triumphed over the rights and feelings of Dr. Coxe.

We now quote from Dr. Coxe the following:

"The following sessions, viz. 1832-3 and 1833-4 were perfectly tranquil, and no disturbance in the classes, I believe, in any particular, took place; and we were thus, by the lapse of time, brought down to the eventful period of the session of 1834-5, commencing on the 3d November 1835.

"I now proceed to a concise statement of the events connected with the last act of this drama, which terminated on the third of February last, by the *removal*, by the trustees, of the professor of materia medica.

"The course of the session of 1834-5 began, as usual, on the first Monday of November. My introductory was delivered on Tuesday.

"A commotion towards the conclusion of the lecture, with some slight hissing, speedily, however, tranquillized, may be considered the earliest indication of the ensuing hurricane. It did not then present itself in the light of such an indication to me, nor as far as I know, to any one but the parties. It was, nevertheless, undoubtedly a symptom of disorder, preconcerted, though not sufficiently arranged at the time for full developement. The class successively was formed, the tickets delivered, and by the beginning of December, consisted of nearly three hundred and twenty students, whose names are marked in my books; two or three more afterwards joined it, and my whole number consisted of three hundred and twenty-three. Of that number one hundred and eighty were first year students—one hundred and thirty-seven of the second year or third—and four of the fourth year."

We next have a series of letters from Professors J. B. Beck, Tully, Hosack, Baker, Worthington and Short, and Drs. Otto, Parrish, Harlan, Parke, Harteshorne, John Moore, Neill, Klapp, Shoemaker, La Roche, Griffiths and Condie, which place the professional character of Dr. Coxe in its true light, and are the most severe comments on the aspersions which his colleagues vainly endeavoured to heap upon him.

On the morning of he 3d December 1834 Professor Coxe received the following letter from one of the class, which we subjoin, with his comments:

"Dear Sir—Agreeably to my promise I now inform you of the proceedings of the class this evening.

"They met in Dr. Dewees's room, and resolutions were offered by a young gentleman to this effect; that your lectures contained little practical usefulness; that you were incompetent to lecture; and *that in order to force the trustees* to elect another professor in your stead, the class should absent themselves from your lectures until proper steps were taken by the trustees to effect it. The resolutions were accompanied with some remarks from the gentleman, in which he made, I am confident, *some base and unfounded assertions*, but credited, I fear, by too many of the class. These assertions were, that you *first obtained* your professorship by a *female member of your family, going before* the trustees, and imploring and entreating them to elect you; and that he believed a great many of the students, who are in reality opposed to you at heart, were influenced by the fear that you might reject them at the final examination, in taking a stand in your favour. He declared that the *balance of the faculty could not suffer any professor* to carry into the green box his prejudices to any student, except for want of a due knowledge of his department; if otherwise, the faculty would overrule him. This little speech seemed to have an astonishing effect against you, and the resolutions were put to the class before any of your friends had an opportunity to reply to the speech. Had I been in the habit of speaking in public, I should certainly have attempted your defence. The resolutions were passed by a large majority; and the class adjourned the meeting, by pass-

ing another resolution, that a petition be signed by all the members of the class to the trustees, requesting them to remove you, and place in your chair a more competent professor. A resolution that your friends should sign a contrary petition was rejected. Thus have I given you a brief sketch of the proceedings of the class; and do sincerely regret their result. Not feeling competent to advise you what course to pursue in this matter; and being well aware that your well matured and discriminating judgment will point out to you the most judicious course, I submit the remarks with great respect," &c.

"By the above clear and comprehensive statement of the gentleman who kindly made them, and for which I most earnestly request him to accept of my warmest acknowledgments, we perceive at once, the source of this proceeding, as well as the instruments and detestable means employed to carry it into effect; and I must, before further advancing, make a few remarks, on what is presented as the operations of the class.

"It will be noticed in the first place, that the students here, *seem* to take the lead. I have already stated that the match had nearly taken fire, and the whole exploded before the mine was properly arranged. It has been reported that the check to the uprising on the day of my introductory was from certain motives of prudence; for, that the class not being formed at that early period, nor the tickets taken and paid for, there was some apprehension, that such a display of licentiousness and unbridled ferocity would have the effect of driving many of the students to the rival school! According to the speaker who addressed the class on the 2d December, I am accused of occupying them on subjects not properly and strictly belonging to the materia medica. Here, it may be observed, is the sentiment of the medical faculty first broached upon the examination of the syllabi before alluded to. It is their very language. It is no matter of surprise, therefore, that it was followed up by declarations of what the faculty would do, and of what the trustees would be forced to do. The concert of the faculty and students is self-evident from this language. The absurdity is, however, not the less monstrous, that the charge should come from the lips of first class students, as if it were their own discovery, that I had interfered with what did not properly belong to materia medica! They had learned their lesson, without perceiving it was a lesson beyond their years and understanding.

"That at this discreditable meeting all was noise and confusion, may readily be imagined, especially when it is added, that such was the violence employed, that some of the benches were actually broken down; whether in this or the next meeting, I do not now accurately recollect.—It would seem, however, that *more than twelve* befriended their absent professor on this occasion. But this favourable impression, it appears, was shaken to pieces, at the next day's session, and how? Why, by proposing boldly to force the trustees to elect another professor in my stead, under a threat of absenting themselves from the lectures until this was effected. Nay, out of doors it was reported, that the class had made arrangements to leave the University, for New York and Baltimore, should my dismissal not ensue! This is not all—by a base, unmanly, and calumnious assertion, the class is told that I first obtained my professorship by a female member of my family *going before* the trustees, and imploring, and entreating them to elect me. Is it possible that *any gentleman* should get up, and make a charge so despicable before three hundred and fifty young men: and not one to be found to ask for his authority? We will not say, speakest thou this of thyself, *or did others tell it thee*, because it must appear that this atrocious assertion against me, being of a fact which, if it occurred at all, occurred at least twenty-six years ago, the individual narrator must have had an endorser; and, whoever he be, I beg leave to call him a malignant slanderer."

Several communications which passed between Dr. Coxe and the trustees are next given: the students held a meeting on the ninth of December, at which a series of resolutions are passed, and the preamble, which is addressed to the medical faculty of the University of Pennsylvania, may, from the following extracts be viewed as the "confession of faith" of the students in reference to the wishes and powers of the faculty, as well as the mutual engagements entered into between them to annihilate Dr. Coxe. We quote the following from the preamble:

"The medical faculty *must already be aware of the circumstances under which the present movement has been commenced and conducted.* For years past, the class have, with great unanimity, expressed their dissatisfaction with the course of lectures on the materia medica and pharmacy, delivered by Dr. Coxe."

"This measure, apparently harsh, *has not been adopted unadvisedly.*"

Of course, as the faculty deny any collusion with the students, the above extracts *fairly show*, that "the medical faculty must be aware," as well as the public, that not even indirect efforts were made by them to procure a union of forces! they were very innocent, very indeed, and we appeal to our numerous readers, confidently trusting they will acquit them at once.

Farther communications occur which we pass over, and come to one of the thirty-first of December, from the medical faculty, containing a series of answers to a series of questions by a committee of the trustees, in relation to the chair of materia medica—we select only the last question and answer.

"*Question 6th.* In the present situation of the medical school, what course of proceeding would, in your opinion, be best calculated to promote its interests?

"*Answer. No less painful is it* to us to be compelled to express the opinion, that the prosperity of the school, *and perhaps its very existence*, demands the *immediate* removal of the present incumbent of the professorship of materia medica, and then, circumspectly filling the vacancy with one of extensive practical experience, well sustained reputation as a lecturer, and of conciliatory manners and address.

Signed, N. Chapman,
Robt. Hare,
W. E. Horner,
William Gibson,
Wm. P. Dewees.

"To William Meredith, Esq., Chairman of Committee, &c.; University Penn."

It will be observed that we have given the names of the several gentlemen which were attached to the above document: the answer we have selected has afforded *us* considerable merriment; we wonder if the *trustees* did not regard it as a quip; but no! they seem to have taken it seriously; and let us for a moment look at the merits of several of those who thus boldly charge Dr. Coxe with a want of "practical experience, well sustained reputation as a lecturer, and conciliatory manners and address,"—these gentlemen can surely have no objection, nor can they charge it as unnecessarily personal, when they have afforded us so striking an example in the case before us, and if it appears that, the old adage, "people who live in glass houses should not throw stones," applies here with peculiar force, we have sufficient confidence in their sense of justice, their "superiority of talent," and their liberality, to acquit us of any other than an intention to deal fairly, as we may presume they intended with Dr. Coxe.

Inprimis, then, we recollect some years ago, one Mr. Robert Hare, a brewer; he was a man, if fame speaks true, of "extensive practical experience" in that line; but brewing and chemistry were found to be incompatible substances! The beer was spoiled, no market for it, and as he once lay calmly reposing on one of the "vats," mourning over the ills of trade, suddenly there was an explosion, and hew as borne aloft! but, reader, be not alarmed—he was safely landed in the professorial chair of chemistry in the University of Pennsylvania—in due season, as they would say in the old country, he was knighted, or, as we should say, in plain republican phrase, *dubbed* M. D., doubtless he finds the brewing of doctors infinitely more profitable than the brewing of beer; and who then will dare to question his ability for deciding the *professional* qualifications of Dr. Coxe? of his "well sustained reputation as a lecturer," we shall say but that he has a "reputation," and we challenge him and all the world to produce a *single* student from among the *thousands* who have attended the university, who can honestly state that he EVER understood a SINGLE rationale which Dr. Hare attempted to explain. Lastly, Dr. Hare is one of the last men that should have spoken of "conciliatory manners and address;" coming events cast their shadows before, and the day is not far distant when he may feel disposed to sympathize with Dr. Coxe.

Drs. Gibson and Horner to talk of want of "conciliatory manners and address" in one of their colleagues, is so supremely ridiculous, that we are almost tempted to submit their claims for inspection; but we have already said enough on this subject, and shall pass to other matters.

We know that we shall be charged by some with unnecessary severity in commenting so freely as we have done; but let such ask themselves if either justice or mercy were meted out to Dr. Coxe, and then say if we are not discharging a duty alike to Dr. Coxe, as well as the whole profession? We turn to the motto on our journal for our guide—"and shall not he render to every man according to his works." We have enlisted under a banner we shall not desert, and wherever oppression and injustice are found arrayed against any member of our profession, no matter how humble or how exalted be his rank, in support of his rights, his reputation, and his fame, we shall draw the sword and throw away the scabbard.

Farce, comedy and tragedy—Bombastes Furioso, The School for Scandal, and Macbeth—*trio juncta in uno* to complete the play. We would defy even the powers of a Shakspeare to embody all the characters and events that pass in quick succession before our view, as they strut across this mimic stage, which unfortunately illustrates a portion of the medical history of our country. The plot begins to thicken; another act is performed, which is described in the following letter and the accompanying remarks.

"*To the Trustees of the University of Pennsylvania.*

"Gentlemen—It is my duty to request your notice of an occurrence, which has caused me individually great distress, and which is of undoubted interest to a department of the institution, with the guardianship of which you are entrusted.

"On Thursday last I attended at the lecture rooms at the usual hour, for the purpose of performing the duty of my chair. In the attempt to perform that duty, I was interrupted by a portion of the class, and in the most rude and insulting manner prevented from completing my lecture. After thus immaturely finishing it, I retired to my private room, and there remained for some time, with the hope that a sense of decorum would visit the young gentlemen, who had so far for-

gotten what was due to themselves and to me; but I regret to state, that a most boisterous and riotous scene ensued; and that, after the lapse of an hour, I left the hall, in the company of another professor, amidst the grossest disorder, and manifestations of intention to offer me personal insult and violence.

"On the following day, I deemed it my duty to inform the class, that I should suspend my lectures until I should be assured of the restoration of order, and that no further interruption would take place of the performance of my duties.

"In making this communication to the board, I perform a painful but necessary duty. It will rest with the trustees to adopt such measures as they think proper for the restoration of order, and the repression of a spirit of insubordination, which threatens the total prostration of the government of the institution.

"I am, gentlemen, very respectfully,
"Your obedient servant,
"JOHN REDMAN COXE.

"*January 20th*, 1835.

"I may here state, that during the tumult in my room, whilst lecturing, I addressed the riotous members (some of those, it is to be presumed, who signed the memorial, declaring that they would absent themselves,) and requested them to remember, that inasmuch as they had declared their intention to leave this business between us, to be decided by the trustees, in their late petition to that body, they ought to abide patiently the issue of their proceedings. It was, however, altogether unavailing, and even seemed to make matters worse. The fact beyond all question was, that the students were fearful that justice, self-respect, and a regard for the character of the institution, would prevent the trustees from yielding to the demand which had been made upon them; and they therefore determined, *advisedly*, no doubt, to prevent such a result, by the most extreme, as well as indecent violence.

"I was moreover informed, during the same day, that some observations from Dr. Chapman, the professor who had accompanied me through the throng, on his return, and previous to the commencement of his lecture, had been calculated to augment, rather than allay the excitement; and that should I appear at my post the next morning, it was highly probable, a more violent scene would ensue. It was consequently a duty absolutely demanded, that I should refrain from lecturing, since, aware that many of the class were armed with dirks, and knowing that several of the students were prepared to defend me from personal insult, I knew not to what extremities the excitement might proceed, (a duel having already sprung up from it); and whether even blood might not be shed. I leave it therefore to the community to judge of the correctness of my proceedings."

Dr. Coxe then demanded of the trustees a fair hearing and trial; no notice was taken of this, and, at the next meeting of the board, "a resolution, to the following effect, was brought forward, and was negatived: 'That Dr. Coxe be requested to resume his lectures, and that the secretary of the board be authorized to employ the civil authority to ensure order in the class:' and thus, by negativing the resolution, the authority of the board may be considered as directly yielded to the students, whose proceedings WERE NOT EVEN ANIMADVERTED ON, by any resolution or otherwise, in the minutes! and a gross attack and insult on their officer, acting in the discharge of his duty, under their own appointment, was thus suffered to pass by in utter silence! I call upon the respectable men who are members of that board, in none of whom do I believe there was a sentiment of unkindness to me, for I had done nothing to cause it, to reconcile, if they can, such a course, with the continuance of any thing like an appearance of authority in their board, or of discipline over the students in either faculty of the university. It is impossible. The trustees have, by this proceeding, placed the medical school at the control of the students or their advisers, and they have taught them the fatal truth, that whatever is demanded by violence, will be conceded by the apprehension of losing the rent paid by the medical faculty. If I had been all, and worse than all, that the students had indecently proclaimed me to be, the imperative duty of the trustees, as governors of the institution, was to suppress the riot, and not to dismiss me until the authority of the institution was vindicated. As the case now stands, riot in the medical school is the simple machinery by which any professor may be expelled, and any appointment of the trustees defied and overthrown."

Behold the last act in this stupendous display of intrigue, corruption, and injustice.

"*University of Pennsylvania, Feb. 3d*, 1835.

"Dear Sir,—Agreeably to the direction of the trustees of the university, I send you inclosed, extracts from the minutes of their proceedings, and your check for $4986 67.

"Very respectfully,
"Your obedient servant,
"JAMES C. BIDDLE.

"*University of Pennsylvania, Feb. 3d*, 1835.

"At a stated meeting of the trustees held this evening, it was ordered, That the secretary communicate to Dr. Coxe the conviction of the board of trustees, that they have no right whatever to receive the money which has been paid to him by the students of the medical classes, and to restore to him the check which is inclosed in the letter of Dr. Coxe of this day.

"By order of the board,
"JAMES C. BIDDLE, *Sec.*

"TO JOHN REDMAN COXE, M.D."

"The only remaining communication is the following, in which my removal is particularly announced, and with this, my connexion with the university since 1809 is dissevered and closed.

"*University of Pennsylvania, Feb. 3d,* 1835.

"At a stated meeting of the trustees held this evening, it was

"*Resolved,* That pursuant to notice given, the board will consider the resolution respecting Professor Coxe.

"Whereupon, the question being taken by yeas and nays, it was adopted as follows, to wit:

"Whereas, it has been declared as the opinion of this board, that the continuance of the present incumbent in the chair of materia medica and pharmacy, is inexpedient and injurious to the interests of this university, Therefore,

"*Resolved,* That Doctor John Redman Coxe, the said incumbent of the chair of materia medica and pharmacy, be removed therefrom.

"The secretary was instructed to communicate to Dr. Coxe, the adoption of the foregoing resolution, by the majority required by the charter.

"By order of the board,

"James C. Biddle, *Sec.*

"To John Redman Coxe, M.D."

What a spectacle does Philadelphia present in her two medical schools! But recently the so-styled Jefferson College was the theatre of wild tumult, outrage, and disorder; its professors were bandying charges of theft and falsehood; crowds assembled around its doors to witness the wild sports of professional men; lawyers pocketed their fees for bringing and defending suits for libel and slander, and the whole community was disgusted. The institution sunk never to rise; all the perfumes of Arabia could not purify the foul atmosphere around it; as a common sewer to the university, it was undoubtedly useful; exaggerated puffs and begging of country physicians to send "pauper students" were of but little avail; it soon found its proper level, and the smouldering embers only require a vent to light anew the fire-brand. Why did not the university profit by this example? True, they have not gone so far; but they must know that parents will not send their children to institutions where they may mingle in a fray, which, as in this instance at least, has not been bloodless—a duel has been fought! and will it end here?

To the students who took an active part in this affair, we would say, boast not of your success, neither speak of your independence; you are powerless when opposed by the faculty. Do you want illustrations? Is the graduation fee lessened after all your efforts, and after you were publicly insulted by a professor? Are "text-books" lessened to the present market price? Are there still no impositions in the dissecting-room? But we will pursue this subject no further. Gentlemen—in the course of nature, the venerable Coxe cannot much longer be permitted to rest among us; and mark our words when we tell you, that if there be a spark of honorable feeling in your bosoms, ample punishment will then come to each and all his persecutors; and when you shall hear the knell of his departure, you will be ready to exclaim, in the appropriate and emphatic language of Scripture, that he is gone "where the wicked cease from troubling, and the weary are at rest."

ANALYSIS OF MEDICAL JOURNALS.

Art. I.—*The Western Journal of the Medical and Physical Sciences.* Vol. II. No. IV.

This work has recently been united with the Western Medical Gazette, and is edited by Dr. Daniel Drake; the number under notice commences with an article occupying nearly seventy pages, entitled a Synopsis of the Flora of the Western States, which we must pass over.

1. Cathartics.—This is an interesting article by L. Powell, M.D. of Louisville, Ky. on the utility of cathartics in several diseases, with a view to illustrate the leading principles which should regulate their use. We shall make some few selections. Dr. Powell commences with some preliminary observations on the importance of some general rules by which to regulate their administration, and to secure their appropriate and most beneficial action.

"1st. We should ever select the purgative to be employed, with a nice adaptation of its peculiar powers to the special object contemplated in its use.

"2d. If existing circumstances permit a choice of time, purgatives should be administered in the morning or at night, or on an empty stomach, by which they are better retained and more certainly and effectually operate; and, for like reasons, the period of re-

mission or intermission should be selected in fever.

"3d. Promote their free and easy operation by occasional draughts of warm gruel or chicken water, after the first discharge; and restrain their action when excessive by a resort to opiated clysters, and, if necessary, to counter irritation by sinapisms to the surface.

"4th. If drastic purgatives are employed, the harshness of their operation may be meliorated, by combining with them articles of a milder kind, without impairing the freedom and efficiency of the evacuations intended to be produced.

"5th. In plethoric and robust subjects, when the bowels betray much insensibility to the impression of cathartics, recourse must be had to the lancet, the efficacy of which under these circumstances, in promoting the operation of purgative medicines, has long been observed."

The following remarks occur whilst considering their therapeutic application and utility in fever.

"In the autumnal fevers of our own country, whether of intermittent, remittent, or continued type, cathartic medicines are of indispensable utility. It was the custom of Cleghorn, whose writings display an intimate acquaintance with tertian fevers, as well as much practical sagacity, after premising bloodletting at the height or towards the decline of the paroxysm, to make use of the first remission or intermission, to evacuate the first passages, for (he remarks) the disagreeable taste in the mouth, loathing of food, giddiness, pain in the forehead and loins, and other constant attendants of tertian fever, make it evident that the stomach and intestines are loaded with vitiated secretions, particularly morbid bile, and which, if not early discharged, will induce very threatening symptoms in the course of the fever, such as violent vomiting, redoubling or continuation of the paroxysms, restlessness, ravings, pain, inflammation, gangrene of the small intestines, and lastly, sudden death.

"To mitigate and prevent these distressing symptoms, much is accomplished by the daily use of cathartics, for the four or five first days of the disease. But an error is committed, and, in the malarious districts of the south, too often a fatal error, in relying too long and too exclusively upon purgatives for the cure of intermittents. In discharging the vitiated feculence, and the morbid secretions which collect in the intestinal canal, cathartics perform a very necessary and salutary part in the treatment of these fevers; but they will not always prevent the recurrence of the paroxysm, which is far the most important point of treatment, in the insidious and malignant forms of tertian, which occasionally prevail in high latitudes and hot seasons. To guard against those dangerous revolutions which stealthily, or with sudden violence, wreck and overwhelm the system, we can look with confidence only to the cinchona, or its active principle, the quinine, whose powers and application in malignant tertians have been so fully exhibited by Cleghorn and Alibert, and will satisfactorily appear to all who will resort to the sure test of experience.

"In our bilious, remittent, or continued fevers, cathartics are equally considered as of indispensable utility; and no practitioner, who is untrammelled by the dogmas of Broussais, would attempt the cure of these fevers without the aid of purgatives, any more than he would treat pleurisy or pneumonia without a recourse to the lancet or antimony.

"From Sydenham to Pringle, from Pringle to Rush, and from his day to our own, the most distinguished writers and the ablest practitioners have borne such ample and decided testimony to their suitableness and efficacy, in remittent and continued bilious fevers, that these points may now be considered as beyond all doubt or cavil.

"But it is not enough for us to know the general fact, that purgatives are useful remedies in remittent fevers: It is equally important that we possess precise information as to the selection and administration of the purgatives best suited to the ends in view.

"Cleghorn thought Epsom salts sufficient for the general purposes of this class of medicines in the treatment of fever; and there is no doubt, that in the milder forms and earlier stages of the disease, it will oftentimes supersede the necessity of a resort to more active means. But the vast majority of experienced physicians concur in recommending the mercurial purges; and by common consent calomel is made the leading ingredient in the cathartic compounds usually prescribed for the whole tribe of autumnal fevers.

"Both because there is a continual reproduction of morbid bile, and because we are required to repeat our efforts as long as the disease persists, it is necessary to administer the purgatives every day to the extent of procuring from four to six free evacuations, of a dark, consistent, and fetid material, the expulsion of which, it is agreed by all, is very generally attended with an abatement of the disease. I am here disposed to depart from an opinion offered by Dr. Chapman, that 'this peculiar matter is a product of diseased action, and previously existed in the intestines, in close adhesion to their surface;' nor do I regard it, with him, as a maintaining cause of fever, and on this account deem it necessary to expel it. But, on the contrary, I hold it to be a peculiar secretion chiefly mucous, but more or less mixed with bile, *specifically* excited by the mercurial compounds administered, and tending more than any other kind of discharge to deplete and unload the excited or congested vessels and glands mainly involved in the cause and burden of the disease. I would insist upon this point as one of much practical importance, for it is somewhat concerned in regulating the use of mercurial

purges in the treatment of fever. Under the view of Dr. Chapman, it has been stated as a rule of practice, to purge, and with calomel, until the alvine evacuations become of a healthy and ordinary bilious complexion; and accordingly, in the eager pursuit of this object, practitioners have confined their attention so exclusively to the intestinal secretions, as to overlook other circumstances, which no less certainly inform us of the progress of the disease, and have pushed their remedies beyond the point, where they might reasonably and with advantage be suspended, or give place to others. In my apprehension of the subject, the alvine secretions are of subordinate relation and secondary importance to the condition of the nervous and circulating systems; and we shall find, in a course of careful observation, that not unfrequently, when the subdued irritation of the nervous, and the equal action of the vascular system, indicate the rapid decline of disease, and the near approach of health, the dejections from the bowels are of the same general appearance, (calomel being administered,) as at the height of the disease; and the pertinacious attempt to accomplish the desired change, through the agency of mercurial purges, will too often result in the supervention of mercurial fever, painful salivation, broken health, and permanent infirmities of constitution.

"Appropriate and valuable as purgative medicines unquestionably are in most forms and cases of fever, yet we must not lose sight of the very important fact, that *inflammation* of the mucous membrane of the stomach and small intestines, though not the origin and essence of the disease, as assumed by the great French pathologist, is nevertheless a frequent complication; and when we encounter cases of fever thus complicated, as characterized by vomiting, purging of thin matter, tender epigastrium, white or brown tongue, with red edges and disposed to dryness, much thirst, contracted pulse, and anxious countenance, it would be a departure from sound practice, and an abuse of medicine, to attempt their cure by a course of drastic or active purgatives.

"It is under such circumstances that we may admit the force of Broussais' objections, who, in pointing out these exceptions to the use and efficacy of purgatives in the cure of fevers, has entitled himself in a very considerable degree to be considered a reformer in medicine. Far better is it in cases of this description, to rely upon leeches and ptysans, than to trust to the ultra purgative plan, which is indiscriminately and unrelentingly pursued from first to last, with no definite object but a change in the stools and with no restrictions save ptyalism or death."

The utility of cathartics is not limited to idiopathic fevers; they are also important agents in eruptive fevers. In the course of his remarks on the subject Dr. Powell says: "however valuable purgatives are in the general treatment of scarlatina, emetics are justly entitled to take precedence of them, in the earlier stages of the disease, when marked by strong expressions of depression, and loss of balance in the nervous system, with a delayed, imperfect, or retrocent eruption. In determining to the surface, and disposing to evacuation by the skin, emetics would seem, more than any other remedies, to conform in their operation, to the natural tendency of this disease; which runs a determinate course, through a series of mysterious processes, that terminate in a peculiar and concentrated action of the skin; and on the developement of which there occurs a solution or suspension of the morbid movements.

"Dr. Chapman remarks, that in this disease 'nature works to the deliverance of the system,' and it may be added, that she works under the direction of laws that may not be thwarted with impunity by the officious and ill-judged interference of art. It is in such cases that the 'nimia diligentia Medici' is too often conspicuously and mischievously displayed, and where the practitioner, losing sight of the special nature and established tendencies of the disease, prematurely and inconsiderately bleeds and purges his patient to such a reduction of his constitutional energies, that the system is unable to develope the natural crisis of the disorder, and the morbid actions, as in the metastasis of gout and rheumatism, take an unnatural direction, and run to an unfortunate issue.

"It is thus that regular bred physicians, too exclusively occupied with the inflammatory nature of exanthematous fevers, have sometimes treated them with much less success than has attended upon domestic and popular practice. The experience of almost every epedemic, has furnished examples thus humbling the pride of science. It is but a few years since a populous and wealthy valley in Virginia, was extensively ravaged by scarlatina, in spite of the lancet and calomel, with which it was encountered; whilst among the pauper population of the mountainous district which surrounded it, the epidemic was rendered comparatively harmless, by the diffusible stimulants and diaphoretic drinks, to which these simple people were led by the unbiassed observations of nature.

"But here, let me not be misunderstood, it is very far from my intention, to recommend the indiscriminate use of emetics or stimulants in the treatment of scarlatina, or to detract, in any degree, from the fitness and value of blood-letting and purgatives, as remedies in this formidable affection; but my object is to insist, that while both classes of remedies may be necessary in different cases, and in different stages of the same case, it better accords with the pathology of the disease, to treat it in its incipient stage, before the eruption is established, with gentle emetics, aided by the warm bath and diaphoretic drinks, than to have an early resort to blood-letting

and purgatives, eminently useful and indispensably necessary as the latter are when reaction has been fully developed, and more decidedly still, when vehemently expressed."

3. Aphthous Sore Mouth in Adults.—Three cases of this disease are recorded by Dr. E. Gaston, of Morristown, Ohio; we select the following:

"The first case that came under my notice occurred in March, 1827. The subject of it was a female, of, I suppose, twenty-five years of age. At the occurrence of the disease she had been confined in the puerperal state, about two weeks; during which time she had been under the care of Dr. A. When her mouth got sore, she became dissatisfied with him, alledging as the cause of her dissatisfaction, that he had given her mercury without her knowledge, and had salivated her. The doctor protested that he had not given her a particle of mercury in any shape, and professed entire ignorance of the cause of her mouth becoming sore.

"He prescribed for her mouth, assidulously, for some days; but finding that all his local and constitutional means did not arrest the disease, and his patient becoming daily more dissatisfied, he, in order to satisfy her, and to remove the imputations with which she branded him, proposed to have me called in to see her, which was accordingly done.

"On visiting her, I found her in a truly distressing situation. Her mouth was covered on the inside with aphthæ; lips and tongue considerably swollen; stomach irrisable, with frequent fits of vomiting; bowels irregular, sometimes constipated, at others profuse diarrhœa; countenance haggard, and expressive of extreme anxiety; emaciation great; debility such that she could not turn in bed without assistance; and in addition to all her other sufferings, she was, an hour or so before I first saw her, attacked with a profuse hæmorrhage at the nose.—Such was the state of our patient at the time I first saw her; and she attributed all her sufferings at that time, to the state of her mouth.

"*Treatment.*—We applied a blister to the back of her neck, in order to arrest the hæmorrhage, and prescribed a dose of calcined magnesia with rhubarb, to clear the bowels of their acrimonious contents. After the cathartic had operated, we prescribed the following course of tonic, alterative and local treatment. *Tonic:* Take cinchona and elixir vitriol, each ℥1, water 1 pint; mix; dose, ℥1 four times a day. *Alterative:* Take 6 gr. pill hydrarg. every other night; to be worked off next morning, by a portion of calcined magnesia and rhubarb. *Local:* Take honey any quantity, and add to it as much muriatic acid as will make pleasantly sour; take a large teaspoonful, and let it dissolve in the mouth, every three hours; and rinse the mouth out well with a strong decoction of cinchona three times a day. Diet light and nutritive.

"On examining her mouth three or four days after my first visit, I discovered that a large slough had come out of her left cheek; but the appearance of her mouth otherwise was much improved. The above treatment was continued, during her recovery—which was rapid and permanent. In two weeks her mouth was well, and her strength so far regained that she could sit up an hour or so at a time."

3. Consumption and Scrofula.—The editor appends the following to an article, which we regret to see in a respectable medical journal.

"We give the following extract of a letter from a resident of Hamilton, in this state, with the single remark, that he is a physician of regular education."

We would not have thought it possible such trash could have got a place here; is the language of empiricism not yet understood in the west? unfortunately we are too familiar with it here, for we scarcely take up one of our daily papers without seeing advertisements of the most gross and demoralizing tendency, fresh from the hot beds of charlatanism, which abound in our large and populous city. By the way, we should rejoice to see our newspaper editors look seriously into this matter; these advertisements being paid for, are generally introduced without ever being looked over, or surely they would never be sent forth into families, to mantle the cheek of the virtuous and discreet with a blush of shame at witnessing the degradation of human nature. We have no objection to see quacks and quackery flourish if people will be dupes, but we do not wish to see a virtuous community compelled daily to see incentives to vice and immorality held forth in our otherwise prudent and moral daily press, in the shape of advertisements of swindlers who for money, for price, will offer "a safe and certain preventive" which has no existence; as those who are duped soon find out that the God of nature adapted the penalty to the crime.

It is but proper to state that our remarks have no application to the paper under notice; they happened incidentally. The subject of the extract alluded to is the discovery of "new and unerring symptoms of consumption." This "regular physician" too has "found remedies that cure all cases."

Art. II.—*North American Archives of Medical and Surgical Science.* Nos. VII. and VIII.

1. Antispasmodics.—The leading article is an interesting paper entitled "Antispasmodics, therapeutically considered," by Professor Dunglison, in which he remarks, that from experience on their use in diseases where they would appear to be signally appropriate, but little reliance can be placed on

such as are esteemed "direct" agents—the *antispasmodica vera.* He agrees with and quotes the opinion of Thompson, that "at best, antispasmodics can be regarded only as auxiliaries; and the spasms and convulsions are less to be considered than the causes which induce them: remove the cause, and the effect will cease.*"

The following is related in the paper: "A case of tetanus algidus—or tetanus from cold—which fell under my care some time ago, serve to illustrate the mode in which antispasmodics exert their agency. A young man, whilst heated, threw himself into a river to bathe. He immediately experienced some indisposition, and in a few hours afterwards was attacked with tetanus, in the form of opisthotonis. He was put upon the use of narcotics, but without the disease yielding. He was now taken out of bed, placed in a brook that ran by the house, and pailful after pailful of cold water was thrown over him, whenever the spasms became violent. Soon after the adoption of this treatment the spasms yielded, and by a continuance of it they ultimately passed away. The boy wholly recovered."

2. Hemorrhoidal Tumors.—Dr. A. R. Smith presents some observations on the causes, pathology and symptoms, in which we recognize nothing of interest. He divides them into the inflammatory, the indurated and the varicose; in the first the treatment is obvious, if, however, they begin to assume the indurated form, Dr. Smith prefers the following course to extirpation:

"The patient should be directed to place himself in the posture in which he is accustomed to have his evacuations, and to make the usual expulsive efforts, (the bowels having been, some hours before, properly evacuated.) The tumors which are external, are then so distended as to be rendered prominent, and those which are within are thrust into view. The largest of the tumors are then to be seized between the thumb and finger, and being made tense by pressure, are to be laid freely open longitudinally, each with a single thrust of the lancet. The continued pressure of the thumb and finger will then expel the coagulum from the tumor. The removal of the coagula is not the only benefit which results; there necessarily occurs some bleeding, and a new excitement in the part results from the incision. The smaller and less inflamed tumors, being dependant on the larger, disappear on the removal of the latter. A poultice should be applied after the operation, and perfect quiet enjoined. It will be inferred that I would never perform this operation when the parts are in their most highly inflamed condition. No serious hemorrhage need be dreaded from these incisions."

"When, after the operation, cicatrization has been completed, astringent lotions or unguents may be resorted to. The best application which I have ever employed for this purpose, is an unguent composed of lard ℥ i; very finely pulverized galls ʒ i; an equal quantity of powdered opium; and of the ung. hydr. ʒ ij. With this compound the parts should be well anointed, morning and night, a small quantity being introduced within the rectum."

In the second variety, of course, as Dr. Smith says, we use the knife or scissors. In varicose hemorrhage he condemns the removal by the knife or scissors, for fear of formidable hemorrhage.

3. Cases in Midwifery.—Dr. R. H. Thomas, of Baltimore, gives the history of several interesting cases.

1. *Shoulder presentation.*—In this case turning became necessary, but when the feet were seized and brought down into the vagina, an unexpected obstacle presented as the fœtus refused to turn.

"Without being able to explain the difficulty, we were obliged to overcome it by force. By great exertion we succeeded in delivering our patient, and then the difficulty was explained. The fœtus belonged to the class of anencephalus monsters: the vault of the cranium with the arch and spinous processes of the vertebræ were deficient, and the spinal column throughout its whole extent was rigid and flexible; hence the obstacle to turning."

2. *Twins.* "This case is a little singular, in that after the birth of the first, the second child, or its membranes showed no disposition to present at the upper strait, and when the hand was introduced, the uterus seemed to be divided by a longitudinal contraction into two compartments, in one of which the fœtus was found." The second child was delivered by turning.

3. *Internal Hæmorrhage.* We regret an examination after death was not made in this case, as the interest is entirely lost by the omission.

4. *Miscarriage* and concealed knowledge before the rupture of the membranes. Dr. Thomas was called on the 16th March 1834 to visit Mrs. L. in the sixth month of her first pregnancy, threatened with miscarriage; the ordinary means were at once resorted to.

"17th. She feels better this morning, having passed a good night, has less pain, the womb does not feel so hard, but on one of its sides there is a lump, evidently caused by some irregularity in its developement. At ten A. M. true uterine pains came on, and at two P. M. the waters were ruptured and the fœtus of six months expelled, the breech presenting. The placenta speedily followed; upon inspecting it, there was found on its uterine surface a large firm clot, weighing more than a pound. The cellular structure of the placenta was entirely destroyed by its pressure, except a portion, an inch in diameter, which

* Thompson, op. cit. i. 628.

had continued attached till the end of the labour. The hæmorrhage had plainly occurred before the labour, and the blood had been poured out between the uterus and the placenta, where it had been retained by the adhesion of the membranes.

"Not one drop of blood was lost till after the expulsion of the child, and then only in the form of a firm coagulum, lodged, as I have described behind the placenta, the uterine surface of which presented quite a concavity. The patient did well.

"It is strange that Velpeau* should be disposed to deny the occurrence of concealed hæmorrhage before the rupture of the membranes. That it does happen rests upon testimony which cannot be gainsayed. Several very interesting cases are detailed in the Lancet, for 1829-30, by Mr. Coley, and the appropriate plan of treatment laid down. Mr. Ingleby and others also relate similar cases, but I am not aware of any which occurred so early as the sixth month of utero-gestation, at which period it might be supposed the uterus would resist any sudden distension more than at the full term."

5. *Twins-hæmorrhage after delivery.* "The good effects of frictions and grasping the uterus alternately were here signally manifest. These means will in a majority of instances of hæmorrhage after labour succeed. I have not for years been obliged to introduce my hand into the uterus, either to arrest hæmorrhage, or to remove the placenta: that it is very rarely indispensable I am convinced. The efficacy of the ergot in giving tone to the contractions cannot be doubted by any one who will take pains to get a good article and give it a fair trial."

6. *Puerperal Convulsions.* In this case the head was found firmly wedged in the superior strait, and the convulsions ceased on the delivery of the child by means of the long forceps.

4. Prunus Lauro-Cerasus, il Faciam Neuralgia.—The distilled water of the cherry-laurel was recommended by Dr. Broglia, an Italian Physician, and in the paper before us by E. S. Bennett, M. D. of Charlston, S. C. gives a history of three cases in which he has employed it with great advantage. We select one of the cases.

"On the morning of the 10th of November, 1834, I was requested to see a lady of nervous temperament, who was suffering severely from violent pain of the face and teeth, and which she attributed to some diseased molares on the side affected. After examination, I was assured, from the symptoms, &c, that her disease was not odontalgia, as at first supposed, but that it was a violent facial neuralgia. The pain was not continued, but periodical. It extended from near the external mentus, along the course of the nerve, to the alæ of the nose, the corner of the mouth, the external canthus of the eye, and over the temple, to the forehead. Sometimes, also, a pang would seize her near the inferior border of the eye, and with the rapidity of lightning, run down the side of the nose, along the teeth, and thence to the temple. From these circumstances I inferred that the disease was located in the portio dura, and the second branch of the fifth pair, or trigeminus. This lady had been suffering with this affection, at every change of weather, for three years. The present attack had been constant for several weeks, and at no time was she entirely free from pain, more or less severe. The pain was, however, generally very violent from about 4 P. M. until near the middle of the following day. It may not be amiss here to mention that she had, for several years, suffered from despepsia, which had greatly undermined her general health. Not regarding this latter malady for the present, I directed my attention to the immediate relief of this very painful affection. Accordingly I sent her the following:—R. aquæ. distil. lauro. ceras. ℥ iv; ether sulph. ℥ i; extract. atro. belladon. ʒ i; ft. lotio. the painful part to be covered with a compress of carded cotton, wet with this mixture, and repeated whenever it became dry. Those directions were carefully followed, and at my next visit, 7 o'clock P. M., she had applied six compresses. She was at that time more free from pain, but suffered from extreme tenderness in that side of the face. Directed the lotion to be repeated.

"November 11th, 10 o'clock A. M. More free from pain, and the tenderness of the face but trifling—had enjoyed six hours of very quiet and refreshing sleep, and had used three applications. 7 P. M. free from pain and soreness of the face, and expressed an earnest desire to remove the applications. They were, however, followed up, pro re nata, through the evening, and from that time she has not experienced any kind of inconvenience."

5. Rupture of the Uterus.—A case of this kind is related by Dr. A. Dunan, of Baltimore.

6. Reports of Cases in Surgery.—By Professor N. R. Smith.

1. *Tumors of the Neck.* We have no doubt of the correctness of the views of Dr. Smith on the practicability of extricating tumors located beneath the deep layers of the facia of the neck. The case he relates is a very small matter compared to the illustrations we could afford him, if he will honor the Mott museum with a visit.

2. *Aneurism.* This case is interesting, and was judiciously treated. Dr. Smith has furnished us with an analysis in the title he has appended. "Femoro-popliteal aneurism. Spontaneous cure of popliteal, by the occurrence of femoral aneurism. Hæmorrhage on

* Valpeau's Midwifery, page 371.

the eleventh day. Separation of the ligature on the nineteenth day. Recovery."

3. *Death from Phlebitis* after extirpation of the testis. This patient died on the eleventh day after the operation, with distinctly marked symptoms of phlebitis.

"An effort was made to obtain an examination, but it was unfortunately not successful. Although we had no post mortem evidence of the character of those lesions which may be supposed to have taken place in this case, yet it appears to me there can be but little doubt that this man perished from phlebitis, propagated slowly along the veins of the cord. This probably commenced at the moment that the swelling and inflammation displayed itself in the groin. It passed along the cava till it reached the heart, and from that organ it was probably diffused to the surrounding parts, perhaps by the pulmonary vessels. The abatement of the local symptoms only shows that the irritation had migrated. I think I am justified in these conclusions by the results of analogous cases, where post mortem examination has been made."

7. Iodine in Schirrus Uteri. Dr. J. E. Pearson, of S. C. relates the history of a case of schirrus uteri which was successfully treated by the use of iodine.

8. Poisoning from Ergot.—Isaac Hulse, M. D. of the U. S. navy, relates the following effects arising from an over-dose of ergot in a lady of delicate constitution, who has a peculiar kind of idiosyncracy against all the narcotics. The article used was supposed to have lost some of its activity from age.

"Mrs. H. was delivered of a healthy male child, August 14th, 1834, at half past eight A. M, after a labor of six hours. The labor pains were extremely violent, and in quick succession. She frothed at the mouth near their close, and the dilatation of the pupil gave to the eyes the expression of a vacant stare. The hæmorrhage was profuse, and an attempt was soon made to take the placenta. It was found attached, however, and an effort to introduce the hand produced fainting. At this time ergot was given: ℞. secal. cornut. ʒ i. aqua bullient. ℥ viij. one half of this infusion for a dose, the balance in five minutes. This caused a few contractions of the uterus, and the hæmorrhage ceased. The patient was supported in her exhausted state with a few drops of tr. camphoræ, given occasionally. In this condition she remained till eleven A. M. the next day. During the interval she took a few drops of the acetum opii, and slept about an hour. Ergot was now given, in doses as above, every half hour, until ℥ xii of the infusion had been administered. The uterus, which had been inactive for many hours, gave two or three strong contractions soon after the dose, and then relapsed into a state of quiescence. At this juncture I resolved, notwithstanding the great sensibility of the parts, to introduce the hand, and take the placenta at all hazards. I reached the placenta, however, near the os externum, and finding it detached, brought it away without causing pain. I soon perceived my patient was in a state approaching insensibility. The pulse was feeble, about sixty-five, and the limbs were covered with a cold sweat. Ordered wine and water. Shortly the palpebræ began to swell, likewise the lips and fauces; the tears flowed copiously; the schneiderian membrane seemed much stimulated, and there was coryza, great difficulty of breathing through the nose, and injection of the vessels of the conjunctiva. The lips and palpebræ began to puff as if stung by a bee, and gradually assumed a livid appearance. The power of deglutition was now nearly lost; the voice became feeble; she said her jaws were fixed, and shortly after it was with the greatest difficulty that an answer of yes or no could be elicited. Previous to arriving at this point, she had complained of pain in every *nerve*, and a sensation of emptiness of the head.

"I felt confident my patient had been poisoned by the ergot. I had a dose of sulphate of zinc prepared, but concluded it was doubtful whether emesis, at that late period, could be produced, as my patient gave evidence of great exhaustion, she having no power to move the lower extremities, and but very little control over the upper. I gave carbonat. ammon. gr. v. dissolved in a wine glass of cold water, every half hour, and used frictions over the whole body and limbs, with the strongest liniment of ammonia. There was an amelioration after the second dose, the pulse rising, and the skin becoming warm; and after the third, the symptoms had so far subsided as to render it unnecessary to continue the remedies. On recovering the power of speech, she informed me that her head had seemed to be perfectly empty, and that the sense of hearing had become so heightened, that every word spoken, in the lowest tone, reverberated through the head, and passed through every nerve over the whole body. She seemed to herself to have been totally deprived of the natural warmth of the body, which was restored by the frictions. The symptoms all disappeared in a few hours, except the redness and tumefaction of the palpebræ; which remained in a slight degree on the following morning. As the pulse rose, and the patient recovered, there was a general perspiration, the matter of which emitted the peculiar fetor of ergot. She rose from her confinement without any untoward event.

"*Pensacola, March 7th*, 1835."

9. Treatment of Congestive Fever.—A short note on this subject by Dr. A. B. Arnold, of Abbeville District, S. C. he says, "We have had a severe storm of congestive fever among us for two years, which has required very active purging, with bleeding, in

the early stage of the disease, and blistering in the latter. I never stimulate, and when I find it absolutely necessary, in some protracted cases, to desist for a time from purging, I let my patients rest for a few days on spare diet, and if the congestion has not been entirely broken up, after the system has had an adequate respite, and has recovered its energy sufficiently, I purge them again, taking care to produce consistent discharges. This course of practice has been almost universally successful. But where patients have not been sufficiently purged, no matter whether they were put upon the plan recommended by Broussais, or that of Daniell, or Minor and Tully, or any other course of stimulants, they have generally died. I have found bleeding in the first stage of the disease absolutely demanded. Some who have relied upon purging alone, have frequently lost their patients for the want of early bleeding, whereas those who have bled and purged under proper regulations, have been almost uniformly successful."

10. Ligature of the Common Iliac Artery on a Horse.—In 1824 Professor E. Geddings performed the operation of tying the common iliac artery on a horse, which was rendered proper from an injury he had just received, Dr. Geddings happening to be near at the time: he seemed to be doing well until the fifth day, when unpleasant symptoms appeared, and on the sixth he died.

"A careful examination of the parts was made, in the presence ef the late Professor Ramsay. The artery was found perfectly obliterated, and the ligature detached, and it was ascertained that death had been induced by violent peritonitis, which seemed to have been rather a consequence of the extensive laceration inflicted by the original wound, than of the operation."

11. Fracture of the Clavicle.—Professor R. W. Hall condems all other methods of treating this injury excepting his own; and which does not seem to us so capable of fulfiling all the indications as the single roller, as employed by Dr. Stephen Brown of this city.

The paper of Professor Smith on irritation we should judge to be his lecture on that subject; it is not of a nature for analysis.

12. Climate of St. Augustine.—A diary of the weather for the months of November and December 1834, kept by Dr. Porcher, of St. Augustine, together with a diary kept at Germantown, Pa, during the same months, enable us to compare the climate of Florida with that of the more northern parts of the Union. Some remarks are appended by Professor Dunglison, which we select, merely observing that, for ourselves, we shall never recommend a phthisical patient to try the climate of St. Augustine.

"Much discrepancy exists as to the best winter retreat for the phthisical invalid, but after a full and impartial examination into the advantages and disadvantages of various situations, and after a personal experience of some of them, I am not prepared to say, that any offer stronger inducements than Florida; and in this territory St. Augustine is resorted to, chiefly because ef the great accommodations which it affords,—accommodations which are annually augmenting, and must continue to augment, now that the number, flocking thither in search of health, has become so considerable."

Art. III. *The Transylvania Journal of Medicine and the Associate Sciences.* Vol. VIII. No. 1.

1. Chemistry.—The first article of this number is from the pen of the editor, Professor L. P. Yandell; it is entitled, "Chemistry, as affording Evidence of the Wisdom of God. Being an Introductory Lecture delivered before the Medical Class of Transylvania University, and published at its request." We have perused it with great pleasure and not without profit; it is truly a rich intellectual repast, and in following the author as he passes from subject to subject, at each change rising with its importance, now describing in plain and simple terms some of its details, and anon spreading the wings of a brilliant imagination, and clothing it in language at once chaste, beautiful and eloquent, we are insensibly carried along, and finally rejoice with him that our profession is so rich in materials for illustrating the power and the wisdom of a Supreme Architect.

We have marked a few unconnected passages which we present to our readers.

"Water is universal; but it is the only beverage universally relished—the best adapted to allay thirst. It is more grateful to the sick man's palate, than the choicest wines. The first and last cry of the patient parched with fever, is for cold water. The weary traveller, in a thirsty land, famished and ready to expire, would give kingdoms for a drop of cold water. Water is the emblem of purity. The waters were troubled to heal the sick at the pool of Siloam. Next to pure air, who does not rank cold, gushing, living water, at the head of earthly comforts? The most common, it is the most necessary—the most precious, it is the most free, of all the goods of life. Laws entail other property; water is the property of all. The covetous man adds acre to acre, until his domain is measured by leagues; and the ambitious man conquers nation after nation, until his sceptre gives laws to a continent; while his poor subject commands him only enough of mother earth to conceal his ashes when he dies. Not so water. The meanest slave enjoys a competency of it; the proudest monarch can enjoy

no more. A bountiful Providence has made it free as the air, or as sunshine, and sends his rain alike on the just and the unjust."

"In a point of view not yet presented, the light of chemistry is eminently instructive. As we look around upon the world, we see that change is written upon all things earthly.

'——— Day follows night, and night
The dying day; stars rise and set, and rise:
Earth takes the example; tis revolution all.'

Flowers blossom but to fade. The leaves of summer fall before the chilling winds of autumn. But chemistry teaches that which seems annihilation in all this is but a change of form, and that in the following season the same elements, once possessed of life, will be combined anew, and bud and blossom in a renovated and more perfect shape. The race that expires, having marked the circle appointed by the Creator, prepares the bed on which a new generation springs up to regale the air and the earth with their beauty and their fragrance, and then gives place in turn to other generations. Chemistry teaches that the dew-drop that glitters in the sun, and the passing cloud, and the morning mist, the very emblems of evanescence and decay, though they vanish after a little season, yet are not lost, but reappear in another type to endure as long as the moon and stars. Every drop of water that existed when the ocean was gathered into its place, is in existence now, either locked up in solid crystal, or floating in the cloud or mist, or concreted in the bodies of animals or vegetables, or congealed into ice or snow, or flowing in rivers, or piled up in the depths of the sea. Matter cannot be destroyed unless by that power which gave it being. Finite power can but change its form. The fire which in cheering the social hearth, seems burning to destroy, is only transforming matter into new shapes. Thus pit coal, the remains, it may be, of the plants of an antediluvian world, and which for thousands of years has retained the elements of life locked up within it, gives them out once more under the influence of combustion Its carbon uniting with the oxygen of the atmosphere, assumes an ærial form, and its hydrogen combining with the same principle ascends in the form of invisible exhalation. This stream of vapour is gradually condensed into clouds and falls to the earth in fructifying showers; and the carbonic acid gas, by other chemical agencies, is also brought down again, to hasten the growth of vegetables, enter into their systems, expand their leaves, paint the gorgeous tints and go abroad in the aroma of their flowers. What more beautiful than such a series of changes? The plants which adorned the earth in its early freshness, having slumbered for ages in lifeless masses of coal, again made active, and after warming the fire, and cheering in the brilliant gas-light, and, as the generator of steam, setting a thousand wheels in motion for the maintenance of our race, recalled once more to the living world, to an appointed place among the kindred plants, until it shall e the will of Him who created them to call them to their last repose."

"But the mind which planned, is mighty to preserve. The hand which spans the heavens, stoops to clothe the lily of the vallies. A sparrow cannot fall to the ground without his knowledge. And the hairs are all numbered on the head of the meanest pauper, who would hardly attract our passing notice in the streets, and whose death-knell would occasion no more sensation among all the sons of men, or a longer pause from their callings, than does the sound of that clock we scarcely hear in the round of daily business.

"Thus does the imposing splendor of astronomy unite with the milder but not less steady light of chemistry, in reflecting honor upon the omniscient Author of its laws; and thus, as leaf after leaf in the volume shall be turned over, as fact after fact shall be added to the pyramid of science, until its summit shall have reached the heavens—when every stream shall have been traced out to its end, then will each tributary be found swelling the ocean of truth, and the voices of all will unite at last in one grand chorus of praise to Him, whose works, whether above or below, on a scale stupenduously great or infinitely small, exhibit an adjustment equally perfect, an arrangement equally wise, and results equally harmonious.

"In this way does science improve the temper of the mind and raise it from the grosser objects to the contemplation of a scheme of things all-perfect and beautiful. Thus intellect supplies food to the affections, and the mind, as it expands by the increase of knowledge, rises in dignity, and grows strong in virtue.

"The view which we have now taken of the scheme of nature, as exhibited by the science in which it is made my business to lead your studies for the next few months, recommends itself to us not the less, by impressing us with sentiments of humility—humility, in view of the exceeding smallness of our highest possible attainments, in comparison with the vast ocean which spreads out before us, and which must remain for ever unexplored and unknown, and in view of how small an atom we form amid the myriads of human beings in which we are lost, even in this world, and the still more countless millions who probably people the worlds which circulate in celestial space. But it affords ground for gratitude also, that we are permitted to be the tenants of so fair a world; that winds and waves have been made to labor for our good; that seed-time and harvest return at the bidding of lovely seasons; that water and air, fire and earth are constituted to be sources of our ceaseless gratification; that with senses so responsive to pleasure, we

have been endowed with minds capable of holding such large discourse with nature; that at every moment of our restless history, in the vigor of our manhood and in the weakness of infancy, amid suns and systems, the small speck that we are, our footsteps have been watched with parental kindness; and that our happiness has been studied in all the plans of this vast Universe."

2. Diseases of Tennessee.—We have a long and interesting article by Josiah Higginson, M. D. of Somersville: we select a few passages as illustrative of his views.

"In the first or forming stage of our fevers, the tart. ant. in full doses, if not contra-indicated, by incompatible states of the system, will in most cases cut short the course of disease at once. It will throw off the morbid contents of the stomach,—promote the secretion of bile,—open the skin, and establish an equilibrium of circulation in every part of the system."

"The lancet is demanded in almost every case that occurs, from the simple intermittent, to the highest grade of congestive fever."

"Purgatives cannot be dispensed with in any case, when other means have failed to arrest its progress in the first stages. They cannot be omitted, without danger. And in fact, are relied on exclusively, in mild forms of disease; where vascular action is not above their control."

"The article of medicine, occupying the most prominent stand in your confidence, is much abused, and much slandered calomel. This alone, or in various combinations, as with aloes, jalap, rhubarb, or other medicines, acting in concert, given in such quantities as to procure five or six viscid, dark evacuations a day from the bowels, will usually terminate the disease without the supervention of dangerous exhaustion. Cold ablutions are grateful and salutary. Cold water, either alone, or acidulated with the vegetable acids, should never be withheld. The delight it affords the eager patient, aside from its refrigerant effects, is a sufficient warranty of its use."

"Our winter diseases are merely those of excitement: as inflammatory and catarrhal fevers, rheumatism, pleuritis, pneumonites, pluro-pneumonites. They require the lancet with a bold hand, and revulsives as soon as vascular action is reduced. Diaphoretics and gentle purgatives are of use. Genuine typhus is rare, its stage of excitement short, and requires a guarded loss of blood. In this disease every means should be put in requisition, to prevent determination to the brain and lungs. Purgatives are called for, but not to the extent necessary in summer and fall diseases.

"During the cold winter of 1831-2, cases of typhoid pneumonia occurred, that sometimes proved fatal in twenty-four hours. There were cases in which the powers of life were so crippled, that the lancet could not be used. When this remedy could be resorted to freely, before organic destruction occurred in the thorax or brain, the patient was safe. Otherwise a few days, and sometimes a few hours, determined the unfortunate issue.

"For the last twelve or eighteen months, diseases of every description, have been modified by epidemic cholera. Even when this disease did not fully develope itself, it gave something of its character to every case that occurred. This was more particularly observable in the summer and fall of 1833. Bilious fever ran through its course in a confused irregular manner, complicated in almost every instance with unusual gastric irritability, pain in the bowels, and great tendency to colliquative diarrhœa. These symptoms, gave way only upon the establishment of copious, dark, fecal evacuations. In order to effect this, it required a bolder exhibition of purgative medicines than was necessary in former years. The morbid irritation of the gastro-intestinal mucous membrane, seemed to hold a dominion not to be controlled by ordinary means. A dose of medicine, that under other circumstances might threaten hypercatharsis, would astonish and perplex the practitioner, by producing little or no effect at all. Since the fall of 1833, this epidemic state of the atmosphere has been gradually wearing away, but has not entirely disappeared. Traces of it can still be seen to linger amongst us."

3. Materia Medica.—Dr. Thomas P. Hereford, of Hay Market, Virginia, makes some judicious observations on the practical applications of several articles of the materia medica, secale cornutum, opium, and the asclepias decumbens. We are glad to see any thing on our indigenous articles, and with pleasure select his observations on the latter.

"This beautiful perennial plant grows in great abundance in this part of Virginia, though it has, as yet, attracted but little attention from medical men. It is known to a private individual, here and there, by the name of wind-weed, flux-root, butterfly-weed, and pleurisy-root. It is readily distinguished from the common silk-weed by the beauty of its flowers, which are of a brilliant orange colour, whilst those of the silk-weed are of a pale purple hue. The root of this plant contains medicinal virtues so active and valuable, and so applicable to a variety of the most common, as well as to the most intractable diseases, that to acquire public confidence and a high reputation, it needs only a sufficient trial. As a diaphoretic and expectorant, it is at once prompt and certain in its operation, never failing to throw out a copious perspiration, and to excite a free discharge from the lungs; hence it displays the most signal powers in those diseases, that depend on a suppression of the cutaneous discharges. It will be found valuable in every form of pulmonary disease,—such as common colds,

and coughs, pleurisy, asthma, &c. It is also highly efficacious in dysentery, and rheumatism, and as it is an excellent febrifuge by virtue of its sudorific properties, is well adapted to every form of fever, from a common intermittent, to the typhus and yellow fever. In a species of fever which has latterly raged with no little violence and fatality in various parts of the United States, this remedy has proved a valuable auxiliary to other means. The malady alluded to is *scarlatina.* The asclepias is not only applicable to this, but to all other eruptive fevers, as might be inferred from its action upon the skin. It possesses this admirable property, that it may be exhibited in any state of the system, in cases of great excitement, as well as in those of feeble action. But, of course, when there is high fever, and a bilious condition, its operation will be promoted by bloodletting, emetics, and cathartics, or both.

"In pleurisies or dysenteries, where it is designed that it shall act principally on the skin, a strong warm infusion of the root is the best mode of using it,—about an ounce of the bruised root to a pint, or a pint and a half of water. I generally direct a tea-cup full every two or three hours, as warm as the patient can bear it. When it is administered simply as a febrifuge, or an expectorant, it may be drunk in a cooler state, and used as a common drink, in as large quantities as the stomach will bear. If the powdered root is employed, it may be given in the dose of a scruple, or half a drachm every hour or two, or seldomer, as the case may be, in a wine-glass full of any convenient warm tea."

4. Cold Affusions in Cholera.—A. Adams, M. D. of Cynthia, Ky, in a letter to the distinguished Professor Cooke, of Lexington, relates several cases of cholera, in which he applied the cold affusion; in some cases, where any treatment it appears to us must have proved of no avail, it was unsuccessful. Dr. A. has very properly given both the successful and the unsuccessful, and we select the following:

"May 29th, 1833, I visited Mr. U. Humble, a few miles from this place. He is about thirty years of age, of a vigorous constitution, and ordinarily enjoying high health. He had been affected with disordered bowels for four or five days preceding, during which he had taken a variety of remedies. On the preceding day he had been bled, and a mercurial cathartic had been given him, by the direction of a physician. I saw him late in the afternoon; his skin was of an icy coldness, and bathed in perspiration; pulse almost imperceptible; breathing oppressed; voice feeble and husky; tongue cold; spasms of the extremities, and of the abdomen, violent; countenance collapsed; eyes sunk, and surrounded with a circle of a darkened hue; thirst great; and excessive burning in the bowels, and epigastric region. He exhibited a greater degree of restlesness and anxiety than I had witnessed in other cases.

"He vomited frequently. The watery discharges from his bowels were frequent and copious. After using a variety of remedies with promptness and energy, without any salutary effect, I proposed the application of cold water. Unexpectedly to me, he readily assented. The remedy seemed to be in harmony with his views, and in accordance with his feelings. He thought the cold water, which was so pleasant to his palate, but which his stomach immediately rejected, would relieve the intense burning, if applied externally. He was stripped, and wrapped in a sheet. His extremities at this time, were drawn up by the powerful contraction of the muscles. After two large pitchers of water were poured in a small stream from head to foot, he rose unaided, and crawled to his bed. He was wiped dry, and many of his bed-clothes having been made wet, and none dry being convenient, we threw on him a feather bed; placed hot bricks to his feet and back, and then let him lie, undisturbed, for more than an hour. His vomiting ceased—he had no evacuation from his bowels; his breathing was less oppressed; he was composed and tranquil, and said he felt perfectly easy. His skin for some time remained cool, but was not cold. In the course of half an hour, considerable warmth was discovered about the chest and abdomen. At the expiration of an hour, the warmth had extended itself over the body, except his hands and feet, which remained cold for several hours. Calomel, after the expiration of an hour, was administered; several moderate portions, alternated with small portions of quinine, were given in the course of six hours. At the expiration of eight or ten hours, he had a bilious discharge. He slowly recovered."

5. Botanical Nomenclature.—This is the last article in the No. before us, and is by Professor Short: its title evinces that it is not of a nature for analysis.

MEDICAL INTELLIGENCE.

We publish below the circular from the Army Medical Board. We are pleased to see that proper efforts are made by government for insuring to the soldier and the sailor, who may be compelled to fight the battles of our country, the services of skilful, well-educated, and qualified physicians and surgeons. What a commentary on our *medical diplomas and schools* does the examinations for admission into our army and navy present! Many an unfortunate young man, fresh from our medical schools, goes before them, holding out his diploma as a breast-plate, and confident in the prowess of his often empty title of M.D.; but he encounters a tribunal where neither money-making nor doctor-making can influence the decision, and he goes away disappointed and disheartened, when he finds that his country's brave defenders require more from him than those did who sent him forth legally empowered to scatter pills and potions. Once let us see the time when medical teaching is thrown open to all, and an independent board of examiners appointed, and then we shall see better educated physicians, the character of our profession elevated in the eyes of the community, and the science cultivated with a zeal proportionate to its importance.—*Eds. U. S. Med. and Surg. Journal.*

1. Army Medical Board of Examination.—In pursuance of the first section of an act, approved June 30, 1834, that "no person shall receive the appointment of assistant-surgeon in the army of United States, unless he shall have been examined and approved by an army medical board, to consist of not less than three surgeons or assistant-surgeons, who shall be designated for that purpose by the secretary of war; and no person shall receive the appointment of surgeon in the army of the United States, unless he shall have served at least five years as an assistant-surgeon, and unless also he shall have been examined by an army medical board constituted as aforesaid;" the following regulation has been established by the President of the United States:

"A medical board will be detailed from time to time by the orders of the war department, who will examine the qualifications of all persons authorized to present themselves for that purpose, and will report to the surgeon-general their opinion thereupon. In the execution of this duty, they will rigidly scrutinize the pretensions of each candidate, taking into consideration his physical qualifications and moral habits, as well as his professional acquirements; and will report favorably on no case admitting of a reasonable doubt. The health and lives of the officers and soldiers are too important objects to be committed to ignorant or incompetent hands.

"When a candidate for appointment shall fail to receive a favorable report, he shall, if desired, be entitled to a second examination after the expiration of two years; and, on a second failure, shall be dropped from the list of applicants. When an assistant-surgeon shall fail to receive a favorable report, his connexion with the medical staff shall cease from that time. No allowance will be made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment."

The examinations prescribed, both for appointment and promotion, are on anatomy and physiology; surgical anatomy and surgery; theory and practice of physic; materia medica and pharmacy; chemistry, obstetrics; and forensic medicine. The board is required to report the positive merit of each individual in these respective branches, and their relative merit from the whole examination; agreeable to which they receive appointment, and take rank in the department. The following gentlemen were examined, approved, and recommended for appointment by the board convened in New-York, in pursuance of an order of March 7, 1835, viz.

J. C. Reynolds, of Maryland.
C. M. Hitchcock, of Ohio.
W. W. Hoxton, of Maryland.
E. B. Wolcott, of New-York.
B. F. Nourse, of Ohio.
William Maffit, of Virginia.
Tho. Lee, of New-Jersey.

2. Elements of Medical Jurisprudence, by T. Romeyn Beck, M.D. and John B. Beck, M.D.—It affords us great pleasure to announce that a second edition of this truly valuable work is now in press, with extensive additions and improvements. We learn that it will appear about the end of October, and we should hope that a large edition will be printed, for we conceive that the library of no physician or member of the bar can be considered complete without it. Every day's experience shows that medical men are too negligent of this important branch; only a

short time since, we saw, in one of our papers, a report of a coroner's inquest in a case of supposed murder, where a physician testified positively, that death resulted from a blow, because congested blood was found on the brain of a confirmed drunkard. Fortunately for him, the case did not come up for trial; but should this meet his eye, we trust he will endeavor to avoid subjecting himself to any inspection in similar cases, at least until after the publication of the work under notice, or unless he goes better prepared for scrutiny, else he may find his situation a painful and mortifying one.—*Eds. U. S. Med. and Surg. Journal.*

3. Ferris on Cholera Asphyxia.—We are glad to state that a treatise on the cholera of 1834, as it occurred in the Duane-street Hospital of this city, by Dr. F. T. Ferris, who had charge of the establishment, is in course of publication by the Messrs. Harpers. It will be recollected, that as this was the only hospital organized by our board of health during that year, very considerable interest was manifested by the community as well as the profession, in consequence of the highly favorable reports which were made of the success of the plan of treatment, which we learn was invariably adopted by Dr. Ferris. As we are soon to have the official report, we wait with considerable anxiety for its appearance.

Works on cholera have become a mere drug in the market. We understand, however, that Dr. Ferris confines himself exclusively to his own observations; he will accompany his work with colored plates, from beautiful drawings, executed by Dr. Westmacott of this city (one of which we were shown by a friend); and from the moderate price at which it will be put, together with the general interest excited throughout the country, we have not a doubt but a large edition will meet with rapid sale.—*Ibid.*

4. Medical Society of New-York.—We subjoin the following announcement of the election of officers to the Society, and may state that we are as yet merely "lookers on in Venice." The profession here is unfortunately divided into parties; that which is called the reform party has now the ascendency in the councils of the Society. We number ourselves with those in favor of reform, but not with *the* reformers. The very moment that personal feeling and personal malignity are allowed to form ingredients in the prescription, we cease to unite in the effort with those who, for the gratification of selfish purposes, pretend to desire that the field of medical teaching should be opened alike to all. Prudence dictates the means which will insure success, and we would fain do justice to the course of the vice-president, Dr. Milledoller; the rights of "Barclay-street College" are sacred, and we should not interfere with them. We say, take the broad and true ground; open the way for competition in teaching, but do not interfere with the rights of others. The voice of the profession demands reform; and probably if some of those gentlemen who are so fond of hearing themselves talk, when they are informed that they will only injure a good cause, and that the profession will go *en masse* for thorough reform if prudence takes the helm, would be disposed to pursue a more judicious course.—*Ibid.*

At an anniversary meeting of the Medical Society of the city and county of New-York, held 13th July, 1835, the following officers were elected:

David Rogers, M.D. *President.*
Ph. E. Milledoller, M.D. *V. President.*
W. F. Piatt, M.D. *Corresponding Sec.*
J. W. Duvall, M. D. *Recording Secretary.*
A. J. Berry, M.D. *Treasurer.*

Censors.

Robert H. Maclay, M.D.
Franklin Ransom, M.D.
Hans B. Gram, M.D.
Gunning S. Bedford, M.D.
Alex. F. Vaché, M.D.

An adjourned meeting of the Society will be held on Monday, 20th inst. at four o'clock, P.M. at the New-York Dispensary.

J. W. Duvall, M.D. *Secretary.*

5. New-Jersey Medical Society.*—At the sixty-ninth anniversary of the Medical Society of New-Jersey, held at New Brunswick, May 12th, the following gentlemen were elected for the ensuing year:

Abram P. Hageman, *President.*
Henry Vanderveer, *First V. President.*

* We believe this to be the oldest Medical Society in the United States, and we know it to be one of the most respectable, its proceedings having been always characterized by harmony and good feeling among its members, who have ever acted with a single view to maintain the standing, and elevate the character of the profession in our sister state.—*Eds. U. S. Journal.*

Lyndon A. Smith, *Second do.*
H. B. Stratton, *Third do.*
J. G. Goble, *Corresponding Secretary.*
William Pierson, *Recording Secretary.*
J. S. English, *Treasurer.*

Censors for the Eastern District.

L. A. Smith,	D. M. Sayre,
A. Campfield,	L. Condit,
G. R. Chetwood,	J. B. Munn.

Middle District.

T. H. Green,	A. Skillman,
C Blauvelt,	R. Vanderveer,
G. McLean,	J. S. English.

Western District.

C. Ellis,	E. Q. Keasby,
J. L. Stratton,	T. Yarrow,
E. Dubarry,	J. B. Tufts.

6. Cincinnati Medical Society.—The fifth annual election of the Cincinnati Medical Society, on the 4th March, resulted in the choice of the following officers for 1835 :

Dr. L. C. Rives, *President.*
Dr. C. R. Cooper, 1st. *Vice President.*
Dr. J. M. Mason, 2d *Vice President.*
Dr. W. Wood, *Chairman.*
Dr. B. F. Williams, *Secretary.*
Dr. J. T. Shotwell, *Treasurer.*
Dr. S. Dodge, *Librarian.*
Dr. J. L. Colby, *Botanist.*
Dr. J. R. Ridell, *Mineralogist.*

Library Committee.

Drs. D. Drake, C. Woodward, S. Reed.

Vaccine Commitee.

Drs. A. Judkins, M. Flagg, S. Bonner.

The Cincinnati medical society is the only association of the kind in existence in Cincinnati. It is incorporated. The object for which it was instituted is professional improvement.

The society respectfully solicits from the physicians of the Valley of Mississippi, specimens of our indigenous medical plants, particularly those found in remote and comparatively unexplored places ; it is also desirous of receiving specimens of our native minerals. Anxious to make its library a depository of rare and curious books, it thankfully receives any which detached practitioners may be willing to part with. Its collection has recently been enlarged by the library of the late first district medical society.

Members of the profession can at all times throughout the year, be supplied with fresh and genuine vaccine infection, free of charge, by addressing a letter, post paid, to either of the members of the vaccine committee.

7. Lusus Naturæ, by Wm. Bell, Esq.—On the night of the 8th inst. a woman belonging to Phillipsfield estate, in this parish, was delivered of what was considered, *during labor*, to be a case of twins. The feet presenting.—The midwife belonging to the property had charge of the case, and, so far as regarded the mother, it was conducted successfully ; the offspring were *still born.* On the morning of the 9th, I received a note from Mr. Aikens, the overseer, requesting me to call immediately, "and I would see such a curiosity as I had probably never seen before." On my arrival, a wooden bowl was produced ; on removing the cover, an object was presented, which at first sight appeared to be a case similar to that of the Siamese twins ; but, on closer inspection, a very important difference was discovered. The appearances were as follow : *Two* well-formed *heads* and *necks*—separate—and the organs of each complete. *One* chest fully developed, and of the natural size of a new-born infant. *Two* clavicles, and *two* well-formed arms and hands ; *two* abdomina, *quite unconnected*, with an umbilicus to each (there were two placentæ) and *two pair* of well-formed lower extremities, with external organs of generation (they were females) perfect in both. The mother had arrived at the full period of utero-gestation, and the appearance of her offspring gave evidence that her statement was correct.

My first object was to get possession of this monstrous production, in order to have inspected the different cavities, and to have preserved it ; but no sum of money would induce the parents and relations either to consign it to me, or permit me to make the investigation I was so anxious for *in their presence.* I have thus to regret, that from the stubbornness or superstition of the negro, the most interesting circumstances connected with this case are left to conjecture. I attempted to "*grab*," but the *deposit* was so secured, close to the threshold of the hut, that each attempt was unavailing. The case is curious, and I am only sorry that I have thus been prevented from furnishing you with a minute description of the contents of the different cavities—those of the thorax in particular, might have been interesting, from the circumstance of one chest having been allotted to carry on the circulation of so numerous a set of organs, &c.—*Jamaica Journal.*

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NOTICE TO CORRESPONDENTS.

It gives us pleasure to state, that through the exertions of the Publishing Agent, arrangements have been made with a number of highly respectable Medical Gentlemen, to furnish communications for our journal, which cannot fail to enhance its usefulness. The reports of cases and diseases occurring in our country are of the greatest importance to the practitioner, and many of our brethren have been too prone to turn to foreign investigations, and thus inflict a serious injury upon the medical character of their own country.

We take pleasure in stating that our Journal has been patronized quite equal to our most sanguine expectations, and that our subscription list warrants our continued exertions to aid in establishing a liberal and independent Medical Journal in the city of New York. We regret, however, to state that owing to the late destructive fire our publishing agent loses the whole of one year's labor, as the reprinting of the sheets destroyed will cost more than his commission would have been; should this circumstance be the means of increasing our subscribers, and cause payment to be made in advance, we shall be glad,—for ourselves, we are willing to labor for the profession without the least wish for remuneration. It will be observed that the publication of this number has been delayed a few days in consequence of the fire, by which we lost several interesting communications, also foreign Medical Journals, &c. which will require us some time to replace; we also lost our lancet for the cover, but as the plan of our Journal is well understood we have not deemed it necessary to replace it.—Our readers will perceive that the present number commences with a new type.

Dr. Bayard, St. Johns, New Brunswick, Drs. Brownell, Talcott, Hunt, White, Williams, Andrews, and Abbe, Connecticut, are respectfully informed that their promised communications will be thankfully received. We take occasion to remind our other friends as mentioned in former numbers that we are anxiously waiting for their promised papers.

The Review of "Busche on Cleft-palate" has been received.

We have received communications in relation to the controversy in the Medical Society of this City, but must beg to be excused for declining to open our pages to personal disputes. They are open, however, to both parties for the liberal discussion of any thing which may serve to advance the interest of our profession.

Communications of every description concerning the U. S. Med. and Surg. Journal *must* be made to James Webster, the Publishing Agent, otherwise no attention will be paid to them. Communications through the post office, must be post paid unless otherwise directed.

THE

UNITED STATES

MEDICAL AND SURGICAL JOURNAL.

No. XIII.

AUGUST, 1835.

BOSTON MEDICAL LIBRARY ASSOCIATION

Art. I.—*Report of Cases.* By James M. Gardiner, M. D. of Newburgh, N. Y.

The following cases I have selected from my private note-book, together with the appended remarks made at the time the cases occurred; should they be thought to possess practical interest enough for an insertion in your journal, they are at your disposal.

J. N. aged 4 years, scrofulous habit, rickety, and of an extremely weak and delicate habit of body, (being at this age not able to stand alone,) in falling, bruised his back and fractured his left leg about 1½ inches above the ankle, breaking both bones.

The fracture was most unaccountably not discovered until eight days after the accident, and then the Physician who had been all this while in attendance, treated it with short splints, beginning immediately above the fracture and terminating a little below the ankle; the child was suffered to crawl about the floor as though nothing had happened. The consequence was, as might have been anticipated in such a constitution, artificial joint.

The above is the history of the case as I received it from the child's parents. The patient is now seven years old, having been three years the subject of artificial joint.

Upon carefully examining the fracture I found the bones so much diminished by absorption, that that circumstance alone was a sufficient objection to any attempt to reunion, not to mention the unfavorable habit of body of the patient. I therefore proposed amputation, which was acceded to: the limb was taken off just below the knee, and in the usual time the stump healed firmly without any untoward symptoms.

REMARKS.

The detail of cases under altogether more favorable circumstances than the above, in which the seton had failed, joined to the diminished size of the bones, and the total uselessness of the limb in its then situation, was conclusive with me in deciding on amputation. It would, I think, have been cruel to have attempted a union under the circumstances of the case, and when so little ground existed on which to found a trial.

The question may be asked why amputation below the knee? Why not in the fracture? I answer for the following reasons:

The end of the tibia was entirely too small and too pointed to have even borne the weight of the body. The patient, if the stump had at first healed, would so soon as he came to bear any weight on it, have had an ulcerated stump with tedious exfoliations.

Again, had I amputated a little higher in so short a leg as a child of 7 years, the length left below the knee could have been but very imperfectly and awkwardly handled by reason that the gastrocremii and soleus could have had no fixed point of action, their lower portions making up the posterior part of the flap and remaining altogether loose. The patient could not get rid of this difficulty by bending the leg, for then the length which must have projected behind would have been equally awkward. On the other hand, by amputating immediately below the knee, the integuments over the knee joint would form a natural cushion to be placed in socket, and the shortness of the stump could not interfere with his necessary motions. Add to this, that the patient was the child of poor parents, and in all probability would be necessitated to labor for a living. His chances of assisting himself would certainly have been less had I amputated lower, and under these considerations I have decided and acted.

On dissecting the stump the bones were found lessened at least one half—they had increased in length, so that the under and upper parts of the broken bone, passed each

other an inch and a half, and lay widely separated and loose. A cartilaginous capsule enclosed the whole length of the fractured bones. I should say the fibula had almost disappeared, and the fractured ends of the tibia, enclosed in the capsule, were pointed and thin.

J. R., aged 20, robust and plethoric was attacked with violent hemorrhage from the urethra immediately succeeding coition. About three months previous he had been the subject of gonorrhea which was cured by very astringent injections. Eighteen hours after the commencement of the hemorrhage I saw him; he had then lost three pints of blood; complained of no pain, pulse perfectly natural and skin cool. He was placed on his back, his hips raised, a large anodyne given and frequent injection of a strong solution of Sulphas Zinci ordered. Twenty-four hours afterwards I found my patient in the same posture I had left him. He had persevered in the position and complained of no uneasiness, save the irksomeness of his posture; thinks he has lost about ½ pint of blood since my first visit. An additional anodyne was given, and he was ordered some nourishment. Sixteen hours after my second visit I was called in great haste on account of a return of the hemorrhage which I found profuse and alarming, blood flowing from the urethra in a full stream.—The quantity of blood lost by this last hemorrhage was estimated at 1½ pints. He now complains of pain in his back; lies pale and exhausted; pulse very quick; no interruption to the flow of urine, nor has there been at any time since the attack. Pressure, a little anterior to the bulb of the urethra, restrains the hemorrhage for the moment.—Conceiving that the blood was poured out from the cavernous bodies of the penis, I was at a loss how to apply pressure, which should be permanent, and not subjected to occasional removal for the purpose of voiding urine. After a few moments reflection I adopted the following method which appeared to me best adapted to the peculiar circumstances of the case.

A silver catheter was introduced through the penis, into the bladder and secured by tapes passed round the body. Compression was then made with a narrow fillet on the whole length of the penis, beginning at the glans. The stilette of the catheter was removed, and its end stopped with a small cork, which enabled the patient to discharge his urine at pleasure, without interfering with the pressure made on the outside of the catheter. The remedy, I am happy to say, was altogether effectual. He wore the catheter three days, during which time, he suffered compression. On the morning of the third day from the introduction of the catheter, his urine was passed free from any discoloration, and as the pressure had become painful he wished the instrument withdrawn. I however prevailed upon him to let it remain, promising to remove it in the evening, which I accordingly did. No blood followed its removal. He recovered strength rapidly and in a few days resumed his occupation, that of a seaman.

REMARKS.

Was structural derangement of the lining membrane of the urethra induced by the joint operation of disease and its cure, the remote cause of the hemorrhage? Would not the quantity of blood lost point out the bulb of the urethra or some part of the corpus spongiosum as the fountain, particularly as the blood flowed continuously, and there is no *one* vein situated there, the rupture of which would have afforded any thing like the quantity lost? When we take into consideration the structure of the corpus composed of a plexus of minute veins, covered with a thin tendinous sheet, we can readily conceive the phenomena that would result from a disruption of its covering, and why internal and external astringents must fail, where nothing short of actual pressure would avail.

ART. II.—*Case of Tumor in the Chest.*—By LEWIS A. HALL, M. D. of Newark, N. J.

May 12th, 1827, I was called to see Clinus Freeman, aged 40 years; by occupation an oysterman. He had been ill for many weeks, and on examination the following symptoms were manifest—Emaciation, extreme pain on pressure in the region of the diaphragm—great debility, prostration, and difficult respiration. Tongue red at the edges, moist, with its papillæ erect in the centre. No pain in the head, but at times complains of dizziness with cramps in the arms, feet and legs; pulse 120, full and quick, but in ten or fifteen minutes, intermitting, slow, and weak, becoming in a few minutes again full, with a flush on the cheek, and when the face was flushed the breathing was most difficult. When the pulse was weakest, the greater was the pain in the region of the diaphragm. Bilious and dark colored discharges from the bowels, (which we learned from the attending physicians) were alternately constipated and relaxed through the whole of his illness.

He was ordered Sal. Soda and Senna in sufficient quantity to move his bowels; after which let him take 1 grain of Sulphate of Quinine every hour, in a spoonful of wine whey, and give him brandy toddy, warm, for his drink. Cathartics operated well; but he gradually sunk, and died at 2 o'clock in the morning of Monday, the 13th. On the 14th, 30 hours after death, I was called on to examine the body *post mortem*, in presence of Doctors Andrews and Son, Freeman and Skillman, when the following were the appearances presented:—On raising the Sternum, we found it adhering firmly to the me-

diastinum by a preternatural enlargement, so as to require the use of the scalpel, to detach it its whole length. At the superior extremity of the sternum, the tumor was small, compared with its magnitude at its termination—for as we approached the pericardium, the morbid appearances increased; the morbid mass was of a pyramidal shape, with its base resting on the perdicardium, and its top running a small space, above the superior portion of the sternum. The superior and anterior portion of the pericardium, and the inferior portion or base of the tumor, were so firmly attached, that it was not possible to detach them only by dissection. The tumor was from its anterior to its posterior surface, two inches in thickness, at its base gradually tapering to its top, and from one lateral extremity to the other, between four and five inches, and running to its superior termination tapering, giving the mass a sort of cunieform shape. When detached it weighed three pounds, (avoirdupois.) It was of a pale red color generally, with interstices of a pale yellow, occasionally slightly vascular, heavier than water, and resembled in its general appearance the glands of the mammæ; the left lobe of the lungs, adhered extensively to the tumor, at its posterior and superior portion, and at the inferior extremity of the right and middle lobes, they were both found strongly adhering to the tumor immediately above the right superior portion of the pericardium. The right lobe was also adhering to the pleura at the second rib near its centre, extending round from thence to the spinal column; in other respects the lungs were sound and manifested a healthy appearance. In the cavity of the thorax were effused seven pints of serous fluid, slightly tinged with blood; the pericardium contained a small quantity of effused fluid, not exceeding two ounces. The heart at its superior extremity was slightly inflamed; pleura costilis sound; diaphragm inflamed slightly; stomach and intestines were healthy, and no symptom of inflammation was discovered in either. Spleen, paler than usual; the vessels of the pancreas engorged with grumous blood; liver slightly enlarged; the gall-bladder flacid and empty; the renal glands, ureters, urinary cyst, manifested no diseased appearance; the encephalon with its contents was not examined. This case excited much speculation during its continuance; the uncommon and sudden transition of arterial excitement produced much speculation among the practitioners of the neighborhood. At one time, the truly protean symptoms demanded the most vigorous treatment, whilst the next moment would probably forbid their administration. The diagnosis and prognosis were formed from the effects of previous treatment, as well as from the existing symptoms, which were that the patient labored under some mal-conformation of the heart, or of the great vessels immediately in its vicinity, and dissection has shown how far this opinion was correct.

Art. III.—*Two Cases of Fever.* By Chas. H. McDermott, Esq. M. R. C. L. London.

December 14.—— ——, ætat 30; of a robust, sanguine temperament; was attacked with fever of the usual remittent type on the 11th inst. He had taken some medicine of a trifling nature, which not having afforded any relief, he was induced to try the effect of a vomit. The dose being improperly regulated, this had acted very violently, and in consequence of which I was sent for. I found him laboring under severe spasms of the stomach, and unable to retain scarcely any liquid he swallowed; no fever; skin rather cold and clammy; pusle 130; small and stringy; tongue loaded with a thick white fur, and pain on pressure in the epigastric region. Ordered fomentations constantly to the pit of the stomach, and to have immediately in two pills, calomel, 10 grs. and opium 1 gr., and in three hours after, jalap and cream of tartar, of each 25 grs.

Dec. 15—10 a. m.—Medicines had operated, but partially, in consequence of the irritability of the stomach; great pain on pressure in the region of the stomach and liver; pulse small; 120; tongue still coated; no febrile action; the whole of the body and the conjunctivæ of a deep yellow color, which appearance has come on since last evening; blister to be applied over the pit of the stomach, to extend over the right side; calomel and extract of jalap in 30 grs. . opium 4 grs; mix, divide into 12 pills, and one to be taken every two hours, with a wine-glass of an infusion of senna and salts between each dose,

8, p. m.—Blister rising well; irritation of stomach much abated; pulse 102, fuller; skin warm; no fever; tongue still with white fur; bowels have acted pretty freely; continue the pills every third hour during the night, and the senna infusion as before.

Dec. 16.—Feels much better; took two pills during the night only, as the bowels were acting freely; pulse 88; tongue no cleaner; skin cold; conjunctiva still discolored; has had no fever; to take the remainder of the pills during the day at the same intervals as last night, and continue the infusion as may be found necessary to promote the action of the bowels.

17.—The discoloration of the body and eyes not so great; pulse natural; skin moist, and expresses himself much better.

Extract of colocynth, iij; blue pill, ij; ipecacuanha, 16 grs., mix and divide into 16 pills, two to be taken morning and evening; continue the infusion through the day.

19.—Improving; has taken the pills regularly; mouth affected; continue one pill at bed-time, and the infusion as before.

23.—Plyalism; discontinue pills; give a wine-glass of following mixture: 3rd day, quinine, 20 grs.; epsom salts, 1½ oz.; elixir of vitriol, 2 drs.; water, 2 pints in mix.

From this date he continued to advance to a state of convalescency, and eventually recovered.

January 25— ——, ætat 19, a robust, plethoric young man, was attacked with the usual symptoms of fever on the 23d inst. which abated towards morning; went to his usual avocations on the morning of the 24th, but was again attacked as on the preceding evening; the paroxysm terminating towards morning. This second attack not producing much more derangement than a loss of appetite and lassitude, he imprudently rode out on the morning of the 25th, and returned at noon through a heavy shower of rain. Immediately on his arrival at home, he was seized with severe rigors and fever. Saw him at 4, P. M.; fever very high; face much flushed; eyes inflamed; tongue not very foul; intolerable headache, and great restlessness; bled to approaching syncope; 10 grs. calomel to be taken immediately, and in three hours after, 30 grs. each of jalap and cream of tartar; hair to be cut close, and a solution of glauber salts and nitre, to be kept constantly applied to the whole head until headache abates; a dose of epsom salts ordered early on the ensuing morning.

26.—Fever abated as usual towards morning; medicines had acted extremely well; slept occasionally; pulse calmer; head-ache nearly gone; tongue not fouler than yesterday, and skin moist; 10 grs. each of blue pill and colocynth, and a dose of salts in the following morning, with directions if the symptoms still continue as favorable, to take a wine-glass of quinine mixture during the remission of the fever.

27.—Passed a good night without any fever; took the salts this morning, part of which was rejected; fancied this symptom an indication of having bile on his stomach, and without any advice, took a smart dose of tartar emetic, which was said to have discharged some healthy colored bile. At 1 o'clock P. M., when he was visited, he complained of no pain. His tongue was moist and not very foul, his skin rather dry and hot; pulse 130, quick and thready; an occasional irritation of the stomach; bowels rather inactive.

Colocynth, iij; calomel, ii, mix and divide into 12 pills, two to be taken every second hour, and a wine-glass of the following mixture between each dose, until the bowels were freely opened. Blister to be applied between the shoulders, and the cold applications to be continued to the head, when pain is complained of.

Epsom Salts, 1½ oz; sweet spirits of nitre, 2 drs.; water, 2 pints mix.

4, P. M.—A most material and sudden alteration had taken place in his whole appearance; his face was pale and anxious; his extremities cold and bathed in a cold perspiration, and he complained of being so weak as to be unable to sit up; taken only one of the pills; has been vomiting several times, and then appeared to be a peculiar spasmodification of the stomach, which was excited whenever he swallowed liquids in any quantity; removed to another apartment, and soon after passed two large motions, extremely offensive, like muddy water, with flakes of coagulable lymph floating through them; discontinue the colocynth pills; give one of the following every second hour:

Calomel and antimonia powder, of each 92 grs.; opium 2 grs., mix and divide into 12 pills;

To have a wine-glass of the following mixture between each dose of the pills: camphor 30 grs., 2 pints a sufficiency to dissolve the same; infusion of bark and gentian, 1 pint; apply a cataplasm to the pit of the stomach.

28.—State of collapse increased; quite sensible and collected; complains of pain in no particular part; has had no motions of any consequence since last night; calls for his medicine at the regular period ordered; spasmodic action of the stomach continues; tongue foul, with a brown fur in the centre; mouth parched, constant thirst; blister ordered on the pit of the stomach; discontinue pills; give one of the following every second hour: calomel, 2 grs., divide into 12 pills; continue the camphor mixture, and have occasionally the following draught: carbonate ammonia ii, dissolve in a few ounces of peppermint water; tartar acid 25 grs., dissolve, mix, and taken during its effervescence.

3, P. M.—No alteration for the better; spasm of the stomach not so great; blister risen; had an hysterical paroyxsm after taking one of the draughts, but it did not last long; no operation from the medicine; enemas of turpentine have been given occasionally, but without producing any material benefit.

8, P. M.—Continued to get worse; delirium supervened, and death put an end to his sufferings about midnight.

Now in these two cases, we may trace the pernicious effects which are likely to arise from the administration of emetics in advanced stages of fever. In both instances the symptoms would appear to have been so mild and favorable in their commencement, that in all probability, by the judicious use of the usual remedies, they would have progressed in a manner quite different. In the first patient, the action of the emetic appears to have produced a violent disorganization of the biliary organs, which required very active treatment to overcome, but in the latter, it had at once brought on a state of collapse, when every symptom previously indicated a favorable termination to the disease. Many persons, before applying for medical advice, are very apt to follow this sort of practice, but it is a system which cannot be too much deprecated. Indeed, I remember being once called in to consult on the case of a gentle-

man, where inflammation and consequent abscess of the liver had been produced by the improper use of an emetic, after fever had lasted five days. I am sorry I did not enquire into the case at the time, but it was a very interesting one and terminated very shockingly. Jamaica Physical Journal for June, 1835

ART. IV.—*Observations, Pathological and Therapeutic.* By JOHN SCOTT, M. D. Fellow of the Royal College of Surgeons.

1. *On some varieties of Intermittent Headache.*—Intermittent headache is sometimes a very distressing, and occasionally an obstinate affection. Several interesting cases have lately come under my observation. I have been induced to draw up a few notes of their history.

The most common form is that in which pain is felt over one, or more rarely, over both eyes, coming on at a certain time of day, gradually increasing in severity, continuing three or four hours, and then decreasing,—the patient being entirely free from pain in the intervals. This is sometimes confounded with *tic doloureux;* but from this it differs in several respects. There is little or no constitutional disturbance present, though we usually find that the tongue has been foul, and that there are symptoms of derangement of the digestive functions, which are generally removed by laxative medicines, Dover's powders, and mild diaphoretics, followed by quinine. The most effectual remedy is, however, an emetic, and I have known it succeed when all other means have been used in vain.

It is the more severe forms connected with, or probably proceeding from, inflammation of the membrane of the nose and frontal sinus that I wish to describe. It begins with a feeling of fulness and stuffing in the nose, with severe pain at its root, gradually increasing in violence, and attended with great intolerance of light, sometimes delirium and stupor. The following case, will however, best describe the affection to which I allude,

A gentlemen, 34 years of age, of robust habit and rheumatic constitution, though at this period he had not suffered from that disease, had been complaining for a week of a pain in the head, which became gradually worse. The paroxysm may be thus described. At nine in the morning the temperature of the skin was natural; the pulse 66; the countenance clear; and the patient had no pain. In half an hour he complained of pain at the root of the nose, extending to both sides of the forehead. In two hours the pain had become very severe, with hot dry skin; the pulse at 78; the eyes red, light painful.—At two the pain was intense over the whole forehead, he screamed aloud with agony if the least ray of light was admitted to the room, the skin was very hot; the countenance dark colored; the pulse was full and strong; and the carotid arteries beating violently. In an hour, when stupor and a degree of insensibility ensued, he allowed that the pain was not so severe as formerly. About four, a slight moisture broke on the skin, which increased to a profuse perspiration, and contined for three hours, with relief of all the symptoms. In the evening he felt quite well, and had a good night; but with the returning day the disease recurred.

I bled him freely from the arm at the commencement of one of the paroxysms, applied leches, and prescribed purgatives, calomel, colchicum, and James's powders, but with no decided advantage. We then gave him large doses of sulphate of quinine at intervals during the night, with the effect in a few days of postponing the hour of attack, and alleviating its severity. To this treatment it eventually yielded, though the whole course was more than three weeks.

About four years afterwards, the same gentlemen was threatened with an attack of a similar kind. The pain, which had been moderate for some days, became extremely severe, and assumed the same periodical form. Having frequently found great benefit from the application of leeches to the internal membranes, I applied in the morning three to each nostril. They bled profusely, and this was encouraged by inhaling steam. The spirit vapour-bath was now used for half an hour with decided good effect. It produced free perspiration and relief from pain. By these means the violence of the disease was broken, and it was readily removed by laxatives and *colchicum.*

This affection partakes strongly of the nature of rheumatism. I have sometimes found it alternating with rheumatic pains in other parts of the body, leaving the forehead, and appearing violently in the arm. It is more frequently, however, confined to the nostrils and frontal sinus.

Since the occurrence of this case, I have been frequently in the habit of applying leeches to the nostrils, and always with relief.—They fasten readily, fill themselves in a short time, and produce a copious flow of blood,—two or three being much more effectual than a dozen externally. Might not this practice be of service in inflammation of the brain in children?

It is sometimes difficult to distinguish cases of this kind from inflammation of the substance of the brain, and they always require most attentive observation. We occasionally meet with cases in which disorganization of the brain is going on, when the pain is completely intermittent, when there is no intolerance of light, no affection of the mind—speech, deglutition, sensation and muscular motion complete, till convulsions come on, and death follows. The following case was considered to be one of inflammation of the brain.

A middle-aged man received upon the

right side of the parietal bone a blow which penetrated the scalp. The wound healed well; but in a few days he was seized with severe pain over the right side of the head, gradually extending over the whole, with intolerance of light. He was copiously bled with complete relief; but the pain returned. He was again bled with the same effect; and this had been repeated three or four times when I saw him.

On examination, it appeared that the disease was in the *periosteum*, and not in the brain. There were complete intermissions of eight or ten hours. The pain began at the cicatrix, gradually extending over the whole surface of the head, and became more severe with excessive intolerance of light. When perspiration broke out either naturally or from sudorifics, he was entirely relieved; but the slightest check caused the return of the pain to so great a degree, and so sensible was he of this, that nothing would induce the patient to put even a finger from under the bedclothes, and he lay for hours literally bathed in perspiration.

On this principle was the disease treated. On the first accession of pain antimonial powder was given freely. I found that ten grains every hour or hour and a-half speedily induced and kept up free perspiration; but a dose of twelve or fifteen brought on vomiting without relief of the symptoms. With this treatment during the paroxysm, and sulphate of quinine in the intervals, the patient recovered.

II. *On Mental Emotion as a cause and cure of Disease.*—It is not my intention to enter into the wide and interesting field of speculative inquiry, which forms the subject of the following cases; my object is to briefly detail three instances of disease produced apparently by mental excitement. It may sometimes be useful to describe cases which, though not of great importance in themselves, may lead to the communication of interesting and valuable information from experienced members of the profession.

1. *Instance in which a convulsive affection was produced apparently by panic.*—A boy, about 10 years of age, residing in the High Street, was brought home in a state of insensibility. I saw him a few minutes afterwards. The countenance, hands, and arms, were of a dusky blue; the skin cold; the pulse at the wrist scarcely perceptible; the heart acting very feebly; slight convulsive motion in the lower extremities at intervals. He was found lying in this state at the head of a close, insensible and vomiting.

A vein was opened in the arm, from which a few drops of very dark-colored blood flowed. Heat was applied to the legs and body, and a mustard emetic poured down his throat. This soon excited free vomiting. The blood flowed from the arm in a fuller stream, and the patient showed signs of reanimation. Slight convulsions continued, but in about two hours he was much recovered. When I saw him next day, he was nearly well, and complained only of his head, but he had several attacks of a similar kind, though less violent in degree, during the night.

Upon investigation, it was satisfactorily ascertained that a butcher's boy had run after him with a knife, threatening to kill him, when he dropped down in a state of insensibility. He had not been previously affected with fits of any kind. As the case occurred immediately before the appearance of cholera in Edinburgh, it excited considerable alarm, as the symptoms were thought by the by-standers to resemble those of that disease.

2. *Case of Fatal Inflammation of the Membranes of the Brain induced by panic.*—A fine intelligent girl, aged 8, became a dispensary patient on Saturday the 31st April, 1827. I saw her about one, P. M., and received the following history of her complaint. On Thursday evening, she received a fright, and was seized with violent shivering, and during the night complained much of pain in her head, which prevented her from sleeping. On Friday her sight and hearing were observed to be affected.

When I saw her, she was moaning occasionally, had several slight shiverings, and seemed to be insensible, as she did not answer when spoken to. The eyes were bright, the pupils moderately contracted, and sensible to light, though the eyelids did not shut on the approach of the finger; the features were natural; the pulse quick and irregular; she raised her hand to the head occasionally, as if to remove something that incommoded her. At short intervals she had a slight shivering or rapid muscular contraction of the whole body, accompanied by moaning; at other times she lay quiet. The jaws were firmly clenched; the heat of skin moderate; and the head warm, with great vascular action. No passage had taken place from the bowels since the attack came on.

I ordered calomel powders and turpentine injections every third hour. A few ounces of blood were taken from the arm, and twelve leeches were applied to the head.

Sunday. The features were collapsed; the *alae nasi* distended; general restlessness and shiverings, more approaching to slight convulsions; eyes dull; pupils not dilated; complete insensibility to light; pulse remarkably quick and weak; arterial action over the temples and forehead strong; bowels opened very freely by the medicines; a blister to the neck; cold applications to the shaven scalp, and the calomel and injections continued. She grew worse during the night; was seized with violent convulsions, and died at five on Monday morning.

About twenty-nine hours after death, I examined the head. The countenance was placid; the lower jaw firmly fixed; the pupils moderately contracted; and a little foam was observed at the corners of the mouth. The

head was large; the superficial veins large; the skull uncommonly dry and bloodless.

The *dura mater* was natural externally; its internal surface very red on the anterior and superior part, exhibiting both the ramiform and punctuated redness. When removed, the appearance presented was very singular. It seemed at first as if the whole superior surface of the brain was covered with a layer of light yellow purulent matter; but this was found to arise from a firm deposition of coagulable lymph below the arachnoid membrane.

The arachnoid was extremely dry, presenting its usual bloodless appearance, the yellowish lymph shining through it; but though extending from the frontal protuberances to the *occiput*, it was not uniform, the membranes retaining their usual color and appearance. The arachnoid, lymph, and *pia mater*, could easily be stripped from the brain, which in some small points was softened; in others, when the lymph was removed, was found covered with very numerous small red spots. The lymph was not merely spread over the surface of the brain, but entered between the convolutions, evidently proceeding from the *pia mater*, which was loaded with innumerable vessels.

The membranes of the basis of the brain, though redder than natural, were free from lymph, except round the optic nerve, where it was again visible. The *plexus choroides* was turgid with blood. The brain itself, with the exception of the softened parts already mentioned, was healthy. There was very little *serum* in the ventricles.

A considerable quantity of milky *serum* flowed from the spinal canal.

3. *Case in which symptoms of Chorea were excited by fear.*—Miss B., aged 13, a fair slender girl of nervous temperament, came home from school in a state of considerable agitation, which she attributed to a quarrel between two boys in the street, which had greatly terrified her. In the evening it was observed that the left arm had an involuntary motion, which increased so much in a few days that she could not hold anything steadily, or carry it to her head. The bowels were found to be loaded, and the alvine discharges dark-colored and offensive. Laxatives were regularly and rather frequently administered. She was taken from school and ordered to be as much in the open air as possible. Opiate frictions were applied along the spine, and the body sponged with vinegar and water. The disease, however, continued to increase, and in ten days it was observed that she dragged the leg in walking. The purgative plan was persevered in till the alvine secretions were improved. The head and neck were also affected. The countenance now looked clearer, and she felt better; but there was rather an increase than abatement of the affection.

Sulphate of quinine, and afterwards the oxide of zinc, was given. The latter medicine, however, after two or three doses, always produced a peculiar kind of sickness, by which she recognized it, however disguised. After a trial of several other remedies, four drops of the arsenical solution were given three times a-day.

She was then sent to the sea side, and used the cold bath. This, however, did not agree with her, as the convulsive motions were always increased after its employment. It was, therefore, omitted, and cold sponging substituted. In about three weeks she was nearly well, and the irregular motions in the leg had entirely ceased. They still continued in the hand, but in a slight degree. The arsenical solution appeared to produce no unpleasant effect. The appetite and strength increased under its use, and it was continued for some time after the disease had disappeared. The whole quantity given was two ounces. She left town in perfect health.

This case is interesting from some of the circumstances attending it. I was at the time visiting a younger sister, and observed that Miss B. was looking ill, pale and emaciated. On enquiry, the bowels were found to be loaded, and the discharges dark-colored. Having come to town for education, I found she was employed in classes from nine o'clock to three P. M., besides preparing in the evening for the lessons of the next day. I advised that two additional hours should be devoted to exercise, but before this had time to produce any effect, a cause which, under more favorable circumstances, would have passed unnoticed, produced in her deteriorated state of health an attack of *chorea*.

4. *Case in which the symptoms of Epilepsy were prevented from recurring by apprehension.*—The cases in which Boerhaave prevented the attack of imitative epilepsy by the threat of the hot iron are well known. A similar result followed in the ensuing case.

J. S., 8 years of age, was brought from Glasgow, for medical advice. He had been affected for nearly a year with fits, which were considered as epileptic. They had at first occurred at considerable intervals, but for some time past were very frequent, sometimes three or four in a day. The head was large; the veins of the temples and forehead particularly distended. He was considerably emaciated; the abdomen tumid; the skin rough, dry and scaly; appetite irregular.—Several medical men had been consulted, but from the persistence of the affection, it had been considered as depending on a diseased state of the brain. A full detail was furnished by his medical attendant, from which it appeared that various means had been used, more particularly nitrate of silver. On the journey to Edinburgh he had three or four severe attacks, which, from description, had the epileptic character. I saw him in the evening, and ordered some laxative medicine,

and met Dr. Abercrombie in consultation next morning. On finding the evacuations lumpy, fetid, and clay-colored, we determined to try the effect of turpentine, which was given in half-drachm doses three times a-day. This acted freely on the bowels; and during the three weeks he was under our care, he had no fit, and his health and strength improved. I accompanied the family part of the way on their return to Glasgow, and an accident occurred, which his parents assured me would at a former period have infallibly produced an attack, but it passed over with merely a fit of crying.

Shortly after his return home, I was sorry to hear that the fits had returned, though in a much slighter degree than formerly, and were threatening to become frequent. The medicine was continued. The fits were eventually prevented by imitating Boerhaave's expedient. The servant girl mentioned to his mother in his hearing, that, in her country, she had heard of people cured of fits by means of a red-hot iron applied to the feet during the fit. She was desired to have it in readiness; but there was no occasion to try it, for no fit ever returned. The fear of the remedy effectually prevented their recurrence.

Here it was obvious there was no organic affection; and the disease was kept up by habit. In fact, the change in the first instance from Glasgow to Edinburgh seemed to have considerably interrupted the habit.

Art. V.—*Case of Hydrocephalus in which the fluid was withdrawn by operation.* By Somerville. S. Alison, M. D.

On the 23rd June, 1834, I was requested to visit Robert Cunningham, aged 5 months, son of a fisherman residing in Prestonpans. He had from the period of his birth inclined his head to a side, but appeared in perfect health in other respects, till about three months ago, when it was observed that his head was swollen, and more especially at certain spots; that he was affected with restlessness, frequent fits of crying, rolling of the eyes, cough and emaciation.

The head, properly so called, is of enormous size, and sinks the small and emaciated face into striking insignificance. Its circumference is 20½ inches, and a line drawn from ear to ear measures 12½ inches. The parietal bones are far asunder, and between them on pressing, a sensation is felt as of water under the scalp, and the right side of the forehead is more prominent than the left.

The eyes appear to project more than usual; part of the sclerotic tunic of the upper surface of the balls is constantly visible, and the pupils are quite sensible to light. He takes little food, is almost constantly awake, and, from the increasing emaciation and from the present rapid progress of the disease, it is obvious that death must soon be the result unless it be speedily checked.

To prevent all misapprehension, it may be mentioned, that fits, vomiting, and other symptoms that often attend *hydrocephalus* have at no period been observed.

Calomel and compound powder of jalap have been ordered in small doses; and the propriety of withdrawing the fluid by an operation has been suggested to the parents as the only measure in the present state of medicine that affords any chance of recovery.

25th Bowels are open, and he appears altogether more at ease than for some time previous. Medicine to be contiued.

26th. This day about 1 p. m. in presence of my partner, Mr. Cunningham, surgeon in Ormiston, and the friends of the child, the head was again measured, and found to correspond with the dimensions formerly given. The point of a small cylindrical trocar was then rested on the right side of the anterior fontanelle, and gently introduced into the cavity of the head, in a direction obliquely forward and outward When the trocar had penetrated about half an inch, water appeared at the canula, and the stilette was withdrawn, to give egress to the fluid, which immediately ran off in a stream with considerable force and rapidity. As the fluid escaped, the bones sunk under the hands, and the scalp before tense, became loose and folded upon itself. The fluid was still flowing, though with less rapidity, when it was deemed prudent to close the wound, lest any bad effects should follow the sudden diminution of pressure on the brain. Adhesive plaster was applied over the wound, and the bones and scalp were retained firmly in their situation by a bandage and cap.

During the operation he did not cry much more than usual. He was laid in his cradle; quiet was enjoined; cow's milk diluted with water was ordered to constitute his diet; and wine and other spiritous liquors were prohibited.

10 p. m. He is reported to have been restless, and to have vomited a little but he is free from fever, and has not been affected with fits and startings. Upon wine being again prohibited, occasion was taken to inquire if any had been given, when it was acknowledged by the mother that a small quantity had been administered "out of a cup" because, she added, he appeared faint.

27th. Since last report he has not been more restless than before the operation, and has not vomited, although a disposition to it has been observed. The eyes move freely, are certainly less prominent than before, and less of the sclerotic tunic is observable. The pulse is natural; the pupils sensible; the bowels are open, and the secretion of urine natural.

Upon measuring the fluid taken from the head, it amounted to nine ounces, two drs.,

fluid measure, and, adding to that for what was lost during the operation, and what issued from the wound shortly afterwards, two ounces, which appears a moderate allowance, the whole fluid evacuated may be estimated at eleven ounces. The fluid is transparent and almost colourless, having only a slight green tint, scarcely observable.

28th, noon. He has become very quiet since last report, and has slept three hours during the night, a longer period of uninterrupted sleep than he has enjoyed since the commencement of the complaint. The eyes are bright, active and sensible to light, pulse 120; skin cool, and tongue moist; he has had three natural evacuations from the bowels; has taken greedily some milk and water; and coughs little. The bandages and pillows are wet with fluid which had issued from the wound, the amount of which it is difficult to specify; but five ounces must be a moderate computation. The head is much smaller than before the operation, and is very uneven on the surface, with the folding of the scalp. Its dimensions were taken, but are lost.

29th, noon. At an early hour this morning he became very restless, vomited, cried much, and was affected with rigidity of one of the arms. The pulse is strong, and about 140; the tongue white and dry, and frequently protruded beyond the lips; and bowels continue open; swallows milk and water greedily, and sucks the nipple occasionally. No more water has issued from the head, and its dimensions are as follows,—circumference of head, 18 inches; from ear to ear over the crown of head, 11½ inches. The eyes move incessantly in the orbit, and the pupils are very sensible. A leech to be applied to the temple, and a blister to the *occiput*.

8 P. M. He continued very restless, tossed his arms and legs, and the tongue was protruded at short intervals till about 6 o'clock, when he became quiet. The eyes are less active, and the pupils contract upon exposure to the light; the pulse considerably quicker than at noon, and the bowels continue open.

30th. Soon after last report he again became restless; while the limbs were convulsed, and the tongue protuded. These symptoms continued to recur at short intervals till 4, A. M., when death took place.

July 1st. This day, in presence of my partner, Mr. Cunningham, the head was examined. It appeared about the same size as when last measured, and the same feeling of fluctuation that was experienced previous to the operation, was again felt. Previous to exposing the brain to view, an opening was made through the anterior *fontanelle* with the point of a scalpel, through which there immediately issued about ten ounces of fluid slightly tinged with blood. No trace of inflammatory action could be detected on the scalp in the vicinity of the wound, nor at the corresponding parts of the brain and its membranes. In the lateral ventricle of the right side was fouud a small quantity—about half an ounce of a white opaque fluid, and in the left fully more, and of a color inclining to yellow, and altogether much resembling a mixture of purulent fluid and water, with albuminous flakes. The walls of the lateral ventricles were rather unusually soft, but, on the whole, did not present marks of great disorganization. The base of the brain presented no appreciable signs of disease, and the nerves proceeding therefrom appeared perfectly sound.

Feeling satisfied that my treatment of this case, was justified by its circumstances, and that it was proper to make an attempt for the life of the patient, I publish the details to give a practical demonstration of my belief in the opinion, that it is not from the knowledge of successful events only, but also of the unsuccessful, that a right estimate is to be obtained of the value of our measures.

The operation was undertaken under the impression that the fluid was exterior to the brain; that the lateral ventricles were free from water; and that their walls, and indeed, the whole cerebral mass, were very little, if at all, disorganized;—an opinion substantiated by the state of the parts on examination after death. It is in such a case, and in such only, that the evacuation of the fluid seems calculated to afford any chance of cure, and in which, therefore, it would be prudent to practise it. When there is merely a collection of fluid on the exterior of the brain, it appears as likely that recovery would follow its removal, as the evacuation of the water in the forms of hydrothorax, unconnected with organic disease, were it not for the greater delicacy and importance of the structures affected by the operation.

Anasarca is sometimes the effect of a derangement of the functions of the vascular system, totally unconnected with any organic lesion; and it will perhaps be allowed, that at least some cases of external *hydrocephalus* also owe their origin to functional derangement of the vascular system of the membranes covering the brain. Since such forms of anasarca are often cured, there is good reason to believe that the said forms of *hydrocephalus* might be as often cured, were it not for the danger of the operation necessary for the evacuation of the fluid in the meantime. The correction of the fault of the vascular system to which anasarca owes its origin, prevents the further effusion of fluid in the cellular tissue; and may not the same correction prevent a further effusion from the membranous coverings of the brain?

The principal danger to be apprehended from the operation is inflammation of the brain and its coverings. Yet I am not aware that it has existed in the majority of those cases in which death has followed this measure; and it is known, that at least two patients have ultimately survived its per-

formance, one of which was treated by Dr. Conquest of London, and the other by Mr. Russell of Aberdeen,

That such inflammation was the cause of death in this case, I admit, from consideration of the symptoms shortly before dissolution, and from the appearance of fluid with albuminous flakes in the lateral ventricles, along with a slight softening of their walls, observed at the examination. But to conclude, from its supervention in any particular case, that the operation should never be performed, is not less unwarrantable than to infer, that because *phlebitis*, *peritonitis*, and *phrenitis* sometimes follow the operations of bleeding, lithotomy, and trepanning the *cranium*, these operations should be discontinued.

Art. VI.—*Case of Reparation of the Nose.* By William Ferguson, Fellow of the Royal College of Surgeons, and Lecturer on Surgery, Edinburgh.

A gentleman, aged 29, was left, after severe ulceration in the soft palate and nasal passages, in the state represented in Plate I. A large portion of the *vomer* was discharged during the ulceration; and, when the surface healed, the *columna* and *septum* were completely destroyed, and the nose was sunk on a level with the rest of the face, as is seen in the figures in the plate referred to.

I have effected a most beneficial change in the appearance of this person, as will be seen in Plate III. which exhibits his portrait and profile, taken some time after the performance of the following operation.

I introduced a scalpel into the opening of the nose, and dissected the sunken *alæ* from their attachments underneath; I then raised the cheeks for more than half an inch from the surface of each upper maxillary bone, and cut to such an extent as to allow me, when I introduced my finger under the nose, to raise and put it into a shape somewhat like the original. I then passed two silver needles armed with steel points, and provided with small round heads, from the left cheek to the right, under the nose, and through those parts which had been dissected from the bones. By means of two pieces of firm leather, two inches long by one-half broad, through which the pins were also passed, I was enabled, on twisting the extremity of each pin spirally, after having cut off the steel points, to bring the checks near to one another, and in this way to cause the nose to become prominent. The sketches in Plate II. were taking some days after the swelling occasioned by the inflammation had subsided. On the eleventh day from the operation, I withdrew the pins, and introduced two others at different points from those first used; and, in eight days more, on these being removed, the nose stood quite prominent. For some days after the first operation, cloths dipped in cold water were applied constantly to keep down the inflammation; and, from time to time, the nasal passage was cleaned out with a small syringe. After the removal of the pins, lotions of the sulphate of zinc and copper were used alternately, and the sore soon healed. Two months after the first operation, I formed the *columna* from the upper lip, after the manner practised by Mr. Liston; and, after several cuttings and pairings of small extent, the nose is now of the appearance represented in Plate III. The countenance is also much improved by the addition of an artificial eye, which has been fitted in in room of the original, which was destroyed some years ago by an attack of the purulent *ophthalmia*,

The idea of this operation was first suggested to me on reading my friend Mr. Bushnan's translation of the work of Dieffenbach on the Reparation of the Nose.* The operation which I have described differs, however, in many respects, from that recommended by this distinguished surgeon, though the main feature is the same, viz. that of bringing the checks together so as to support the raised nose and keep it prominent. Dieffenbach slits the sunken nose into three portions, a central and two lateral; he then raises the cut margins of the checks for a quarter of an inch, and, after pairing the various margins, so as to make them fit like the stones of an arch, and stitching them together, carries the two needles across the face, so as to raise the nose, as represented in Plate II. I conceived it better in the case in which I have related, to leave the outer part of the nose entire, and the result has come up to my most sanguine expectations. The organ is now as prominent, and nearly as firm, as in its original state; and the pain and danger attending the operation, as described by Dieffenbach, were in a great measure avoided. The *columna* is thicker, and the apertures are smaller than I could have wished. When I put in the *columna*, the apex of the nose was a good deal contracted, and I purposely cut a thick portion from the lip, in order to keep the point full. This answered the purpose; but were I to perform such an operation again, with the nose in a similar state, I would prefer taking a narrower portion from the lip, and slitting that part of it about to be attached to the nose into two portions. By separating these I would gain my object; and, at the same time, by leaving the *columna* smaller, increase the nasal apertures.

I am induced to make the above operation public, as, in so far as I know, it is novel in this country; and appears to me more frequently applicable than the Indian operation, at present in general use for the reparation of the nose.

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* Surgical Operations on the Restoration of the Nose, &c. Translated from the German of Dr. Dieffenbach, by J. S. Bushnan. London. 1833.

ART. VII.—*Case of Cyanosis—both Ventricles opened into the Aorta—Pulmonary Artery rudimentary and impervious.* By ROBERT SPITTAL, Fellow of the Royal College of Physicians, Edinburgh.

In the month of March last, M. W., aged 22, who was at the time, and had been in confinement in the jail of this city for upwards of two months, gave birth to a female child, apparently at the full period. There was nothing anomalous in the formation of the infant externally, except that the integuments were observed to be constantly of a bluish purple color, especially over the extremities. The hue of the skin varied in intensity, being sometimes much darker than at others. The umbilical chord separated, and the consequent sore healed quickly. The child took its proper nourishment, and for the first few days of its existence appeared to be doing well.

This state did not continue, however. The infant began to refuse its food, and became subject to frequent attacks of syncope, several of these occasionally taking place in the course of twenty-four hours, as was the case immediately before its death, and in one of which it was reported to have expired, having lived only twenty-three days.

Suspecting some malformation of the organs of circulation, auscultation was occasionally had recourse to, and the action of the heart was perceived loud and distinct, but perfectly normal in every respect.

On examination thirty hours after death, the integuments were found to have preserved their ordinary bluish purple color, giving the body very much the aspect of one who had sunk in the collapse of cholera. The *thorax* and *abdomen* were examined, but nothing anomalous or diseased was observed, except in the former, in which the heart and great vessels arising from it presented the following unusual formations, some of which are represented of their natural size in the annexed drawing.

The heart was about the usual size. The walls of the right ventricle were three-sixteenths of an inch, those of the left one-fourth of an inch in thickness. The cavity of the former was greatly larger than that of the latter. The tricuspid and bicuspid valves were of their usual structure.

A slight deficiency existed in the upper part of the *septum* of the ventricles. Immediately above this the aorta arose; it was larger than ordinary as far as the *ductus arteriosus*,—being an inch and a quarter in circumference, but beyond this point the vessel was not examined. The semilunar valves of the aorta were of the usual formation.

The rudiments of a pulmonary artery arose from the ordinary site, at the base of the right ventricle close to the aorta, by a very small vessel of the usual structure, but capable of admitting only a very small probe, as may be seen in the drawing, and quite impervious at its origin close to the muscular substance of the heart. Proceeding upwards for a short distance, the vessel became rather abruptly increased in breadth, and immediately beyond the *ductus arteriosus*, divided into its right and left pulmonary branches. The *ductus arteriosus* was open, and admitted a large probe freely. The auricles appeared to possess their ordinary formation, except that the *foramen ovale* was sufficiently open to have nearly admitted a goose quill.

In this case, then, we have seen that both ventricles communicated, not only with one another, but likewise directly with the aorta, and, as a consequence of this malformation, a mixture of black and red blood of course must have passed through the aorta. It is also evident, that, owing to the imperfection of the pulmonary artery, the pulmonary circulation must have taken place only through the *ductus arteriosus*, which, from its small size, was probably quite inadequate to admit of the usual supply of blood to the lungs.

It was stated that auscultation revealed nothing unusual in the action of the heart, and there is nothing in the state of the parts which would lead us to expect any abnormal indications in such cases; for, although there was considerable alteration in the openings, still there was no narrowing of them, or other change usually coexistent with, or capable of giving rise to, any morbid or abnormal indication appreciable by auscultation.

ART. VIII.—*A Case of Uterine Polypus removed by the Ligature, in which dilatation of the Os Uteri was produced by the administration of the Lobelia Inflata.* By R. W. CHAPMAN, Esq. M. R. C. S., &c.

The following case illustrates the practicability and safety of removing *polypi* growing from the *fundus* of the *uterus*, and developing themselves in its interior, being incapable of overcoming the resistance which the neck of that organ occasionally opposes to their exit into the *vagina;* and perhaps it may induce practitioners, on reflecting upon the excruciating pains, the profuse hemorrhagic discharges, and the extreme debility frequently produced by uterine *polypi*, to think it preferable to have recourse to their removal, whilst they are yet in their incipient state, and confined within the cavity of the *uterus*, than to wait for months, until they are expelled into the *vagina*, protracting the painful and miserable condition of the patient, until an irrecoverable debilitated state of the constitution is induced.

The subject of this case is named Alice Longhorn, a dress-maker, aged 32. She had experienced for about eight years irregularities in the menstrual discharge, frequently profuse, and accompanied with violent pains, resembling

those of parturition, in the hypogastric region. About the nature of her complaint she consulted several medical practitioners, who treated it as a case of *menorrhagia*, and consequently no particular benefit was derived from their prescriptions. About two years ago she applied for my opinion. After relating the history and symptoms of her case, the probability of there being a tumour in the womb was suggested to her, and she was advised to submit to an examination *per vaginam*. On introducing the finger as far as, and within, the *os uteri*, the extremity of a smooth and solid tumour was perceptible to the touch, and the nature of the case was sufficiently obvious. In order to restrain the hemorrhages, and mitigate pain, the horizontal position, mineral acids, and opium, were had recourse to; and the patient was advised to wait until the polypus should descend into the *vagina*. For the two years during which I attended her, I have frequently witnessed her laboring under violent and continued pains, so as to deprive her of sleep for several nights in succession; and in a state of *anæmia*, owing to excessive hemorrhages proceeding from the vessels of the *polypus* or of the *uterus*,* which frequently rendered it difficult to restore her. Worn out with pain and feebleness, and being unable to follow her occupation, she prevailed upon me to attempt the removal of the tumor, though still confined within the body of the *uterus*. The patient was placed in a hot bath, so as to produce syncope, and a dose of *Secale cornutum* was administered to her. As soon as she complained of the tumor producing a sensation of pressing down, the dilatation of the *os uteri* was attempted by means of the finger; the attempt, however, was not successful; but, on the contrary, whenever the *os uteri* was irritated by the dilating movement of the finger, it contracted so violently as to render it impossible to proceed further.

Some time afterwards, I consulted with Mr. Law, an experienced surgeon residing in Penrith, who advised me to try the effects of the *Secale cornutum*, in small and repeated doses, and to endeavor to dilate the *os uteri* for a succession of days. This plan was adopted; but, like the former attempt, it proved unsuccessful; for the *os uteri* became irresistibly contracted whenever an attempt was made to dilate it.

It suddenly occurred to me that the trial of the *Lobelia inflata* might prove efficacious in overcoming the resisting contraction of the *os uteri*. I gave it to the patient in repeated doses, so as to keep up a slight degree of nausea, and after she had taken it for two successive days, on introducing my finger, I was astonished to discover the *os uteri* so completely dilated as to enable me to introduce with facility two fingers into the cavity of the *uterus*, and to examine the situation and magnitude of the *polypus* with a tolerable degree of exactness.

There was now no difficulty to oppose the introduction of the double *cannula*, which was conveyed along my fore-finger to the base of the polypus; one of the *cannulæ* was then carefully pushed onwards as far as its neck, and maintained in that position until the other *cannula* was directed round the tumor, and brought in apposition with the former; the two *cannulæ* were then connected together by means of the rings at the extremity of the rod, and the cord tightened and fastened in the usual manner. The moment the ligature which encircled the neck of the polypus was drawn tight, the latter swelled to the size of a child's head, and immediately descended into the vagina.

The patient experienced much pain, which was evidently caused by the expellant action of the uterus; for the tumor appeared altogether insensible, as the constriction of the cord did not seem to produce any painful sensation. During the first four days after the operation, whenever the ligature was tightened, a quantity of greenish colored fluid, at one time exceeding a pint, escaped from the vagina; and on the fifth day the tumor separated, and was easily brought away. It presented a fleshy appearance, and was surrounded by a flocculent membrane, and measured about eight inches in length, the diameter of its neck being an inch and a quarter; but it was so much softened by the process of decomposition, that I could not examine the exact nature of its structure with any degree of accuracy.

No untoward symptom in the course of this period presented itself, nor was there any sanguineous discharge from the uterus. The patient was immediately put upon a generous diet, with the use of tonics. About ten days after the removal of the tumor, she had her menstrual discharge, which continued for two days in a natural state as to quantity and color, without experiencing any pain; and, although a month has only elapsed since the operation, she has so far recovered as to be able to take exercise in the open air.

Appleby, Westmoreland, May 14, 1835.

* Perhaps it may not be certain whether the hemorrhagic discharges proceed from the polypus or from the vessels of the uterus. Richerand, in his Nosographie Chirurgicale, when treating upon polypi of the uterus, states, "Comme la substance du polype saigne facilement, la femme devient sujete a des pertes plus au moins abundantes et irregulieres."

REVIEW.

ART. I.—*Pathological Researches on Phthisis.* By E. CH. A. LOUIS, Doctor in Medicine of the Faculties of Paris and St. Petersburg, Physician to the Hospital of La Pitié, &c. &c. Translated from the French, with Introduction, Notes, Additions, and an Essay on Treatment, by CHARLES COWAN, M. D. E., M. D. P., &c. London, 1835. 8vo. pp. 388.

In our 27th volume (Edinburgh Medical and Surgical Journal, vol. xxvii. p. 401,) is given an account of the contents of the original of the work of M. Louis on consumption, especially its anatomico-pathological department, as minute as the limits of our pages admit, with strong recommendations to every one desirous to understand the nature and pathological relations of that disease to study the work itself with attention. The appearance of the work in an English translation suggests the propriety of repeating this recommendation, which is now by this means rendered more generally practicable. We do so the more readily, that the great and acknowledged value of the original, combined with the manner in which it is now presented to the English reader, promises to supply what every one acquainted with the subject must regard as a chasm in our medical literature on phthisical diseases.

Though the account of the most important contents of this treatise already referred to, supersedes the necessity of entering into any details on the present occasion, it may be proper to specify shortly the principal characters of the work of M. Louis, and of the translation by Dr. Cowan.

The great value of the work of M. Louis consists in the elaborate illustrations of the morbid anatomy of phthisical subjects in all the stages and all the varieties of the disease, which the indefatigable research of the author has enabled him to furnish; and the accuracy with which he has studied to determine in numerical proportions, among a great number of the dead bodies of those cut off by this disease, the comparative frequency of the lesions of different organs.

By comparing, in the same manner, the assemblage of symptoms, the operation of different causes, and the merits of different methods of treatment, and different remedial agents, M. Louis has been enabled to furnish the most correct description of the essential and accessory phenomena of the disease, and to give a just view of the etiology and treatment.

Not only has Dr. Cowan performed his duty of translator with great accuracy and attention, but he has considerably augmented the value of the work of M. Louis by the insertion of much judicious and instructive information in the shape of additions to the text, and notes. We find particularly on the subject of the causes of consumption, that Dr. Cowan has collected many interesting facts from Benoiston de Chateauneuf, Chabrol, Papavoine, and the late Dr. Darwall, of Birmingham; from M. Lombard, the late Mr. Thackrah, and Dr. Rush; and on the subject of treatment he has furnished, in addition to the observations of the author, an article completely new, giving a general view of the results of the observations of physicians upon the effects of different remedies and methods of treatment.

By the additions now specified, Dr. Cowan has rendered the work of M. Louis a complete monography of *Phthisis*, exhibiting a view of the present state of medical knowledge on the etiology, pathology, semeiography, and therapeutics of the disease; and to this the practitioner and student may confidently refer for information on every point of theoretical or practical importance.

It is almost unnecessary to say, that, while we recommend this work to the serious attention of our readers, we do not thereby signify our perfect and unqualified adoption of all the principles explained, and practical inferences deduced. Upon some points, indeed, in the principles regarded as proper to regulate the treatment of pulmonary consumption, we cannot entirely agree either with M. Louis or his translator. But as it would be impossible at present to explain satisfactorily the reasons of our dissent, we think it more judicious not to enter on the subject at all, than to advert to it in a hasty and imperfect manner. On some future occasion we may take the liberty of soliciting the attention of our readers to this matter, when we can do so with a more reasonable hope of being listened to with patience, if not of producing complete conviction.

ART. II.—*An Exposition of the Nature, Treatment, and Prevention of Continued Fever.* By HENRY M'CORMAC, M. D. London, 1835. 8vo. pp. 202.

Though fever be assuredly the most common and frequent disorder incident to the human race, and though it be that upon which the greatest number of books, both good, bad and indifferent, has been written, it still possesses sufficient interest to give rise to new inquiries and new treatises; and every one is anxious to know whatever views most new

or most recent have been entertained on its nature, and the method of treatment. The nature of this disease is indeed so obscure and so difficult to be understood, that it never ceases to afford ample scope for investigation and reasoning; and notwithstanding all the information and experience that the most assiduous inquirers have been able to collect, there is still sufficient field for the observation and research of the accurate observer and original inquirer.

Though the author of the performance now before us does not attempt to describe any particular febrile epidemic, and studies rather to give a general description of the disease, and especially that form to which the denomination of *Typhus* has been particularly restricted, his work will be perused with great interest and advantage, in so far as he illustrates and generalizes with great learning and ability the observations and experience of all the most eminent pyretologists, ancient and modern, foreign and domestic. Dr. M'Cormac, indeed, possesses the advantage of personal experience not only of the ordinary form of fever in these countries, by his position as physician to the Fever Hospital of Belfast, but of the more rapid and formidable variety of disease prevalent in Africa and other tropical countries; and minute and extensive acquaintance with the pyretological authors not only of France, but of Italy and Germany, has enabled him to illustrate his subject with a degree of literary information not very common in this country.

Dr. M'Cormac has not distinguished his treatise into particular divisions so methodically as he might have done; but it is not difficult to trace the order in which he treats the subject, to be very nearly the following.

The semeiography of the disease first occupies his attention, and he describes the forms of deranged action as they are manifested in the disorder of the different functions separately and successively. He then adverts to the subject of exacerbations or aggravated forms of the assemblage of phenomena, the superinduction of other diseases, the duration of fever, and the circumstances by which it is influenced, (p. 34—38;) critical terminations, the etiology of febrile diseases, and the consideration of the circumstances under which they are known to arise, (39—51;) the question of epidemic influence, and whether these epidemic diffusions of the disease depend upon terrestrial emanations or atmospheric agency, the question of the propagation of the disease by means of contagion, (53—58,) and, lastly, the subject of susceptibility, (58—59.)

He then, after sundry critical remarks upon the danger of hypothesis and erroneous reasoning, proceeds to consider the subject of the pathology of fever; but we do not perceive that he arrives at any definite general conclusions. He rather assumes than demonstrates the proposition, that the principle of fever, whether poison or whatever it be, strikes the nervous system more or less forcibly, and either impairs, or suspends, or completely annihilates its energy. He admits his inability to determine whether the affection of the organs of respiration and circulation depends on this impaired nervous energy or not, and he leaves equally undetermined the question as to the derangement and suspension of the different secretions. The blood he represents, in common with most other physicians, to undergo very considerable changes, becoming thin and watery, and void of its usual proportion of fibrine.

He then proceeds to advert to the relations between fever and other diseases, and adverts more particularly to the affections of the lungs and intestinal tube. The remarks of Dr. M'Cormac on the former may communicate some idea of the manner in which he investigates the subject.

"When pulmonary affections are associated with fever, they may be of different forms. That febrile disorders are very frequently complicated with such affections, is unquestionable; but not so invariably, I think, as some writers give us to understand. These complications have been divided into those purely bronchial, and inflammation of the parenchyma of the lungs. But the ramifications of the bronchia are so minute, as seemingly to include no inconsiderable portion of the so-called parenchyma itself. Some pathologists are of opinion that a special bronchitis exists in most fevers, but others entertain a different sentiment; the point does not seem to be determined. The change in the state of the blood has been attributed to the condition of the bronchial lining, and the increased tenacity of the mucus which covers it; but for my own part, I should think that this resulted as much from the aforesaid state of the blood as that the latter was occasioned by it. Doubtless, when once the bronchial lining is in any degree morbidly affected, it helps to deteriorate the blood still more; and we are not guilty of any great assumption in presuming that the influence of the atmospheric air on this vital fluid, and of the latter on the air, must be in some degree modified by the state of the membrane through which this influence is exerted, though I think we are at the same time bound to admit, even in this case, that it is only one of the secondary sources of the deterioration in question. But actual pneumonia often ensues in fever, sometimes with such frequency, indeed, as to characterize whole epidemics; it is more commonly, however, occasional. It is always a dangerous and very often a fatal complication. I have seen very many patients destroyed by it. It is obviously more frequent in cold or changeable, than in warm weather. Medical men are often called in too late to be of use. From time to time patients are sent to the hospital which I attend, in various stages of this affection, sometimes with extensive he-

patization of lungs. Their ignorant relatives are commonly unaware of their danger, which they have perhaps aggravated, by giving wine or other strong drink, or possibly they have been unable to obtain early professional aid. The influence of the disability of so large a portion of the respiratory apparatus to discharge its functions, must be very great; it is in some measure compensated for, however, by the greater activity of the remaining portions, when these are comparatively free from disease. Both lungs are sometimes affected, in which case the worst results are to be apprehended.

"It is said, and with much justice, that the inflammations in fever are of a different character from those which take place idiopathically, or without fever in the first instance. Certainly they will not always bear the same activity of treatment. But are we entitled to affirm that the inflammation which superinduces fever, perhaps eventually of a typhoid cast, is always different from the inflammation which often occurs in fever? I should think not. Many are of opinion that the alteration which takes place in the blood causes the inflammations which occur while it is in this state, to assume a different character; certainly, in so far there will be a difference, but is it ascertained that there is any other? Different German and English pathologists think, that the blood, in consequence of not undergoing the usual changes, acquires a narcotic character; but, although I would agree with them as to the facts which this term is intended to indicate, I should prefer simply recounting them without using it, as I consider that to assume unnecessarily the existence of an uncertainty, is rather calculated to lead us into error. Assuredly the alterations which the blood undergoes, as also its decrease, a fact which seems to be occasionally overlooked, must occasion marked changes in the progress of innervation, if not a partial suspension of them. The excessive diminution of the mass of the blood, from wounds, venesection and flooding, is known to cause convulsions, loss of vision, hearing, and other nervous phenomena; now in the latter stages of fever, there is not only a great change in the constitution, but also, as I have just observed, a notable diminution in the quantity of the blood. The universal prostration, *Lahmung*, as the Germans expressively term it, which occurs in that form of fever called typhus, must undoubtedly be mainly occasioned by the excessive vitiation of the vital fluid.

"It is wonderful how late pneumonia will occasionally ensue in fever: I have seen it take place on the twentieth day, and prove nearly fatal. It is unaccountable how such a process can be set up in such opposite conditions of the animal economy—robust health the one extreme, and a state of the lowest and most miserable depression, the other. Andral and many other observers as well, have seen fatal pneumonia ensue during convalescence."—P. 74, 76.

At a subsequent stage of his observations, he gives a short sketch of the morbid anatomy of the disease, with the frequent repetition of the precautionary observation, that we cannot from this alone succeed in understanding the true and intimate nature of fever. Among these appearances, he devotes a large space to the description of the morbid lesions of the gastro-intestinal mucous membrane; and, though he does not overlook the traces of congestion or inflammation of the intestinal mucous membrane or of its follicles, he inclines to the opinion that as the follicular disease is not peculiar to fever, but occurs in consumption and scarlet fever, it is impossible to regard gastro-enteritic inflammation, or *dothinenteritis*, as the pathological cause of fever. (P. 87.)

Dr. M'Cormac next proceeds to the subject of the Diagnosis of fever from other diseases with which it is liable to be confounded, and from those with which it is apt occasionally to be complicated. After adverting to the existence of the form of the disease denominated *irritation* by Mr. Travers, and irritative fever by Mr. Butter, and which is merely the fever symptomatic of the inflammation of the adipose tissue, he alludes briefly to the similarity between fever and the *meningitis* of infants, or *hydrocephalus* and fever, and remittent fever.

Though he allows congestion a place in fever as a mere modification, or peculiar state or states of that disease, he does not think that it is sufficiently important to authorize pyretologists to adopt this circumstance as the distinguishing character of a separate order of febrile maladies.

He dwells much, though rather unintelligibly, on the danger of overlooking inflammation occurring in the course of fever, and on the difficulty of recognizing its presence, its nature, and extent, particularly in the bowels; and this difficulty he tries to explain, by ascribing it to the altered constitution of the blood, and the consequent impaired sensibility of the nervous system. "The sense of pain," he judiciously observes, "is lessened and abolished, owing to the state of the brain and spinal nerves; the other phenomena of life, depending on the sympathetic nerves, are not performed in the usual manner, and consequently the usual evidence is not afforded."—He does not allow, however, that this state of the blood is produced by the condition of the *bronchia*, solely or principally. Upon this, it may be asked, whether it is possible for the brain and spinal chord, and nerves, to retain their sensibility and influence over the system at large, when they are receiving by their vessels, blood which is every hour becoming more vitiated and less fit for sustaining their energy?

He makes, however, a nearer approach to the true solution of this difficulty, when he

observes a little after, that one inflammation sometimes masks another, and that an affection of the brain may render a co-existing morbid condition of the lungs or bowels less distinct, and that inflammation, for instance an attack of *pneumonia*, that is, we presume, occurring in the course of, or in complication with fever, may be entirely latent. The truth is, that such masked and latent inflammations are daily observed in cases of fever, and they require the physician to keep his diagnostic sagacity and circumspection in constant vigilance, in order to detect their existence, and take means for counteracting their pernicious effects. The explanation, not of the occurrence, but of the latent character of these inflammations in fever, we think is pretty obvious. The fact of their occurrence is pretty well understood by the author, who makes several interesting observations on them at p. 99 to 100, and afterwards alludes to the cause of the delitescence in the following passages.

"As a general rule, it may be here observed once for all, that in the course of fever of low excitement, frequently called typhus, or when prostration sets in during the course of fever, the pain attending all inflammatory or other organic complications, is little or none."—Pp. 105.

"If an affection of the brain subsist, it may mask the most severe thoracic inflammation; and in like manner, a similar affection may conceal, or help to conceal, destructive disorganization of the abdominal viscera. I do not here speak of the inflammatory condition of the brain or its membranes alone, but of that peculiar functional lesion which this all-important viscus undergoes, when exposed to the deteriorating influence of impure and undecarbonized blood. It must be quite certain that this wonderful organ and its appendages, the spinal marrow, ganglionic system, and nerves generally, will be quite incompetent to the adequate performance of the indispensable process of innervation, and consequently, that it will be unable to afford the proper supply of nervous influence, either as to quantity or quality, to the different organs—or to receive back the various modifications impressed upon it as in health, by the animal economy, whether as to pleasure or pain—or those numerous indifferent sensations, the transmission of which are probably in some way essential to our corporeal well-being. Thus, therefore, inflammation will go on without exciting pain, or that reaction, which, in a less intense state of disease, would at once betray its existence. I need hardly remind the reader that a certain supply of sufficiently healthy nervous influence, to the organs, both individually and collectively, is indispensable to the preservation and continuance of life; and reflecting upon this necessity, it becomes subject matter for the most lively surprise, how nature, in many cases of bad fever, contrives to secure sufficient for the purpose."—Pp. 107.

In this manner Dr. M'Cormac at length arrives at the true explanation of the latent and obscure character of these inflammatory affections which take place in the course of fever.

He then attempts to appreciate the true relation of these local affections to fever, and to consider whether there be any evidence to determine the question as to their being constant, or as to their giving rise to the symptoms of the disease. The observations made on this subject deserve the consideration of the advocates for the essential presence of local disease.

"After what has been said, we may here venture upon a few observations, as to the amount of evidence for those hypotheses, some of which affirm that fever is the inflammation of one particular organ, and others, that it is the inflammation of one or more, among several. This is a question which, in the present state of medical science, I am of opinion, does not require much to settle. Is it not admitted by all parties, that there are two distinct states of the animal economy, one of them certainly involving a local affection? If this be so, with what propriety can the same name be adjudged to both? Fever more or less, accompanies inflammation, and inflammation may supervene upon fever; but these conditions are not identical. If there is a demonstrated fact within the whole range of pathology, it is, that fever may begin and end its course, whether in life or death, without the occurrence of any organic lesion entitled to the appellation of inflammation. It is also demonstrated, that inflammation, sometimes of the brain or its membranes—at others, of the thoracic viscera, and occasionally of the abdominal, may variously occur in fever. There is no constancy in this respect; sometimes it is the one, sometimes it is the other—and occasionally all are affected. Seeing that these things are so, how can we say that fever and inflammation, whether of one organ exclusively, or of several, are identical? For my part, I cannot help arriving at the conclusion, that to view fever as an inflammation of the brain, of the intestinal mucous membrane, or of any other given organ—though all this may occur in fever, is to arrive at a conclusion which a correct interpretation of nature does not warrant. Individuals, perhaps, are entitled to give what names they may think proper to the phenomena of disease, provided they admit their existence, and then it is not of so much importance; but if the names given *a priori*, are the cause of leading us to form an erroneous estimate of the nature and amount of disease, as such a procedure is very apt to do, it becomes a matter of the utmost importance to designate diseases correctly. I think however, that we are entitled to foretell, that the progress and dissemination of a rational pathology, will in a great measure tend to prevent the more extensive dissemination of the views which, with the utmost

deference to those who may differ in opinion from me, I have ventured to pronounce erroneous."—Pp. 110.

The author then proceeds to estimate the severity and probable danger of the disease from a consideration of the character of the whole phenomena, and the greater prevalence of individual symptoms, and gives a very useful sketch of the circumstances tending to esablish the prognosis. The last division of the essay is on the treatment and the means of preventing the diffusion of febrile epidemics. On the former the author enters at p. 121, and gives a clear and instructive statement of the remedies most likely to prove beneficial in the conducting the disease to a favorable termination; and he judiciously modifies the use of the means employed, according as the disease is simple, or complicated with symptoms of some local inflammation. The prophylactic means he proceeds to consider at p. 191, and gives a very instructive summary of the rules most likely to prevent the rise and propagation of this disease among communities, and bodies of human beings, whether in towns, ships, barracks, or private dwellings.

We have given as full an account of the nature of this treatise as our limits permit, and such a one as we trust will induce our readers to study the work itself. The materials are excellent; and the author gives proof that he has diligently studied the subject, both in books and in nature. We must be allowed to observe, however, and we do so with a sincere desire to improve the treatise, that Dr. M'Cormac would facilitate greatly the labour of the reader, and convert it, as much as such a subject could be, into a pleasure, if he were to methodize more perfectly, his observations, and arrange them under appropriate heads, and if he would divide his discourse into the natural portions in which the subject is treated.

Art. III.—*Anatomical Description of the parts concerned in Surgical and Femoral Hernia.* Translated from the French of M. Jules Cloquet, *with Lithographic Plates from the original etchings, and a few additional explanatory Notes,* by Andrew Melville M'Whinnie, Assistant Teacher of Practical Anatomy at St. Bartholomew's Hospital. 8vo. London, 1835. Pp. iv. and 50. Four Plates.

The reputation of M. Cloquet as an anatomist, the high estimation in which the present work has been held on the continent since its publication in 1817, and its being now accessible to very few, render its appearance in an English dress very acceptable.

The principal works on Hernia having already been reviewed in the 2d, 4th, 12th, and 15th volumes of this Journal, we do not deem it necessary to go over the ground on the present occasion. It is sufficient to say, that the translation has been executed by Mr. M'Whinnie in a manner creditable to himself. Some of the less important passages of the original, which were distinguished more for their accuracy and minuteness than their utility, have been judiciously omitted, and the space which they would have occupied has been in a great measure filled by some brief notes, which will be of considerable use to the student in understanding the descriptions of the author.

The lithographic plates are clear and distinct, and give an accurate notion of the position of the different parts described.

In these circumstances, we beg to recommend this translation to those who have no means of obtaining access to the original. To students commencing their investigation of this important branch of Surgical anatomy it cannot fail to be highly useful.

Art. IV.—*Some observations on the Preparation and Medicinal Employment of the Ioduret and Hydriodate of Iron.* By Anthony Todd Thompson, M. D. &c. &c. London, 1834. 8vo. Pp. 64.

The ioduret of iron has been known for a considerable time as a chemical substance, chiefly employed in the preparation of the iodide of potassium, or hydriodate of potassa. In preparing this substance, 126 parts of iodine, and from 40 to 50 parts of clean iron filings are mixed in a flask with 1500 parts of water; heat is then applied till the mixture becomes clear, after which it is filtered. The liquor is a solution of hydriodate of protoxide of iron, consisting of hydriodic acid, 127 parts, or one equivalent, and oxyde of iron, 36 parts, or one equivalent.

By evaporating the solution nearly to dryness, the acid and oxyde are decomposed; water is formed by the union of the hydrogen and oxygen evoived; and a solid combination of iodine and iron, or an iodide, remains, which is found to contain 126 parts, or one equivalent of the former, and 28 parts, or one equivalent of the latter.

This solid preparation,—the iodide or ioduret, forcibly attracts moisture from the atmosphere, and quickly deliquesces; and, in the course of this transition to the fluid state, its water is partly decomposed,—the hydrogen uniting with the iodine, forming hydriodic acid, and the oxygen converting the iron into an oxyde; and hence, when the preparation is dissolved,—or even if it be kept dissolved, it forms a brownish precipitate, which is oxyde or peroxyde of iron, while free iodine is contained in the solution. This circumstance induces Dr. Thompson to specify certain precautions to be observed both in the preparation and preservation of the iodide; for the account of which we must refer the reader to the essay of the author.

When prepared according to the conditions specified, the iodide of iron is of an iron gray color, brittle, breaking with a foliated fracture, and presenting a cyrstalline texture not unlike that of metallic antimony, though darker in color. When dry it is inodorous; but moistened it exhales an odor of iodine, and is of an acrid taste. It is fused al 350° Fahrenheit, and at higher temperatures is decomposed, the iodine being volatilized, and leaving a peroxyde of iron.

The solution in distilled water, which is a *hydriodate* of iron, varies in color from a deep greenish brown to a very pale green, with a shade of yellow, or to perfect transparency, according to the neutrality of the salt, and the quantity of water employed. It is decomposed by chlorine, the mineral acids, arsenious acid, meconic acid, and solutions of opium, gallic acid, and tannin, and all vegetables containing them, the alkalies, and their carbonates, sulphate of copper, nitrate and per-chloride of mercury, acetate and nitrate of lead, nitrate of silver, quinia and cinchonia, and infusions of foxglove, henbane, nightshade and tobacco, and all vegetable infusions containing starch.

It remains in solution, on the other hand, according to Dr. Thomson, with all the saline sulphates, nitrates, muriates, chlorates and phosphates, and with those bitter vegetable infusions and decoctions which contain neither tannin nor gallic acid.

As this substance consists of two ingredients, which are known to possess very decided properties, both physiological and therapeuric, on the human body, it was natural for Dr. Thompson to think that the union thus formed might unite to a certain extent the powers of both; and he was consequently led to believe, that its employment in the practice of medicine would be very beneficial, especially in the treatment of some of those diseases in which the capillary system, as Dr. Thompson expresses it, requires to be stimulated, and the tone of the habit to be maintained or brought up to the healthy standard; and he mentions as examples, atonic dyspepsia, strumous affections, chlorosis, amenhorrhœa, bronchocele, *Tabes mesentrica*, rickets incipient scirrhus.

According to the results of some experiments performed on his own person by Dr. Thompson, the physiological effects of the hydriodate of iron are of the following nature.

"When taken in doses of from three to five grains, the Hydriodate of Iron makes no sensible impression on the stomach, although it sharpens the appetite and improves the digestive function; it seems to stimulate moderately the intestinal canal through its entire length, as it opens the bowels; and, whilst it produces the black color of the alvine discharges characteristic of all the preparations of iron it corrects their fœtor. When it does not affect the bowels, it augments the action of the kidneys, increasing the flow of urine and, if the solution be taken two or three times a-day, for several successive days, the presence of both the Iodine and the Iron can be readily detected in the urine. The temperature of the skin is moderately elevated, and the insensible perspiration increased. On one occasion, having taken ten grains for a dose, it almost immediately caused an uneasy sensation at the epigastrium, accompanied with nausea that continued for several hours; and a slight degree of headache. These symptoms were relieved by a copious stool, which was perfectly black. Two hours after swallowing the medicine, a large quantity of urine was discharged; and on being tested, it displayed the presence of both the Iodine and the Iron." Pp. 19, 20.

In evidence of its therapeutic effects, the author gives the details of thirteen cases of one or other forms of the diseases already enumerated, in which its exhibition was certainly followed by very beneficial effects. Though these cases are not very methodically arranged, we must follow the order of the author in any account of them which we are to subjoin.

The cases, in the treatment of which Dr. Thompson employs the hydriodate of iron are not very easily referable to distinct nosological heads.

The first case given in the present essay is one of enlargement of the lymphatic glands of the neck, with indications of general disorder of the digestive functions and *amenorrhœa*. Suppuration had taken place in two of the glands. The remedies prescribed were cupping between the shoulders, a combination of mercury, chalk, and ipecacuan, draughts of hydrocyanic acid, the local application of leeches to the most painful tumors, solution of sulphate of zinc to the sores, and at length the solution of iodide of iron internally, and the local application of ointment of ioduretted hydriodate of potass. In about seventy-two days from the commencement of the treatment and sixty days from the commencement of the administration of the iodide of iron, the catamenia had returned, the tumors were softened, the sores healed, and strength was restored.

The second case appears to have been much more complicated, and rather obscure in origin and nature. The leading symptoms were articular pains, general weakness, *amenorrhœa*, and œdematous swelling of the extremities, and eventually of the whole person, with extreme torpor of the intestinal tube, lowness of spirits, and general nervous disorder. After all remedies had been tried in vain under various practitioners in Edinburgh and London, the iodide of iron was ordered in solution in draughts containing two grains in twelve drachms of distilled water, and along with this, pills of aloes, calomel and ipecacuan to regulate the action of the bowels. The use of gestation, with mild and non-stimulating diet, was also enjoined. In four

days after commencing the use of the iodide the œdematous swelling had disappeared, the urine was much augmented, and the bowels acted regularly twice in twenty-four hours. Recovery was at length completed in about three or four weeks more.

The same remedy was exhibited with very good effects in a case of strumous enlargement and ulceration of the third finger of the right hand in a boy of five, of evident strumous habit and whose general health had been injured by repeated attacks of *bronchitis.*

Dr. Thomson subjoins, from the experience of various professional friends, cases of *chlorosis* and syphilitic or mercurial cachectic ulceration, in which the iodide of iron is represented to have produced very beneficial effects.

The chief objection to the whole of these cases being received as evidence of the efficacy of the iodide of iron is, that in not one of them was that metallic salt given alone: and either its use was preceded or conjoined with that of various other medicinal agents, such as calomel, the protoxyde of mercury, aloes, ipecacuan, which we know well are extremely useful, by their operation upon the circulation and secretions of the alimentary canal, in removing various states of bad health dependent on disorder of the digestive function. We do not mean to say, however, that the hydriodate of iron may not have been beneficial or really useful in contributing to the favorable results witnessed. We think it very likely that it was. But we must caution those who propose, on the strength of the cases adduced in this essay, to employ the remedy, that they must not be disappointed if they find that all the effects here ascribed to it, do not ensue in their hands from its employment.

As to its influence on scirrhus and on carcinomatous ulceration, of which one case is given in the present essay, we must say that any representation of this kind is calculated to injure the real merits of the remedy. No one who knows what is the nature of a scirrhous tumor, or a cancerous sore, will ever for a moment entertain the expectation that he can, by exhibiting the iodide of iron, or indeed any remedy whatever, remove either the morbid disorganization of the one, or check the destructive ulceration of the other; and it is manifestly unreasonable to expect that the remedy can have any effect on such disorders.

We have made trial of the hydriodate of iron in the prescribed form in various cases; and we find, on the whole, that it is a good remedy. Its efficacy, we must observe, however, is by far most conspicuous in cases of *amenorrhœa*, and in that train of symptoms of languid circulation with which this disorder is so often attended. We must say, nevertheless, that though it is effectual in removing these symptoms, it has not yet, in our hands, shown greater power than the sulphate of iron in restoring the menstrual secretion.

In the cases of mercurial disease, with or without ulceration, in which we have tried the solution, it has not produced permanent benefit.

The dose is two, three, or four grains taken in distilled water three or four times daily. When raised above four grains, it sometimes induces pain and uneainess of the epigastric region, and it seems to irritate too violently.

In diuretic properties, we have not observed it to be more powerful than the tartrate of iron.

ANALYSIS OF MEDICAL JOURNALS.

Art. I—*The North American Archives of Medical and Surgical Science.* Nos. IX, X.

1. Irritation.—This is a continuation of a former paper by Dr. N. R. Smith, which we noticed at the time; it seems to us sufficiently well adapted to the purpose for which we presume it was prepared, at a lecture to a class of students. It is not calculated, neither is it of sufficient importance for analysis, we therefore proceed to examine the really valuable portions of the Journal.

2. Contributions to Pathology.—There seems to be a great difference between the Editor, Dr. Geddings, and his colleague Dr. Smith—the latter is fond of recording his successful cases in Surgery, no matter how trivial nor how unimportant; whilst Dr. G. seems to direct all his energies to the elucidation of the pathological conditions presented after unsuccessful treatment; the one acquires temporary benefit, whilst the other confers honor upon his profession and well deserves the respect of his professional brethren.

In the paper before us, Dr. Geddings gives the history of three cases which we propose to abridge, with the remark, that his preliminary observations are judicious, whilst we conceive his comments on the several cases manifest rather too much effort at a display of learning.

We shall select merely the title of the first case which sufficiently indicates its character.

1. *Necrosis.* Necrosis of the metatarsal bone.—Operation, succeeded by irratability of

the stomach and intense jaundice.—Death. Cancer of the duodenum, obstructing the ductus communis choledochus.—Cancerous matter filling and obstructing the vena portæ.—Extraordinary dilatation of the excretory vessels of t he liver, and extensive disease of that gland.

Autopsy. The thoracic organs presented nothing of interest; but on laying open the cavity of the abdomen, the liver was found to be greatly diseased. It was increased in size, was hard and exceedingly uneven on the surface, and of a dirty grayish brown colour. It was carefully detached and removed, in connection with the stomach, duodenum, and pancreas. On prosecuting the examination of these parts, it was found that the stomach presented no very striking evidences of disease. The second curvature of the duodenum, however, exhibited a considerable indurated mass, intimately incorporated with the head of the pancreas, which was very much increased in size, and exceedingly hard and uneven on the surface. On laying open the diseased portion of the duodenum, it was found to be extensively involved in encephaloid degeneration, which formed a thick mass surrounding the whole intestine, and involving the adjacent portion of the pancreas. Upon the inner aspect of the intestine, this mass was in an extensive state of ulceration, especially upon two sides of the gut, which condition occupied a considerable extent of its surface. This mass occupied that portion of the duodenum which is entered by the common duct of the liver, and so completely occluded that vessel, as to render it almost impossible for any thing to pass through it. In consequence of this, the gall bladder was enormously distended, forced out from the liver, its neck rendered almost obsolete, and together with the cystic duct, which was very much dilated, formed a kind of continuous cylindrical tube, as large as the finger. Indeed the whole of the excretory apparatus of the liver, both within and without the gland, was in this enormous state of distension. The common duct was dilated to the size of the middle finger, and on tracing it up towards the transverse fissure of the liver, the hepatic duct and the two branches which form it, were found in the same condition. At the point at which the latter emerge from the gland, they were large enough to receive the tip of the middle finger, and as they were proportionably dilated to their radicles in the intimate substance of the organ, they could be easily traced out to their origin, and an excellent opportunity was afforded for studying their anatomical arrangement. They were distended with a greenish coloured mucous fluid, which flowed out in great abundance when the liver was sliced, and led at first, before the real condition of the ducts was discovered, to the supposition, that it proceeded from numerous cysts, occupying the substance of the gland. The tunics of the excretory vessels were much thickened throughout their entire extent, thus rendering it easy to recognize the properties of a mucous tissue in the whole of the lining membrane, which presented a fine soft reticulated appearance, contrasting strongly with the dense polished membrane which lined the neighboring ramifications of the portal vein. The gall-bladder contained, besides the large quantity of fluid by which it was distended, a number of small dark coloured biliary calculi; and several of the same kind were lodged in the common duot, where they tended to increase the obstruction occasioned by the encephaloid tumour of the duodenum. The most interesting lesion was, however, the complete occlusion of the trunk of the portal vein and its primitive bifurcations, by encephaloid matter. The trunk of this vessel, for some distance from the liver, was completely plugged up with this peculiar substance, and on laying open its left and right branches, the same closure was found to occupy the former, nearly as far as the point at which it branches out into the left lobe, while in the latter, it even extended farther, —several of the subdivisions of the vessel within the substance of the right lobe being closed up by the same pulpy material. In one portion of the trunk of the vein, the diseased product seemed to be slightly attached to the inner surface of the vessel, by means of an exceedingly delicate pseudo-membrane of a red colour; but such an adherence was not discovered at any other point. The hepatic artery was in a healthy condition, and did not seem to be increased in size. The lower portion of the duodenum and the upper portion of the jejunum, contained considerable mucous secretion; but towards the lower part of the latter intestine, this fluid assumed a dirty wine-lee appearance; and in the ileum, it was mixed with a considerable quantity of dark coagulated blood, which occupied likewise the whole of the lower part of the intestinal canal. The mucous membrane, however, exhibited no very important traces of disease affecting its texture.

2. Tuberculous degeneration of the liver and heart—Extensive follicular ulceration of the mucous membrane of the stomach.

A. B. entered the Baltimore Infirmary on the 21st of March, 1835. He had been sick three or four months, but not confined to bed; and complained at the time of his admission, of difficulty in voiding his urine, and pain in the region of the bladder. His pulse was frequent, hard, and irritable; tongue furred; bowels irregular, and he was troubled with frequent epistaxis. His pains were erratic, shifting frequently to different parts of the body; and after several examinations, his liver was found enlarged and indurated, as was likewise his spleen.

He was submitted to various modes of treatment without the slightest benefit, and his pulse was scarcely affected by the most

copious abstractions of blood. He continued to grow worse—became very much emaciated, and died on the 7th of May.

Autopsy.—As permission could not be obtained to examine the body, all the information that can be offered relative to the post-mortem phenomena, was procured by a clandestine and very hasty inspection of a few of the organs, and is of course very imperfect.

On laying open the abdomen, the liver was found very much enlarged, rough, and uneven on the surface, greatly indurated, and transformed almost entirely into a mass of large tubercles, which, nevertheless, had interspersed between them, numerous small particles of glandular parenchyma of a very light yellow colour. It weighed seven pounds and a half; and when sliced, the surface of the incision with the smooth light appearance of the tuberculous masses, presented very much the appearance of a mass of felspar rock. But notwithstanding the portions of the granulated texture of the liver which had resisted the encroachment of the tubercles, and which filled up their interstices, were small, bile seems to have been secreted in considerable quantity, as the hepatic ducts were deeply tinged with it,

Numerous small tubercles were disseminated over the surface of the heart, between the pericardium and the muscular substance of the organ, but none existed in the latter.

The disease was not confined to these organs; the mucous membrane of the stomach was likewise extensively involved. Some of the follicles were very much enlarged and elevated,—some of them even to the size of a ten cent piece; and those in which the diseased process had advanced farthest, were ulcerated upon the summit, the ulcers being surrounded by prominent ragged borders. One of them, which was very large, was covered upon the surface with a black coloured psuedo-membrane, which adhered closely to it. Unfortunately the condition of the mucous membrane of the intestines could not be ascertained; nor was it possible to examine the kidneys and bladder.

3. *Asthma.*—Aneurism of the arch of the aorta, prevented from rupturing by adhesions contracted with the front of the trachea.—Disease of the pneumogastric and phrenic nerves.—Large glandular tumors compressing them.—Hepatization of the lower part of both lungs.—Death from small-pox.

Robert Williams, seaman, was admitted into the Baltimore Infirmary, under my care, July 14th, 1834. He complained at the time of considerable difficulty of breathing, but did not present any indications of high febrile excitement. The sound elicited by percussion was dull over the greater part of the chest, and the respiratory murmur was feeble, especially in the submammary regions. Cupping and other remedies, indicated by the phenomena of the case, were resorted to, but without much benefit, and he had not been long in the house, when he was attacked with a violent paroxysm of asthma. As these paroxysms continued to recur at short intervals, this disease became the prominent object of attention, and the whole routine of cups, blisters, tartar emetic pustulation, issues, emetics, nauseants, narcotics, antispasmodics, galvanism, &c., were successively employed, with only partial and temporary benefit. At one period, the tincture of lobelia, and afterwards the tincture of strammonium, seemed to afford more relief than any thing else, but they gradually lost their effect. The patient remained in this condition, with slight variations, until some time in the month of March, 1835, when he contracted small-pox, and died on the 19th of that month.

Autopsy.—As we were anxious to ascertain the causes which had occasioned so much disturbance of the respiratory function, the examination of the thoracic organs was prosecuted with much care and attention. On opening the chest, the upper part of both lungs was found crepitating, but the lower lobes were affected with chronic induration, to a degree which almost precluded the passage of the air through them. Although the upper portion of the lungs exhibited the spongy crepitating feel of health, it was found on prosecuting the examination more minutely, that the bronchial ramifications were dilated, and their tunics considerably thickened. The mucous membrane, and the circular muscular fibres especially, were in this condition, and the latter were so conspicuous that they could be distinctly traced with the naked eye, as far as it was practicable to lay open the tube with the fine points of a small pair of scissors,—thus confirming the opinion so ably sustained by Reisseissen, and refuting that of those who deny the existence of these fibres in the small tubes. The mucous membrane of the larynx, trachea, and the larger divisions of the bronchi, was covered by a soft pultaceous false membrane, and was besides occupied by several small-pox pustules.

The heart was healthy, but the aorta was somewhat dilated in its ascending portion; and the posterior face of the arch, where it reposes upon the front of the trachea, was occupied by an aneurism, in which, however, there were no lamellated concretions. This aneurism was not extensive, and presented the semblance of being formed, at first, by a simple *sacciform* dilatation of all the coats of the posterior face of the vessel backwards, towards the front of the trachea. The latter was somewhat indented or compressed by the encroachment of the tumor, and the cellular coat of the sac had contracted such intimate adhesions with the surface of the trachea, as to prevent the aneurism from increasing much in volume. It is probable, however, that had the life of the individual been prolonged, a communication would have formed

eventually between the aneurism and the cavity of the trachea.

Wedged in between the arch of the aorta and the sternum, there was an oval glandular tumor as large as an egg; and posteriorly, reposing upon the back part of the right and left bronchi, there were two larger tumors of the same kind, one upon each side. They forced the pneumogastric and phrenic nerves out of their natural position, and had them ranging over their surface,—the former behind, the latter in front.

One of the most interesting features of the case was the diseased condition of these nerves. Where the pneumogastric chords ran over the surface of the tumor, they were increased to twice or thrice their natural size, and were besides rendered almost as compact as cat-gut strings. The phrenic nerve, on the right side, was in the same condition. In the pneumogastric of the left side, where it crossed the tumor, numerous striæ of an ecchymosed appearance were observed disseminated irregularly through the nervous chord, presenting the aspect of an extravasation of blood, within the minute sheaths or neuralemma of the filaments.

The whole mucous surface of the alimentary canal, as well as that of the air passages, was intensely inflamed, and at some points very much softened. This latter condition was most conspicuous in the mucous membrane of the stomach. The inflammation was a consequence of the small-pox, and had no connection with the disease under which the individual had been laboring previously.

3. Diabetes Mellitus.—The following case, by Dr. R. W. Hall, will be found interesting:

On the 22d of April, 1831, I was requested by Dr. E. Perkins, of this city, to visit with him Robert Kinnier, a lad about seventeen years of age, laboring under diabetes. On reference to my notes, I find the details of the same as here given. Our patient appeared to be somewhat emaciated; had a sallow complexion, with those appearances of general disorder which often follow our autumnal remittent fevers. On inquiry, I learned that he had suffered by an attack of this disease during the preceding autumn, while engaged with his father on the line of the Baltimore and Ohio rail road; and after the more severe symptoms of attack had passed away, a remittent fever, with irregular paroxysms, had continued to manifest itself occasionally. At the time we saw him, these paroxysms were interrupted; but he still remained languid, incapable of active exercise, and much depressed in mind. He sometimes walked slowly in the open air, from which he experienced fatigue. His liver seemed to perform its functions slowly, but there was no tenderness or enlargement from which might be inferred a serious disturbance of this organ. He had occasionally a very slight cough.—The tongue was whitish, and his skin cool. The perspiration did not appear to be materially changed from the standard of health. We requested that the urine should be retained for our examination, and the quantity discharged between the hours of nine o'clock in the evening and six of the following morning (nine hours,) was found by measurement to be more than one gallon, of a pale straw color, and sweet to the taste—pulse 84—appetite irregular—digestion also imperfect. He labored under no important pulmonary disturbance, and the alvine dejections evinced the presence of bilary matter.

Tonics were first directed. S. quinine, phosphas. ferri, &c., were freely used without apparent benefit for some time. No vegetable preparation, except bread, was allowed to be taken. His diet was directed to be purely *animal*, with the foregoing exception. Still finding that his diabetic symptoms were not materially altered, we prescribed the tinc. meloe. vesicat. m. xx. ter. die., directing an increase of five to ten drops each dose, unless strangury should have been perceived.

On the 19th of May, we found his pulse 84—one pint of urine discharged during the night—bread omitted, and diet altogether animal. It may be remarked, that he relinquished the use of bread with great reluctance—occasionally obtained it by stealth, but acknowledged that it always increased the flow of urine. He then concurred in the propriety of the prohibition, and abstained from its use. On this day he was taking 270 drops of the tincture, thrice a day—tongue more natural—urine less—bowels more regular,—directed to increase the tincture. He sleeps more comfortably during the night.

On the 9th of June, dose of tincture four hundred drops, which produced a slight strangury—bowels regular, and fæces natural in appearance—urine last night ℥ iv.—diminished the quantity of tincture—pulse 84.

12th June. Takes 350 drops—tongue more natural, pulse 90 and soft—appetite and digestion improved—so also his general appearance. After this period, he gradually increased the amount of the tincture to four hundred drops each dose, without strangury, and with manifest advantage. He now was enabled to take exercise in the open air, and his strength was increasing daily.

On the 19th June, he applied to the apothecary for a fresh supply of the tincture. A small quantity remained in the bottle from which he had previously been supplied, and in taking it down from the position which it occupied, the fluid was agitated, and thus suspended much of the fine particles of the cantharides. Of this turbid fluid, he took in the morning 425 drops, estimated to be double the strength of the pure tincture. Pain of the kidneys, distressing strangury, and urine slightly tinged with blood, followed. When called to visit him, I found his pulse 90 per minute, voluminous and active. The warm

bath was forthwith directed—m. 60, Tr. opii. with ℥ i. ol. ricini were given with mucilaginous drinks. He was soon relieved, and readily evacuated the bladder. The quantity of fluid was small. 20th June, pulse 90—quite composed—free from pain and strangury—urine natural, and moderate in quantity. Directed the tincture to be omitted. No morbid change, or increase in the quantity of urine was perceived after this. On the 23d of June he had a slight paroxysm of remittent, which was speedily interrupted by the use of S. quinine. Pulse 80 on the 26th, and no evidence of diabetes remaining. He soon regained his strength, and entered on an active course of duty, as a grocer, in this city.

4. Sanguineous Tumours.—This article which is the first in order in the tenth number of the journal, is from the pen of the Editor. We regret to see so much labor bestowed upon the examination into its history and the opinions entertained of it by authors.

We conceive it to be in bad taste to occupy so much space as Dr. G. has done in stating the titles of works, some of which are not to be found in our country—this system of quoting from Levret, Siebold, Michaelis, Nægele, Klein, Paletta, Zeller, Hoere, Busch, Carus, Osiander, Gœlis, Chelius, Diffenbach, Pigné, Velpeau, Mombert, and several others, who have reported isolated cases, is well understood now-a-days, and we are always reminded when we see such efforts at display, of a certain gentleman who was in the habit of interlarding all his papers with scraps of Latin, Greek, Italian, French, &c. all of which were procured from a work generally known and entitled "Dictionary of Quotations." This gentleman knew nothing of the languages he was so fond of quoting, and Dr. G. may rest assured unless he changes his plan which he does not require with his established reputation, some of his medical friends will be disposed to suspect that he has always at hand a copy of a certain work by Cullen.

The paper is divided, into the history, description, causes, diagnosis and treatment.—Dr. G. arranges the various forms of sanguineous tumours as seated between the skin and apeneuris of the scalp, between the aponeurosis of the occipito frontalis and the pericranium, between the pericranium and the bone, and as they occur in the diploé of the skull and between the cranium and dura mater. We shall make some selections from the paper which altogether is valuable and interesting.

"The treatment of sanguineous tumours of the head may be attempted by two different methods. The first has for its object the dispersion of the tumour by promoting the absorption of its contents; the second, the evacuation of the blood by puncture or incision.

The first method should always be fully tried previous to resorting to the second.

The choice of applications should be regulated by the condition of the part affected, and of the general system. When the child is vigorous, and the scalp, as well as the constitution in general, highly susceptible, antiphlogistics should be preferred. It may be necessary sometimes to apply leeches, and even to repeat them according to circumstances; and in all such cases, cold antiphlogistic discutient lotions may be employed with more or less advantage. The best of these will be the liquor plumbi subacetatis, vinegar largely diluted with water, a solution of either the acetate or muriate of ammonia, or any of the ordinary evaporating lotions. The hair should be closely shaved, and a fine fold of linen kept applied to it constantly, wet with the preparation employed. Ice may likewise be occasionally resorted to, but is not often so efficacious as the remedies just enumerated.—Indeed most of the German authorities seem to think, that applications of a somewhat exciting character should be generally preferred, their stimulating properties being thought necessary to promote the absorption of the fluid, and produce healthy action in the part. Hence they recommend aromatic vinous and spirituous infusions and decoctions, stimulating lotions and unguents, and other articles of a kindred character, either applied lightly to the scalp, or administered in form of frictions. When there is great languor and deficiency of energy in the tumour, and in the system generally, such applications are certainly demanded; yet it must not be concealed, that under an opposite state of affairs, they may prove highly mischievous. We are inclined to think, that the application of the warm decoction of oak bark, cinchona, &c. or frictions with mercurial ointment, which have been recommended by Diffenbach, can seldom or never be admissible. Nor do we think that it will be generally safe to keep up pressure by means of a compress and bandage as recommended by Chelius, although we apprehend that cases do occasionally occur, in which it may be both safe and beneficial,

There is some difference of opinion as regards the manner in which the contents of the tumour should be evacuated; some giving the preference to the seton, some to puncture and incision, while others advise the caustic. The seton was long since recommended by Moscati; and Palletta advocates its employment in preference to all the other methods. He represents, that it is unsafe to open such tumours by a free incision, but that when they are transfixed by a seton, a cure is easily accomplished without any bad consequences.—Notwithstanding this authority, the practice has been abandoned, and has been by some writers very justly condemned.

The best plan is, unquestionably, to make a puncture of an adequate size, at the most

dependent point, to allow the contents of the tumour to escape.

There are, nevertheless, circumstances, in which it will be necessary to depart from this rule. Thus when the contents of the tumour have been evacuated, a probe should be introduced through the orifice, in order to explore the condition of the bone. If found healthy, a small tent of lint should be introduced into the puncture, to prevent it from closing until the fluid ceases to accumulate within. If the bone be found denuded, rough, and carious, a grooved directory should be introduced, upon which the tumour may be freely laid open, if not too extensive; because it will be in vain to attempt to heal it without adopting this precaution. After an opening of sufficient extent has been made, the bottom of the wound may be dressed with a pledget of lint spread with simple cerate, or any appropriate digestive ointment, which should be secured by a compress and bandage, and renewed as often as necessity may require. In ordinary cases, where only a puncture is made, a light compress should be laid over the part, and confined by an appropriate bandage.

It generally happens, after the first evacuation of the tumour, that more or less accumulation takes place. Under these circumstances, the tent of lint should be withdrawn from the puncture, in order to allow the fluid to escape, and if adhesions have formed to such an extent as to prevent it from flowing, they may be broken up with the point of a probe. After the first evacuation, the blood becomes more and more serous, and is finally supplanted by a kind of watery fluid, of a winelee colour, or suppuration takes place, and a small quantity of pus is discharged. In many cases, however, the walls of the cavity gradually adhere, without any pus being formed.

The applications to be made to the part, subsequent to puncture, must be suggested by its condition. Should inflammation and tenderness ensue, they must be combatted by cooling anodyne lotions, the application of leeches, and the ordinary antiphlogistic remedies. But where, as is sometimes the case, the tumour remains inactive, and evinces no disposition to heal, its powers must be invigorated by appropriate applications."

5. Report of Cases, by Wm. N. Baker, M. D. of Baltimore, some of which are interesting. We select the two following:—

1. *Purpura Hæmorrhagica.*—John Beecher, aged 20, of a nervo-lymphatic temperament,—called for advice on the ninth of March. He complained of profuse and constant hemorrhage from the gums, which had troubled him for two days, and was preceded by slight rigours. He was a shoemaker's apprentice, and worked in a confined and ill-ventilated alley, sleeping at night in a small garret-room with five or six of his fellow labourers. His tongue could not be examined, being constantly covered with the oozing blood; his pulse was irritable and excited. Salts and antimony were directed in decisive doses,—iced drinks, an astringent gargle, low diet, and confinement to his bed.

March 10th. Patient no better—had bled prodigiously during the night;—his tongue was coated, his pulse tense, and tenderness was manifested on pressing the epigastric region. The medicine had acted freely. The patient was anxious to get up, and, to my surprise, exhibited but little debility, notwithstanding the excessive loss of blood. I determined on opening a vein, and on raising his sleeve, observed in the creases of his arm extravasated blood, of a dark venous character. On further inspection, numerous petechiæ, looking like fleabites, were seen on the arms, chest, and other parts of the body. A vein was opened however, and cautious attention directed to the pulse,—20 oz. of blood were taken before the pulse or the patient acknowledged its loss. Ice was ordered, and the ice gargle continued. 9 p. m. Patient better; the hemorrhage continues slightly, pulse calm. Prescribed, ℞. Gum opii, acetat. plumbi, āā. grs. ij. The blood which was abstracted in the morning did not separate completely, but presented a dark, thin, jelly-like appearance. 11th. Patient better; hemorrhage ceased; directed seidlitz powders occasionally, and as soon as practicable, a visit to the country. He called a month afterwards, to report himself completely well.

Calculus in the duct of the Submaxillary Gland.—Mr. M——— was seized with a violent acute pain under the right jaw. The submaxillary gland was enlarged, hard, and painful; the tongue was swelled and thickly covered with a tough white fur; the uvula injected and relaxed. The pain became excruciating in the side of his head and neck. He was bled largely from the arm, leeched freely, purged and put upon antimonials. 10 p. m., patient no better. Ordered ℞. Pulv. Dover. grs. xv. and a hop poultice. On the next morning, a calculus, as large as a small sized bean, was seen engaged in the mouth of the duct of the submaxillary gland. Its removal put a period to the patient's sufferings, which were intolerable. The constitutional symptoms were very severe.

6. Dagger's Sulphur Springs.—Dr. J. S. Baker, in a letter to the editor, gives the following account of a new sulphur spring in Virginia.

These springs are situated in the county of Botetourt, about two and a half miles from the James river, sixteen miles fron Pattonsburg, eighteen from Fincastle, twenty-two from Lexington, and thirteen miles from the turnpike, leading from the latter place to the White Sulphur Springs, which are distant about a day and a half's ride.

The experiments performed, though not as full and as satisfactory as I could have wished, were sufficient to demonstrate, that the

water possesses highly valuable properties, and sufficient also, to make us somewhat acquainted with the *nature* of those properties. The most active mineral ingredients in the water are carbonated alkalies. In this it differs materially from the white and salt sulphur, and is more nearly assimilated in its properties to the red and grey sulphur. It is, however, more decidedly alkaline than either of those springs. This peculiarity will ever recommend it to persons subject to acidities of the stomach, and to the other concomitants of the dyspepsia; while the large quantity of sulphuretted hydrogen that it contains will render it useful in all of those complaints for which sulphur water is usually prescribed.

The following experiment was performed with the view of ascertaining the quantity of gas contained in the water. Three measures of the water were placed in a retort, and the bulb of the retort plunged in water, heated to the temperature of 108° Fahrenheit. The gas, as it was extricated, was received over mercury, in a graduated measure. The result was, that the three measures of water yielded one measure of gas. This gas was subsequently tested, and found to consist of sulphuretted hydrogen, azote, and atmospheric air—principally of the former.

The presence of iron was not detected by the usual tests; but the water, when treated with prussiate of potash, and subsequently with sulphuric acid, yields a blue precipitate, which is evidently prussiate of iron. The sulphuric acid, having a stronger affinity for potash than the prussic acid, disengages the latter. The acid thus disengaged, unites with the iron in the water, and forms prussiate of iron, or Prussian blue.

Although the water contains but about thirty-six grains of mineral substances,* to the gallon, it acts, under certain circumstances, with great promptness on the bowels. This we might infer from the nature of the ingredients with which it is impregnated; but, as experience sometimes falsifies the elaborated deductions of the theorist, I deem it necessary to establish the truth of my assertion, by reporting the result of an experiment performed with the water on my own person. On the day of my arrival at the spring, I was sensible in some degree of acidity in my stomach. As I passed the spring, on my way to the hotel establishment, I took a very moderate draught of the water, which, in less than an hour, produced a copious alvine evacuation, and kept my bowels moderately open for the next twelve hours. After my system was thus cleared out, it produced very little impression upon the bowels.

It may be laid down as a general principle, that *when there is acidity in the stomach, the water will act with great promptitude upon the bowels; but in the absence of such acidity, the action of the water is expended, principally upon the urinary organs, and the cutaneous system.* Its effects upon the system are invigorating; it promotes digestion, and improves the secretions generally; it strengthens, without producing an undue excitement, and may therefore be used beneficially in some cases, in which the waters of the White Sulphur, from its stimulating properties, would prove destructive.

I would only say, in conclusion, that I was pleased with the manner in which the establishment appeared to be conducted, and with the spirit of enterprise manifested, and the taste displayed in the plan of improvement, which was kindly exhibited to me. I met with no situation among the mountains susceptible of as great improvement as that selected for the buildings. It may be made a second Eden."

* The smaller of the two springs at the Red Sulphur contains about sixty grains per gallon. The larger, which is most used, does not contain but about twenty-four grains per gallon.

Art. II.—*The Medical Magazine.* Edited by J. B. Flint, E. Bartlett, and A. A. Gould. Boston, June, 1835.

1. Pathological Anatomy.—This is an interesting and valuable article by one of the editors, Dr. Bartlett, and is a continuation of his "Contributions to Pathological Anatomy," which we noticed in our number for April. The history, and post mortem examination of five cases of typhus fever, as it occured epidemically in the town of Lowell, during the past winter, are given. We select the following case, and also some of the remarks of Dr. B., which are of considerable interest.

"Miss A. C., aged 25, was first seen by her physician, Dr. Kimball, March 25th, and she died April 4th. She had been complaining of a steady, dull pain in the head for two weeks before Dr. Kimball saw her, but she continued at her work till March 24th: from this time until the period of her death, she grew daily and constantly worse, symptom after symptom coming out and developing itself in a series as regular and gradual as the process of vegetation. There was no diarrhœa during the first four days. After that, it was moderate and easily restrained. The matter discharged from the bowels was fluid, like water, of a light yellow color. Just before death there was a very copious involuntary evacuation of dark grumous blood. For the first seven days the tongue was covered with a thin, moist brown coat, the tip only being red. During the last two or three days, it was red and dry, and was protruded with difficulty. The pulse was feeble and soft from the first, and never slower than 120. The respiration, during the last two or three days, was irregular, quick and noisy, not laborious. There was a good deal of thirst. During the

last half of the time, there was occasional flushing of the face, with general febrile excitement. The mind was sluggish from the beginning. Slight delirium showed itself March 29th, and continued increasing until death. Muscular tremors, especially in the hands and arms, were constant after March 31st. There was no distensien of the abdomen till April 2, when it became tumefied and tympanitic. The swelling and tension subsided before death. There were two or three flea bite eruptions on the chest, and one on the right arm.

Examination fifteen hours after death. There was no emaciation, and the body was remarkably fat. In the head there was no unusual vascularity. The lateral ventricles contained about half an ounce each of serum. There was also rather more of the same fluid effused under the arachnoid, especially at the superior part of the brain, than in the preceding cases. The membrane itself was in some small patches slightly thickened and opake, occasioning an appearance which has sometimes, I suspect, been attributed to an effusion under the membrane of turbid, milky serum or lymph. The substance of the brain was very firm. The substance of the lungs was apparently free from disease. A small portion only of a bronchial tube was examined, the mucous lining of which was rather red, whether morbidly so or not, I am unable to say.

The peritoneal surface was natural, excepting some irregular shaped patches of redness on the serous coat of the intestines, which were probably the results merely of post mortem accumulation of blood. The glands of Peyer and Brunner in the ileum were in various states of diseased development. The agminated follicles were generally not so large as in the preceding cases. They were more and more thickened, as they approached the termination of the small intestine, and those nearest to the cœcum were much elevated, with irregular, rough surfaces, covered with the yellow matter. The mucous membrane of the ileum was not sensibly altered, and its contents consisted only of a small quantity of thin fecal matter, of a yellow color. Confined to the cœcum and commencement of the colon, were ten or twelve isolated follicles, with elevated and yellow points. The mucous membrane of the large intestine, from the edge of the ileo-cœcal valve, was of a uniform, dark red color, and unequivocally softened. The intestine contained a large quantity of a very dark, grumous fluid, resembling that discharged from the bowels just before death. The mesenteric glands were enlarged and red. In one of the ovaries there was a cyst as large as a hazel-nut. The spleen was enlarged and soft.

The fever of the last winter commenced early in December, and the most curious point in its history is connected with its chief locality. There have been occasional cases in almost every part of the town, but by far the greatest number occurred among the females employed in a single mill, and most of these, even, were confined to two rooms. This mill is situated on a line with five others, and in their immediate vicinity. It is about one hundred and fifty feet in length, and five stories high, the rooms occupying the whole length and breadth of the mill. The ground room is used for carding, and the average number of hands employed is thirty-five. *There was not a single case of disease from this room.* The second story is used for spinning. Four females employed in it, went out sick during December, one on the 8th, 9th, 10th, and 15th, respectively. The one who left December 10th died on the 27th of the same month. The average number employed in this room is sixty. In the third story is carried on weaving, and the average number occupied in it is sixty-five. Between Dec. 5th, and Jan. 22nd, inclusive, *twenty-six* girls left this room, all of whom, excepting some two or three, were ascertained to have had the fever. They left the mill in the following order: one, Dec. 5th, two on the 11th, one on the 13th, one on the 18th two on the 20th, two on the 21st, three on the 22nd, two on the 23rd, one on the 24th, 27th, and 31st, respectively. One left Jan. 5th, two on the 8th, two on the 9th, and one on the 10th, 12th, 21st, and 22nd, each. The fourth story is used for the same purpose, and has the same number of employed hands as the third. Between Dec. 13th, and Jan. 27th, eighteen girls left this room. One left Dec. 13th, one on the 17th, two on the 19th, one, each, on the 20th, 22nd, and 23rd, two on the 24th, and one on the 27th. Three left Jan. 1st, and one on the 7th, 9th, 10th, 16th, and 27th, successively. From the 5th story, occupied as a weaving room, and having from twenty-five to thirty girls employed in it, there were but two sick. One of these left the room Jan. 10th, and the other Jan. 17th.

Thus, out of one hundred and thirty females employed in the two rooms of the same building, one third were attacked with typhus fever between the days of Dec. 5th 1834, and Jan. 27th, 1835. Of the forty-four sick from these two rooms, nine died in Lowell. There were also two deaths ascertained among those of the number who left the town immediately on leaving the mill. During this period there were a few cases of fever in various parts of the town. There could not be discovered anything about the mill or the two spinning rooms to account for the connexion of so many cases with these rooms. There was but a very small number sick from the other mills in the vicinity. The overseer of the room in the third story informed me that for nearly five years, during which he had the care of the same room, there had been among those at work in it, only three deaths. There did not seem to be any connexion between the disease and the situation of the boarding houses of those who suffered from it.

In most instances the patient had been complaining for several days before calling a physician, commonly of headache more or less severe, pain in the back of the neck, in the back and limbs, loss of appetite, muscular weakness and chilliness. The sleep, even during the access, was disturbed and unrefreshing. In some cases there was dizziness accompanying the headache, or present without it. Southwood Smith says, that, invariably, the *first* symptoms of fever consist in some derangement in the functions of the cerebro-spinal apparatus. In two cases the first feelings of ill health experienced by the patients consisted of severe pain in the bowels, accompanied with tenderness on pressure. In another, and that a fatal case, the patient had been at her usual work during the day, in her usual health, and on getting into bed at night felt *lame*, this being the first symptom of fever. The tongue during this stage was commonly moist, with a thin, yellowish or brownish coat; in some cases it was red and clean from the beginning. There was in many instances as much thirst at the first as during any state of the disease. Diarrhœa in this early period was occasionally present. As the disease went on, almost every possible variety in the progress, changes and development of the different symptoms was exhibited.

The headache which was one of the most constant symptoms of the access gradually diminished in severity, and disappeared in the course of a few days. In a few instances it was more obstinate, and continued for a longer time. The same remarks are true of the pains in the back and limbs. I think most of the patients complained more of pain in the legs than in the arms. Delirium was present in a considerable portion of the cases. This was commonly partial, and of a moderate character. In most cases the patients knew those about them, and when questioned would answer correctly. Attempting to get out of bed was not unfrequent. In some, even of the fatal cases, there was not the slightest perceptible alienation of mind during the entire course of the disease. In two or three instances this symptom was present as early as medical aid was called; more usually however, it came on later. Sluggishness of the mind and the senses, with more or less stupor, was a frequent condition, but profound coma was seen only in one or two patients. A moderate degree of intolerance of light and sound was pretty common; sometimes there was dulness of hearing. The sleep was generally interrupted and unrefreshing; in a few of the milder cases it was not much affected. Muscular tremors, particularly about the wrists and fingers, were occasionally present, although this was far from being generally true even in the fatal cases. Picking at the bed clothes, and pulling them over the head, occurred in a few instances. The muscular debility was very great, in some cases extreme. Patients were almost invariably dizzy, and sometimes faint on attempting to sit up.

There was, generally, little or no morbid heat of the skin. In some cases the surface was soft and moist throughout the disease. The head was hot in several patients, where there was severe cerebral affection. There was nothing very obviously marked or peculiar in the character or expression of the countenance. The position of the sick was commonly supine.

The pulse was frequent, small and soft. In the early stage of the fever, following the access, in cases where there was a good deal of febrile heat and excitement, it was sometimes undulatory and full, but still very compressible and easily arrested by the finger. I saw more than thirty cases of the disease, and in no one was there the *strong*, *hard* pulse of simple inflammation. In a majority of the patients there were distinct exacerbations or *fever fits*, during which the face became flushed, and all the uncomfortable or painful sensations increased in severity. These were most frequent in the afternoon, but they occurred irregularly at different times of the day, and in some few instances they were altogether wanting. The respiration generally was somewhat hurried, and had no peculiar character, except where it was irregular, noisy and hissing. I do not know that this was observed in any cases where the patient was not delirious. There was very generally a slight, dry cough. This symptom was more severe in those few cases in which the thoracic affection was prominent.

The appetite was, uniformly, lost. The thirst was in some cases urgent, in others moderate, in others still, absent, Cold drinks were generally preferred, but not invariably. Nausea and vomiting occurred in some of the cases, but in many others they were wholly wanting. The tongue assumed a variety of appearances. In a few of the mild cases it was only slightly covered with a light, moist coat, during the entire course of the fever. In other instances it was clean, red and shining, moist and clammy, or dry and glazed.

Pain in the abdomen was one of the symptoms most uniformly present. This was intermittent and griping, and in several cases exceedingly severe and long continued. Sometimes it was accompanied by diarrhœa, sometimes it was not. This latter symptom was pretty frequently present, but it was far from being invariably so. In a few cases it was urgent and obstinate throughout the disease; more commonly it was moderate and easily restrained; in several instances it was entirely wanting. Some patients were troubled with it in the early stage of the disease, and not afterward; in others it came on late in the disease. The discharges, were, generally, watery, of a light yellow color, resembling new cider, and not particularly offen-

sive. In some few cases they were more consistent, of a darker color and more offensive. In two or three cases only, was there hemorrhage from the bowels. Tenderness on pressure was pretty common, It was not generally very acute, and in many cases not felt at all. There was a tympanitic state of the abdomen in most of the severe cases, especially in their more advanced stages. The flea-bite or typhoid eruptions were distinct in several cases where they were looked for.

I have but few words to say about the treatment. General bloodletting was resorted to early in the disease, in some of the severe cases. The two cases in which, so far as I know, it was most extensively used, were fatal. In these there was severe and obstinate pain in the head. Leeching, especially of the abdomen, seemed to be beneficial in allaying pain and removing tenderness, as did also hot fomentations. Counter irritation upon the abdomen appeared to act favorably in a similar manner. The operation of purgatives where there were prominent abdominal symptoms, more frequently aggravated than relieved them. Emetics were but little used, and when used, without any very obvious effect on the disease that I know of. Calomel was not much resorted to as an alternative. When used it did not produce salivation, and no very evident benefit resulted from its administration. Opium acted kindly and effectually in moderating pain in the bowels, and in restraining or checking diarrhœa. It was pretty generally used in the management of the disease, and I am not aware that any sensible ill effects were in any case produced by it. Quinine, even in the advanced periods of the fever, was illy borne.

2. Profluvium Vaginale.—A case under this title is related by Dr. Isaac G. Porter, of New London, Conn., from which we extract the following details:

The subject of it is a married woman, 27 years of age, of delicate constitution, — the mother of four children, the youngest born October, 1833, after an easy natural labor.—In April she was seized with catarrh, followed by pleuritic symptoms, and a severe cough.

"June 3.—She first applied for advice, her friends fearing incipient consumption. Soon after a deep-seated pain in the right hypochondrium appeared, together with enlargement of the liver, and much tenderness on pressure. As this affection and also the cough subsided, much thickness and paucity of urine manifested itself. This soon diminished under the use of digitalis, squills, calomel and opium, but was followed by evident spmptoms of abdominal dropsy. Various diuretics, and saline and hydrogogue cathartics were administered,—the former usually failing in their operation, while the latter either had no effect upon the distention, or with a partial diminution, produced the most alarming prostration. Tonics were administered to prevent a re-accumulation, but with a return of the hepatic derangement. During the co-existence of the two affections, tr. iodine, as a diuretic, was found extremely efficacious after having first resorted to small doses of calomel.

June 26.—She informs me, that a few days since, there was a small discharge of bloody serum from the vagina, which came in a single gush. Recently she has had much distress just above the sacrum, and very severe bearing down pains. To-day, there was another discharge from the vagina,—inodorous, nearly colorless, and in quantity full a pint. From the severity of the shock, or the sudden removal of the "stimulus of distention," she nearly fainted. Nothing like a membrane followed. Lower portion of abdomen very sensible to pressure, but diminished in size; high febrile action; urine red, and coagulable by heat.

July 12.—After the last discharge there was constant, though moderate, flooding for nearly a fortnight. During lactation, if we except the three first months, she has always had the catamenia, and as often as once in two weeks,—hence the flooding gave little alarm, and was for some time concealed.—She has now the sensation of something in the pelvis, which induces the most urgent bearing down pains. Fearing a prolapsus of the uterus, an examination was made, but none was apparent. The os tincæ was found prominent, a little dilated, yet resisting like cartilage. The uterus suddenly distended from the os tincæ towards the rectum, and an obscure feeling of an irregular tumor was in the same position. The parts were so excessively tender as to resemble the irritable uterus.

We need not follow all the details of the case.

Feb. 11, 1835.—Owing to exposure to cold, Mrs. S. has had a slight return of hepatic inflammation, followed by her former dropsical complaints. The distention was chiefly confined to the right portion of the hypogastric region, where there was much tenderness on pressure,—bearing down pains severe, and following each other at regular intervals,—pulse 120. This affection soon yielded to digitalis, calomel and opium,—the swelling in the right hypogastric region nearly disappearing with the hydropic symptoms. She informs me that since the middle of September, her health has been tolerably good,—that two months since she had another discharge from the vagina, and six weeks after, another, each consisting of more than a pint, and each accompanied by intense bearing down pains, and preceded by much distention in the right portion of the pelvic region, which subsided with the discharge.

Is the foregoing a case of solitary hydatid? For reasons of her own, our patient had thought herself pregnant for two or three

months previous to the first eruption. Nothing, however, like a membrane has, in any instance, followed the discharge. Constipation and retention of urine existed, but compression produced by any other cause than hydatids, would have a similar effect.

Or, is it an instance of the discharge of fluids, which had been "retained in the uterus in some inexplicable way?" Such cases are alluded to by Denman, Dewees and others, and are not very rare, the writer having now a patient, who is occasionally subject to sudden burstings of serum from the vagina, but without any of the attendant symptoms of the case above detailed. It will be recollected, that in one instance, the catamenia ceased but a few hours, previous to a discharge, thus showing that there could be no occlusion of the uterus, or, that the fluid must have been contained in a cyst, that has never been discharged."

3. Physiology of the Schienderian Membrane.—This paper was read by Dr. B. F. Wing, before the Boston Society for Medical improvement, an institutien which promises to effect much good. Dr. Wing's paper is interesting and we hope he will pursue the investigations he has commenced, for we conceive the subject has been too much neglected.

4. Spermorrhœa Entonica.—M. F. Colby, M. D. relates a highly interesting case.—The patient had previously for years been under the care of other physicians.

"In July, 1830, he consulted me for the first time. From the anomalous character of his case, as well from the failure of the various remedies which had been prescribed, I was induced to enter into a rigid and minute investigation. On inquiring into the state of the genital organs, he expressed a conviction that the peculiarity of his case was in some way connected with a morbid state of those parts. He informed me, that previous to his marriage, he had indulged his sensual propensities, and that since that time he had not been confined to the rigid limits of matrimonial injunctions. He described his sexual appetite as painful, and often mortifying in the extreme, and stated that since the occurrence of his fits he had been so sensitive that the approach or even passing near him, of a female would produce *ejaculatio semenis*. I directed alkalies, laxatives, and the carbonate of iron, with frequent application of cold to the genital organs. From these he received little benefit, and I then advised him to abstain almost entirely from medicine, and to avoid as much as possible all exciting causes.—Since that time the violence of the fits was not increased, and during last year they were somewhat less frequent. For several years previous to his death his respiration was intermittent during sleep, and Mrs. A. was obliged to awake him several times in the night and to feed him once or twice. He was also obliged to take food often in the early part of the day, and whenever his appetite was good, he was able to pass the afternoon without an extra meal. This was not the case when his appetite failed, he was then compelled to eat often through the day. In general, he had a good but not a voracious appetite. He chose meat with other solid food at his regular meals, and seldom complained of distress after eating. The quantity of nourishment taken in the interval between meals was small, generally light, and he ate without appetite. Whenever his food was omitted at night, he passed insensibly into stupor, from which he seldom recovered till the afternoon of the next day. His wife thinks that feeding him quite often during the latter part of his life would have prevented his fits in a great measure. The week previous to his death he took medicine from an irregular practitioner for the cure of tapeworm. The prescription contained ten grains of gamboge, besides scammony and calomel. A high state of irritation supervened, which terminated in his death.—Mr. A. had six children by his wife, the eldest seventeen years, and the youngest four weeks: at the time of his death he weighed 360 pounds.

A post-mortem examination of the body was made September 5th, 1834, twenty-four hours after death. The following were the principal morbid appearances. Chronic inflamation, with thickening of the mucous membrane of upper part of the stomach. The small intestines exhibited traces of recent irritation, the inner coat being lined with tenacious mucous deeply tinged with gamboge.—Mucous membrane of upper portion of colon thickened and ulcerated in several points.—Brain: membranes highly vascular; cerebrum perfect, but highly engorged; sections of its substance presenting innumerable small red points. Cerebellum natural. Tester small, shrivelled, flaccid; epididymis somewhat indurated. Body linen deeply stained with seminal fluid, which showed the last act of expiring nature.

What would have been the effect of emasculation in the above case?"

5. Empyema.—Dr. J. A. Gallup's remarks on the operation of paracentesis of the chest for empyema, are judicious and valuable. He relates the history of a case in which it was successful, and we quote as follows:

The old method of puncturing obliquely with a trocar should be abandoned. The trocar never ought to be used in these cases, nor even in hydrothorax. It is impossible to exclude the atmospheric air, and in fact it is proper that it should be admitted in order to keep up an equilbrium. It is not the admission of air that injures, but the wound, and the alterations produced by removing a large quantity of matter from highly inflamed surfaces. In these instances the reflex action on the general system becomes very intense, and

this state of things cannot be endured in a system universally diseased, as manifested by a pulse of 120 in the minute. Persons operated on under these circumstances, with an effusion of pus or water, seldom survive the operation more than five or six days. In chronic cases of dropsy either of the chest or abdomen, on the other hand, destitute of a febrile diathesis, we see the operation repeatedly done with perfect impunity.

6. Fracture of the os Pubis.—Dr. C. H. Stedman relates a case of fracture of the pubis and laceration of the liver, together with other injuries, occasioned by a heavily loaded waggon passing over the body of the patient.

ANALECTA.

1. Anatomy.—*Newly discovered arrangement of the Arteries in the Erectile Tissue of the Penis.* By Professor J. Muller, of Berlin. (*Archiv fur Anatomie und Physiologie*, No. II. for 1835.) The second number of Müller's (late Meckel's) Archiv contains the account of an interesting discovery recently made by the editor, Professor J. Müller, of Berlin, relating to the disposition of the small arteries of the penis, which tends to explain the structure of the erectile tissue of that organ,—a subject which, notwithstanding the investigations of Cuvier, Tiedemann, Moreschi, and Panizza, was still involved in much obscurity. These observations point out a fact entirely new in the structure of the arteries of the erectile texture, and promise to throw some light on the nature of the erectile condition of the blood vessels.

Most of those who have investigated the structure of the erectile textures of the penis by injections, have contented themselves with filling the veins of the organ, and thus, although the structure of the venous caverns of the *corpora cavernosa*, and the dilated veins of the *corpus spongiosum urethræ* was sufficiently well understood, yet very little was known respecting the mode of termination of the smaller artereis. It has been generally believed that the same small capillary arteries which nourish the penis carry the blood into capillary veins, that the blood passes from these into the dilated venous branches or sinuses, and that the state of erection depends on the retardation of the flow of blood in these venous spaces.

Professor Müller has, by a careful injection of the arteries of the penis, pointed out, besides the capillary branches which nourish the penis and transmit the blood into the capillary vessels and dilated veins, a number of very remarkable appendices connected with smaller arteries, both in the *corpora cavernosa penis* and *corpus spongiosum urethræ*, which, from several circumstances, it is very probable, are the vessels more immedietely concerned in maintaining an increased quantity of blood in the penis during erection.

The easiest way of rendering these two sets of arterial branches apparent, is to inject the principal artery of the penis, before its subdivision, with size and vermilion of moderate consistence, and then, making a longitudinal section of one of the *corpora cavernosa*, to wash away any part of the injected mass which may have passed into the venous spaces. The ramifications of the nutrient arteries will then be easily seen upon the inner sides of the venous spaces, the arteries becoming smaller and smaller, until at last they pass into the minute capillary network, the branches of which cannot be seen with the naked eye. Besides these nutrient ramified arteries, there will also be seen upon a careful examination another set of arterial branches of a different size, form and disposition, which are given off nearly at right angles from both the larger and smaller trunks of arteries. These arterial processes are about one-hundredth of an inch in diameter, and one-twelfth long, and are quite easily seen with the naked eye. They project into the cavities of the spongy substance, and terminate either bluntly or by dilated extremities, without undergoing any ramification. These short arterial processes are turned round at their extremities into a semicircle or more, and present a contorted appearance, which circumstance has suggested to Professor Müller the name of Helicine arteries, which he has applied to them.

The helicine arteries of the penis are more easily seen in man than in any other animal which Professor Müller has examined. He has found them in all the animals in which he has sought for them; they are to be seen at the posterior part only of the penis in the stallion, but in the dog exist throughout the whole organ.

In man, the helicine twigs of the penal arteries sometimes come off singly, and at other times they form tufts or bunches, consisting of from three to ten branches, and having in general a very short common stem. The swelling at the extremity, when it occurs, is gradual, and is greatest a little way

from the end. The helicine branches given off from large arteries are not of a greater size than those coming from smaller ones, and even the smallest capillary arteries of the *profunda penis*, which can be seen with the help of a glass only, give off helicine twigs of a much greater size than themselves.

Each helicine branch projecting into a venous cavern is covered by a thin membrane which Professor Müller regards as the inner coat of the dilated vein, and when there is a tuft of helicine twigs, the whole tuft is covered with one envelope of a gauze-like membrane. This covering is considerably thicker on the helicine arteries in the posterior part of the *corpus spongiosum urethræ* than in the *corpus cavernosum*, but it seems probable that this is in some measure connected with the state of repletion of the arteries, for when the injection has run very well, it becomes difficult to distinguish the external covering.

Professor Müller states that he could not discover any apertures either in the sides or in the ends of the helicine arteries, but he seems to regard it as probable that minute apertures do exist, which may be of a nature to allow the passage of blood in some states and not in others.

The helicine arteries are not, as some might be inclined to suppose, loops of vessel which have been incompletely filled, and which, after making a coil, pass into venous spaces, as E. H. Weber discovered to be the case with the arteries of the maternal portion of the placenta; they are merely projecting branches from the arterial trunks containing blood.

The helicine arteries are more numerous towards the root than near the point of the penis. They exist in the *corpus spongiosum urethræ*, especially towards its bulb, but they are not so easily seen there as in the *corpora cavernosa*. They have not yet been observed in the glans. Their structure is nearly the same in all the animals in which they have been observed: those of the ape bear the nearest resemblance to those of man, and in most animals they are less obvious than in the human subject. In the horse and dog, they give off small nutrient twigs from their sides, which render them more difficult to be seen in these animals than in man.

Professor Müller conceives these helicine or tendril-like arteries to have an intimate connection with the process of erection, and there is every probability that this is the case; but experiments and observations are still wanting to show in what manner these arterial branches are affected in the erected and non-erected condition of the texture in which they exist.

We recommend to the attention of our readers this discovery of Professor Müller's, whose researches have already done a great deal for the advancement of physiological anatomy. The memoir is accompanied with a well executed engraving, containing numerous representations of the helicine arteries, which we regret that time has not enabled us to copy. Ed. Med. and Surg. Jour. July, '35.

2. Medical and Surgical Jurisprudence.—*Rupture of the Diaphragm and Fracture of the Cranium, in consequence of severe injuries; with remarks on the medico-legal questions to which they give rise, by* Dr. Davat, (*from the Archives Generales de Medicine*, September 1834.) Three men, returning half drunk from a fair, allowed themselves to be beaten by a fourth, who had drunk as much, and an hour afterwards waited on Dr. Davat, having spent the intermediate time in traversing a mile and a-half. The two younger, who had received only some small scratches and slight bruises, made such a noise that Dr. Davat got rid of them as fast as he could, without paying attention to the eldest, who sat on a chair without speaking a word, resting his head on his hands, and his elbows on his knees. M. Davat did not speak to him, believing that he assumed this position because he was more drunk than the rest. The other two had answered very eagerly the questions put to them, and never mentioned that one of them had fallen senseless under the blows which he had received. When the two departed, the third, J. V., who never spoke much, rose slowly without assistance, reached the door, walked without staggering, and M. Davat lost sight of them all till the next morning.

During the twelve or fifteen minutes they remained in M. Davat's study, J. V. made no attempt at vomiting, never spoke, continued in the position described above, and gave no sign of uneasiness. On going away, his countenance exhibited only uneasiness. It was six o'clock in the evening when they left M. Davat, and they had a full hour's walk up hill before them. All three remained in the village for more than an hour and a-half, telling every body who would hear them what had happened. Those who surrounded were more anxious to hear than to observe, and no body pitied them. It was remarked, however, that J. V., though standing like the rest, appeared absorbed, did not concern himself about any thing, spoke little, or rather answered only yes or no. It was said that he attempted to vomit, but without effect. He did not complain of any thing.

At last they proceeded on their way towards their hamlet, but when they were only half way J. V. fell from weariness, and did not rise again. He was placed in a mill, where he spent the night. In the morning he was carried home, and M. Davat was sent for. According to the account given by his companions, he became insensible at nine o'clock in the evening, which gives an interval of four hours from the time he was struck till sitting down from fatigue he became comatose, in which state he remained till his death.

J. V. was described by his friends as being of a good peaceable disposition. He did not speak much in general, occasionally drank a little wine, which he bore easily, was vigorous, strong, healthy, and 36 years of age.

On being introduced to the patient M. Davat found him lying on his back. On stripping him to his shirt, it was found unstained. The body in general was perfectly formed and very muscular—not the slightest scratch, bruise, or trace of violence appeared externally, though the body was minutely examined, particularly the head, chest, and abdomen. Nothing appeared externally to account for the alarming symptoms. The clothes were slightly soiled on the back, but the stains appeared to be the result of the moisture imbibed from the dunghill on which he had slept.

The symptoms indicated cerebral hemorrhage, probably external to the encephalic mass, because sensation and motion remained throughout, though the immobilty appeared complete. When the patient was pinched he drew back the limb. The skin was generally cold, the limbs were remarkably rigid, the pulse small and weak, the palpebræ half-open, the eye immoveable, the iris dilated, but still slightly sensible to the light—the mouth half open and frothy without any deviation. The respiration was anxious, painful, and difcult—the muscles of inspiration strongly raised the chest, but there was scarcely any pulmonary expansion, and that accompanied by the death rattle. Percussion was not exercised on the chest. Deglutition was still possible, but very difficult. The froth of the mouth seemed to come from the bronchi—not the smallest quantity of the matter contained in the stomach was found in it. The abdomen was flexible, but exhibited nothing peculiar. In despair as to the cause, M. Davat opened a vein in both arms without obtaining any blood, and applied sinapisms to the calves of the legs. The patient died at one P. M.. M. Davat knew not whether to attribute this mortal apoplexy to the quantity which the patient had drunk, or to the ill treatment he had received. It was said, to be sure, that he had been struck, but neither could the place where the blows had been given be shown, nor could the nature of the instrument be pointed out; besides, the whole surface of the body was free frem lesion of any kind. Whatever it was, a judicial examination of the body was ordered, and M. Davat accompanied Dr. Mandé to the dissection. The body was examined forty-four hours after death.

There was very decided rigidity. The thumbs were flexed on the palm of the hand, and the fingers on the thumb. The muscles were retracted and showed vividly their forms. The traits of the countenance were regular, and the mouth was not turned to one side.—There was neither ecchymosis, scratch, nor contusion on the surface of the body. There was some cadaveric marks on the back, the result of pressure. While this external examination was going forward, the medical men were informed that deceased had been struck on the head. Their attention was consequently directed to the scalp, the hairs on which were long, rude and thick, but nothing was found on the external surface. Having cut through the scalp from before backwards, and turned it down upon the ears, the subjacent cellular tissue appeared infiltrated with black blood throughout the posterior part of the head, extending to the interstices between the muscles of the posterior part of the neck. This infiltration, though abundant and extensive, had not ruptured the cells of the cellular tissue, so that no collection of blood was found. It was confined between the pericranium and the derma of the scalp, which was scarcely blackened. On the left parietal protuberance there was a slight longitudinal sanguinous infiltration. There the cellular tissue was slightly separated or torn, but the hairy scalp which covered it presented no observable contusion, or the slightest visible lesion, so that this could not have produced the extravasation of blood mentioned.

After having raised the bloody cellular tissue and the pericranium, two large fractures appeared, the one longitudinal, the other transverse, uniting at a right angle on the left parietal protuberance. From the point of union, several smaller fractures extended in rays to the neighbouring bones to the extent of one or two inches. The centre of all these different fractures exhibited a fissure communicating with the cavity of the cranium, by which the infiltrated blood had been effused through the cellular tissue.

The longitudinal fracture extended from behind forwards. Commencing at the posterior border of the *foramen magnum*, it traversed the occipital, left parietal, frontal, and body of the sphenoid bone, and ended at the sphenobasilar articulation.

The transverse fracture extended from the articulation of the left parietal with the temporal to the middle of the squamous portion of the right temporal. Its direction across the parietal bones was obliquely from left to right. It cut at an acute angle the line of the longitudinal fracture, directly on the left occipital protuberance, passed half an inch farther forward than the right parietal protuberance, and lost itself about the middle of the squamous portion of the right temporal, which was splintered by a counter blow. On raising the skull cap, the fractures above described extended through the whole thickness of the bone; and under the parietal protuberance between the disengaged *dura mater* and the bone, there was an effusion of coagulated blood to the amount of about two ounces.—The eparation of the *dura mater* was to the extent of four inches. The hemorrhage was probably caused by some of the splinters, which had wounded some of the branches of

the middle meningeal artery. No other bloody effusion existed on the surface of the cranium, the splinters of the fractured portion of the temporal were not displaced, and no hemorrhage accompanied the fracture of the body of the sphenoid. The cerebral substance was not injured in any part. The left hemisphere bore the mark of the depression which it had suffered, but its parenchyma was without apparent lesion.

The abdominal parietes did not, either superficially nor in the thickness of the muscles which composed them, present ecchymosis, contusion, or any thing else. The liver, kidneys, spleen, and intestines were even in a healthy state.

On examining the stomach the great *cul de sac* had disappeared. A longitudinal laceration across the diaphragm, especially its phrenic centre, had allowed it to pass into the cavity of the thorax. This laceration was recent, two inches and a half in extent, and presented some floating shreds yet bloody, but these bloody little drops were so little characterized that it would have been imprudent to have drawn any conclusion from them. The edges of the laceration did not adhere to the herniated stomach, which had compressed the opening so as to render its borders scarcely red or rather pale, so that little blood had escaped, and this, besides, was mixed with the matters effused into the pleura so as to be recognized with difficulty.

The abdomen contained no foreign matter, and nothing was effused into its cavity.

The herniated portion of the stomach was ruptured, and its contents had escaped into the thorax. These consisted of dry vegetables, meat, bread, wine, &c. in a state scarcely digested, and filled two soup plates.

The laceration of the great *cul de sac* of the stomach extended to an inch and a half on its superior surface. Its circumference was red, unequal, and as it were broken, and the blood was not coagulated at the extremity of the open vessels. Pressure round about was sufficient to cause the blood to ooze out in small quantity. Except this opening which presented nothing more on its edges, the stomach was quite healthy.

The blood effused from this wound, like that from the wound of the diaphragm was mixed with matters contained in the pleura, and the clots of blood were with difficulty distinguished from the aliments which had been traced by a rich coloured wine. Besides little blood being effused, the clots were small and rare.

The whole inferior lobe of the left lung had been pressed upwards and backwards, while the surface of the pleura in contact with the effusion was red, and its capillaries much infiltrated. This infiltration was a true inflammatory bloody clotting, on the surface of which were developed here and there small pseudo-membranous whitish patches few in number. The bladder contained a considerable quantity of urine.

On reading the above three questions suggest themselves, 1st, was the patient dead or alive when he was struck? 2d, were the lesions the result of a blo wor a fall? 3d, could he have sustained all the lesions mentioned when he presented himself to Dr. Davat at six o'clock P. M. an hour after he had been struck?

1. The patient must have been struck when alive, 1*st*, Because he had been seen during life with all the symptoms characteristic of the lesions observed on opening the body; 2*d*, Because it is impossible to produce in a dead body all the appearances which accompanied the fracture of the cranium, viz. the separation of the *dura mater* to the extent of five inches with effusion of coagulated blood, the passage of the blood outwards through the fracture, and the infiltration of the cellular tissue covering the cranium; 3*d*, Because it is difficult to produce rupture of the diaphragm, and still more so of the stomach of a dead body; and 4*th*, Because when such ruptures are produced small clots of blood similar to those found in the cavity of the left pleura are never met with.

II. On the question as to whether the lesions were the result of a fall or a blow, M Davat makes the following observations. In falls it is most frequently the large viscera, as the liver, spleen, &c. that are ruptured. In the present case they were in a perfectly normal state.

The fractures of the head could have been caused only by a hard round body producing its effects by one blow, and rather by its velocity than its weight. The external violence was applied on the left parietal protuberance, the point where all the fractures met, or rather whence they all proceeded. The counter fracture of the right temporal, the situation of this fracture, its position with reference to that of the left parietal, indicate the direction in which the violence acted; and since it has been remarked, that the direction of the great longitudinal and transverse fractures is slightly oblique from left to right, it will appear that the tangential violence could act only by producing with the perpendicular diameter of the head a very obtuse angle. In whatever situation the body was placed, it was impossible for such a fall to have happened on the parietal. The rupture of the diaphragm and the stomach can be explained only by the action of some external violence driving the intestinal mass upwards. The substance must have been caused by something pliable, and it must have acted very readily at one blow with extraordinary violence, because the abdominal parietes presented no lesion.

No object fulfils all these conditions better than the knee.

At the moment of the injury the stomach was distended by food. The violence drove it through the contracted diaphragm, and, not being all expended, terminated by tearing the stomach. A fall could not have produ-

ced this. Had it been the effect of the wheel of a carriage it would have been indicated by marks on the clothes, or extensive lesions in the abdomen. The cause, then, which produced the injury of the stomach and diaphragm was evidently a blow. This must have occurred during life, as M. Davat proved by the following experiments. Having filled the stomach of a subject with various alimentary substances, reduced as if by mastication, and tied to the œsophagus, he struck vigorously and rapidly the epigastric region. Rarely and with difficulty with one blow was rupture of the stomach produced. It was only once in six times that he accomplished it, and in this case the stomach was distended with a quantity of matter which he believed it incapable of containing during life. By frequent percussion it was always ruptured, provided it was not almost empty, and this rupture was produced more easily, in proportion as the tissues of the stomach were softened by decomposition, inflammation, or maceration by its contents. By one or two percussions the diaphragm was never ruptured, the stomach was ruptured on one or other of its surfaces, sometimes in two places at once, and the matter was effused into the cavity of the abdomen.

From what has now been mentioned, it would appear that the vital forces exercise some influence on the frequency of ruptures of the diaphragm. In order to produce a force acting in some measure like vital contractility, M. Davat distended the intestines with as much air as they could hold, after having previously filled the stomach, tied the œsophagus, and inflated the lungs. The diaphragm was then ruptured as well as the stomach, but the stomach did not protrude into the cavity of the pleura, and the matters contained in it were effused into the abdomen.

To ascertain all the influence of this muscular contractility, as well animal as organic, on the frequence of ruptures of the diaphragm or stomach, M. Davat made some experiments on living animals, and remarked, that it was not indifferent whether the percussion was made during inspiration or expiration. Percussion during inspiration produced almost always a double rupture, 1st, of the diaphragm, and 2d, of the stomach. The hernia of the latter through the diaphragm appeared to be owing to muscular effort alone.

When any one is struck during inspiration on the epigastric region, the stomach being filled with food, the diaphragm contracts and suddenly corrugates as well as the stomach. These two organs suddenly rendered tense become immovable, and so to speak attentive to the shock. The diaphragm is perhaps already ruptured, whilst the expiratory abdominal muscles, suddenly contracting, add their force to that of the percussion and produce hernia of the stomach. During this, the acting force traverses the soft parts which retard it. Partially broken it follows the curvature of the stomach, arrives at the terminated portion, is concentrated anew, because it comes in contact with nothing by which it may be propagated, or because it is retained, and expends itself in lacerating the part. From all these considerations, M. Davat concludes that the lesions were produced during life.

III. The third question is, had all the lesions been inflicted on J. V. when he called on M. Davat at six o'clock in the evening? The solution of this was of great consequence, as upon it depended the possibility of the guilt of the person first accused. To answer it in the affirmative was tantamount to declaring that his life of relation could exist for more than three hours, that he could walk a league and speak without complaining much, after a double rupture of the diaphragm and stomach, effusion of the aliments into the pleura, compression of the inferior lobe of the lung, with a fourfold fracture of the bones of the head, lesions which must necessarily speedily produce death, if they did not do so at once.—From what information was obtained, it was evident that he had been beaten. His companions did not say that he had been stunned by the blows, which they would have done if they could, as being a circumstance in their favour. He was only stupified, they said, walked slowly, sometimes by himself, sometimes leaning on the arm of the others, and never spoke a word. Previous to coming to M. Davat, they had walked half a league on foot. J. V. sat down as mentioned above, rested his head on his hands, and remained so till he left: All this time he did not complain, his respiration did not appear painful, his physiognomy had nothing extraordinary in it; he rose without assistance, and retired with his comrades. His walk was slow, grave, but not unsteady. His clothes were clean. After leaving M. Davat's house, he remained with his companions for more than an hour in the village, almost constantly on foot, searching, however, for commodious places where he might support himself. He neither complained, nor spoke a word, nor asked for any thing, but attending to and understanding what was said. It was asserted that he made some efforts to vomit, but without effect. He remained in this situation till nine o'clock in the evening. To reconcile these facts with the lesions found is certainly difficult. It may be added, that of all these evidently mortal lesions, no one was so instantaneously; that the patient was stout, of a vigorons constitution, habituated to fatigue, that he had drunk a litlle more wine than usual; and that it may be so far conceived that the exciting and stupifying power of the wine might have made him momentarily forget his pains, giving him power to speak and walk till he fell under the effect of the compression of the brain, produced by the sanguineous effusion. From the position of the origin of the effusion, the compression must

have been slow and gradual because the blood which was effused must have separated the periosteum, which it is very difficult to do.—J. V. then might have had the lesions of the cranium when he appeared before M. Davat. As to the lesions of the diaphragm, stomach, and lung it is extremely difficult to believe in their compatibility with life for some hours. In the absence of facts to judge by, M. Davat consulted several eminent men of the profession. Their opinions varied; some thought life for several hours incompatible with such lesions, others thought it possible; and others, without denying the possibility of the circumstance, were not disposed to admit readily of its occurrence. The last is M. Davat's opinion. After noticing the effects on the stomach of killing an animal during digestion, M. Davat observes, that, considering that the borders of the rupture were not red; that the quantity of blood effused was small; that black blood oozed from the extremity of the torn vessels on the neighbouring parts being compressed, there is some reason to believe that the rupture took place after death. Considering, too, that the rupture of the diaphragm was four inches and a half in extent, that there was no anhelation, nothing abnormal in inspiration and expiration, it is difficult to conceive it possible that the lesion took place at the same time as the fractures. All the cases on record where the diaphragm in horses was ruptured proved immediately fatal. The same may be said of all happening to men excepting one, where the patient survived some time, and died of another injury. In this case, however, there was distressing cough, difficult respiration, and pain. If such be the case, how much more likely is it that death would occur immediately if to the rupture of the diaphragm there were superadded hernia and laceration of the stomach and effusion of its contents into the thorax. Our own opinion is, that when J. V. presented himself before M. Davat he had sustained the fractures of the cranium, but that the injuries of the diaphragm, stomach, and lung, were incompatible with life for many seconds. The accused was condemned by the criminal court; but in consideration of the alleviating circumstances, the sentence was commuted to seven years hard labour.

We may mention that there is a case narrated by Lieutaud, (Hist. Anatomico-Medic. Lib. ii. Observ. 779) of a man addicted to drinking, and who had complained of various pains resembling rheumatism, being suddenly seized with cough and vomiting, and dying soon after. On inspection, the diaphragm was found ruptured the stomach protruding into the thorax and ruptured, and the contents effused into the chest. In this case the difficulty of breathing was very great. Ed. Med. and Surg. Jour. April '35.

3. Abnormal Secretion of Milk from the Scrotum.—The following very extraordinary case is contained in the inaugural thesis of M. F. Koller, the first thesis presented to the University of Zurich. There is perhaps nothing similar to it to be found in the annals of the science, if we except a case somewhat analagous, cited in *Hufeland's Journal*, Vol. 54, No. 2. The milky nature of the fluid secreted, was put out of all doubt by microscopic observation and chemical analysis. It was found to contain all the characters of milk, and its production was evidently connected in some way or another with the exanthema and ulcer of the right lower extremity. The nature of the stools and urine was natural throughout the whole period during which the patient was under observation. The case is taken from the *Gazette Medical de Paris* of Saturday last, July 4:—

H. V., 21 years of age, had enjoyed good health up to the age of 15, when he began to complain of some feverish symptoms. A few days afterwards the left lower extremity presented an eruption of small, slightly-elevated red spots, occasioning burning heat and pain in the skin: these symptoms soon disappeared, but the foot began to swell, and the lower extremity became tumefied and soon acquired double its natural volume. The general health of the patient was now in no way influenced by the disease. The tumefaction emptied itself from time to time by two small orifices below Poupart's ligament, giving exit to a white transparent viscid fluid, in greater or less quantity. As the tumour diminished the exanthema reappeared. The patient passed three years in this state, which was not altered by the various remedies employed. At this period the genital organs, always little developed and extremely small, began to develop themselves in a sudden and extraordinary manner: the scrotum especially became very large: the external surface of this part was soon covered with a number of small vesicles, which opened, and discharged a great quantity of milky fluid: when the scrotum was compressed, a quantity of the same fluid issued through the two small pores we have noticed, below Poupart's ligament on the inner side of the thigh. This secretion, though generally of a nature completely milky, sometimes presented an aspect slightly serous. The tumor continued to enlarge, although the secretion was not constant, periodically, every three or four weeks. There were now pains in the groin and loins, darting to the scrotum, and when the patient assumed the upright posture, about two or three pounds of the milky fluid came away. Since the commencement of the disease in the scrotum, the ulcer of the leg had closed, and the tumefaction of the extremity much diminished. On the 23rd of August, 1833, the patient was admitted into the hospital at Zurich. The scrotum was now tumefied, and to the touch gave the sensation of a female breast; the skin of the penis was tumefied; the colour of the parts was more deep than natural; the corpora cavernosa were small, and retracted towards the pubis; the testicles were also

very small, and drawn up to the rings; the larynx was little prominent, but the voice was not feminine; the beard and the hairs on the pubes were delicate and few; the right extremity was a little larger than the left.

During the patient's stay at the hospital, the secretion of milk took place severel times. Thus, about the 26th of August, the usual precursory symptoms appeared, and more than three pounds of milk were discharged. On the 30th, there was a new access of fever, and an appearance of the exanthema on the right thigh. On the 11th of September, a fresh discharge of about half a pint of fluid took place, not presenting the same white colour or consistence as the former, and giving out a little the odour of semen. During the months of September and October, the tumour of the scrotum and the secretion of a milky fluid alternated frequently with the exanthema on the thigh; however, the tumefaction of the skin covering the genital organs, diminished remarkably, as well as the quantity of fluid discharged, which became more serous and troubled in its appearance, and finally disappeared.

4. Ligature of Arteries, &c. in Wounds of the Arm.—The cases of ligature give rise to some practical deductions on the part of M. Berard which are worthy of notice. The first was a case of gun-shot wound received in Paris during the disturbances in April. The ball had entered the fore-arm, fractured the middle of the radius, passed in front of the elbow-joint without injuring it, and had completely dissected, as it were, the brachial artery for some extent along the upper arm, in which it was found flattened and imbedded at the middle. The bullet was extracted, together with a fragment, apparently belonging to the radius, after fourteen days of treatment, during which every thing went on in a most favorable manner. An abundant hemorrhage took place from the wound; this was arrested by pressure. No bleeding for eight days. On the 6th of April (22nd day) the blood again issued from the wound in the greatest abundance. The tourniquet was applied, and although the pulse could be felt in the radial artery, the professor determined on taking up the axillary artery, as all the superior part of the limb was infiltrated. The operation was accordingly performed in the axilla, and the occurrence of secondary hemorrhage did not again take place.

A circumstance in this case which is worthy of fixing the attention of surgeons, is the persistence of the pulse in the radial artery. notwithstanding the wound of the humeral. This contributed to throw much light on the nature and extent of the wound in the vessel; it was evident that less than two-thirds of its circumference must have been compromised, for under other circumstances the circulation would have been completely suspended in the arteries of the fore-arm. Immediately after the tying of the principal artery, the phlegmonous and œdematous tumefaction of the arm disappeared, for want, as M. Berard seems to think, of aliment for the inflammation.

The second case is a fine example of the success obtained by cold irrigation even in severe lacerated wounds, and also of the cure of a wounded artery by Anel's method. The patient's arm had been very extensively lacerated by a cotton machine; irrigation employed for six days completely prevented the development of any inflammatory symptoms; however, some days later, arterial hemorrhage took place, and the ulnar artery was found to have been wounded. It was tied above the wound only, and the patient was cured in eighteen days afterwards. The success of this operation is the more remarkable, as all the unfavorable conditions to the method of Anel were here united. The secondary bleeding did not take place until fourteen days after the accident. The artery was extensively opened, and the anastomoses between the radial and ulnar seemed to bring blood in some quantity to the inferior end of the vessel. Upon cutting down on the cubital artery, an accident occurred which often embarrasses operations of this kind, and, according to M. Berard, is by no means combatted in the proper manner. Upon the first incision being made above the superior extremity, a good deal of blood flowed out between the edges of the wound, and the operator was considerably annoyed. In cases of this kind surgical writers advise us to compress the brachial artery in the arm, with a tourniquet or the finger; but this is accompanied with an inconvenience of no small degree, the venous blood stagnates in the limb, oozes out between the lips of the wound, and masks all the parts. The author finds it infinitely better to compress the vessel directly in the wound, or in its vicinity.

5. Hydriodate of Potash in Secondary Syphilis.—Dr. A. T. Thomson has succeeded in curing a case of secondary syphilis with the hydriodate of potash. The patient was a young woman, aged 19, who contracted syphilis about two years since, and had been treated for the disease, and apparently cured, but about two months ago an eruption appeared over the whole surface of the body, not presenting the general characters of this affection, but partaking something of the nature of psoriasis. Dr. T. thought the disease should be named "syphilitic psoriasis." Five-grain doses of the hydriodate, gradually increased to seven and a half, were given, and completely removed the eruption in a month. The case was thus cured by the unaided effect of the hydriodate of potash.

London Lancet, July, 1835.

MEDICAL INTELLIGENCE.

1. "*Lithotomy in New York.*—A Scotch puppy, who being more civilly treated abroad than he probably ever was at home, having witnessed the operation of lithotomy in New York, by one of the first surgeons of America, the last season, has described the process in the London Lancet. He says the surgeon "having put on a large morning gown, sat down, and instead of putting the scalpel cautiously and firmly into the perineum, made a dab at it as if he was stabbing some reptile." After consuming nearly an hour, he seized the stone "*again—tied the handles (forceps) with a pocket handkerchief—got two men to pull it, and after some minutes extracted the stone, and a monstrous ragged looking one it was, weighing seven ounces one drachm. The case was published next day, as an extraordinary operation, and the patient was said to be doing well.*" The whole article is a gross slander, which we hope our professional brethren of New York, for the honor of the country, will take into their hands, and chastise the infamous author as he richly deserves."

We have copied the above from the Boston Medical and Surgical Journal. We have but few remarks to make upon the subject, as the character and standing of Dr. Mott, to whom the article referred to, evidently alludes, are such that no defence is necessary at our hands against the attack of the petty slanderer in the London Lancet.

The circumstances are briefly these: Dr. Mott, with his usual politeness, invited a person who was represented as a foreign Physician and a gentleman, to witness one of the most interesting and important operations ever performed. At its conclusion, this stranger expressed his high gratification, and in warm terms, commended the skill and dexterity of the surgeon, under difficulties so formidable—after a time he returns home and with the characteristics of the "Trollope" school, in return for civilities and attentions received here, at two thousand miles distance, publishes a base and cowardly attack upon those who had conferred them. We are aware, however, that the false account of the operation published by this foreign scribbler will not for a moment be countenanced by his countrymen, and the Surgeons of Scotland and England will be careful how they invite the "puppy" to witness their operations. Allusion is made to the case at page 37 of our first number.

Eds. U. S. Med. & Surg. Journal.

2. Notice to Students of Medicine.—The Harveian Society of Edinburgh has fixed on the following subject for their Prize Essay for the year 1836, viz. "*The Chemical and Medical properties of Creosote, with the best mode of preparing it.*"

Dissertations on this subject must be transmitted to either of the Secretaries on or before the 1st day of January, 1836. Each Dissertation must be accompanied by a sealed Letter, containing the Name and Address of the author, and inscribed on the back with a Motto. The same Motto must also be prefixed to the Dissertation to which the letter belongs.

The Prize given by the Society to the successful Candidate, is either a Copy of the Quarto Edition of Dr. Harvey's Works, published by the College of Physicians of London; or a silver Medal, with a suitable Inscription, at the option of the Candidate. The Prize is presented to the successful Candidate at the Annual Festival in April.

The Candidate is at liberty to employ his Dissertation afterwards, in any way he may think proper: And, accordingly, some Dissertations, presented to the Harveian Society, have in consequence of publication, been productive of considerable honour and emolument to the Authors.—By order of the Society,

Richard Huie, M. D., 8. George Square.
Richard Poole, M. D., 11. Antigua Street.
Secretaries.

Edinburgh, 12th March 1835.

Edin. Med. & Surg. Jour.

3. To Medical Students in the United States.—We offer a premium for the best essay on same subject as that for which the foregoing is made by the "Harveian Society of Edinburgh." Dissertations to be addressed in the same manner, to the publishing agent of this Journal (free of expense) on or before the first day of May next. This will give students attending medical lectures a better opportunity to accomplish the object. The prize will be a copy of Professor Beck's Medical Jurisprudence, (new edition), and a copy of Harper's new edition of Good's study of medicine with additions

by Dr. A. Sydney Doane—both elegantly bound in calf.

Three competent and disinterested gentlemen whose names will be given, will be the examiners.

4. Prsion Discipline.—We cheerfully give place to the following extracts from the "Report of the Directors of the Connecticut State Prison, made to the general Assembly, May 1835." It will be perceived that in his report, the Rev. G. Barrett, Chaplain, contradicts the statement made by Lord Wharncliffe in the British House of Lords, that education had no tendency to cause a decrease of crime. The extracts from the Reports by Drs. A. Rockwell and A. Welch, will also be found of interest.—

Eds. U. S. Med. & Surg. Journal.

"Ignorance and crime have been found to be closely connected. Patient and particular inquiry on this point seemed the more important, because some appear to have entertained mistaken views of the subject.

It was said, not long ago, in public debate in the British house of Lords,* that education had no tendency to cause a decrease of crime. And in proof of the assertion reference was made to the increase which had taken place in the number of convicts in the Connecticut State Prison, in connectien with the means of education which was enjoyed in this State. It was claimed, that Connecticut, a New England State enjoying as she did the avails of one of the largest school funds, in proportion to her population, to be found in the world, might be supposed to furnish in the character of her inhabitants a very fair specimen of what education, in its most liberal diffusion, and select influence, had a tendency to effect; and inasmuch as in this State the number of criminals had been constantly increasing, it was evident that education did not tend to the decrease of crime. Waving all mention of what may have been the true causes of the increase in the number of criminals, let the following facts show what proportion of the convicts have probably been taught in the schools of this State, and what amount of education any of them, or all of them, possess.

1. One hundred and seven, out of 200 convicts, are not natives of Connecticut, and so, of course, should not be reckoned in the number of those who have been taught in the schools of this State.

2. Forty-eight, in 200, are colored persons, most of whom are extremely ignorant, and all belong to a class whose education, in this country, is greatly neglected.

3. Not one of the convicts ever confined in this prison, has ever belonged to either of the liberal professions.

4. Not one of the 200, has received either a collegiate or classical education.

5. Thirty-seven, in 200, could not read when sent to prison, and several besides were too ignorant to take the sense of what they read.

6. About one half of the whole number were unable to write.

7. But seventeen, in 200, could read, write, and cypher so far as the Single Rule of Three.

If education does *not* cause any decrease of crime, still, perhaps, such a declaration ought to have been proved by some more logical argument than the mere fact, that there is an increase of crime among those who are deplorably destitute of education.

It may not be irrelevant here to state, that Dr. Leiber of Philadelphia, in a letter lately published, addressed to the venerable Bishop White, has taken the liberty to call in question the truth of the statement made in the British House of Lords, which has been referred to, and has shown, in a very clear and convincing manner, that education, properly conducted, does tend to the decrease of crime.

The force of habit may be seen from the fact, that for several years no individual has been re-committed to this prison, except for crime of the same nature as that for which he was originally convicted.

Some who came here entirely ignorant, are now good readers, and several express the belief that that change has taken place in their feelings, which is certain to be connected with radical reformation. No special means have been used to learn the conduct and character of individuals after they have been discharged from prison, but from information frequently incidentally received, there is reason to believe that, in a majority of instances they are decidedly improved.

G. BARRETT, *Chaplain.*

March 31, 1835.

The physical condition of the convicts was generally good, and they appeared to be tolerably cheerful, (as far as outward appearances go to show), and they complied with the requisitions of the Institution with as much composure as could be conceived of.

They wore the aspect of perfect health generally, in so much that it would be difficult to select an equal number from *any* community, as a body, who could evince a more sound and perfect state of health, than was apparent through the whole.

The regularity of their lives in this Institution, and their plain healthy fare, are the unquestionable sources from which these appearances emanate. But few digressions from health *can* arise from a systematic and regular mode of exercise, and a plain and uniform plan of Diet;—therefore, the diseases of the convicts are very few and uncomplicated, and their remedies simple. Nature must be bent into an unnatural channel by irregulari-

* See Speech of Lord Wharncliffe, where he quotes from the Report on the American Penitentiary system, made by Messrs. de Beaumont and de Toquerville, Commissioners appointed by the French government in 1831, to visit the Prisons in this country.

ties continued for some time, or with great violence, in order to create disease. Disciplining the *body* is equally important to its life and health as disciplining the moral actions, and the government of bad passions and bad propensities, are indispensable to the health and welfare of community.

ALONZO ROCKWELL.
Attending Physician and Surgeon.
July 4th, 1834.

That no epidemic has prevailed among the convicts during the current year.

In the months of July, August and September, diseases of the digestive organs, particularly dysentery and diarrhœa were prevalent. Of these, there were about fifty cases which were readily removed by the timely application of remedies.

During the winter, from fifteen to twenty cases of influenza were under treatment.—The average number of cases which have been prescribed for on visiting days is twelve, including those in the hospital, in which apartment two only have remained through the winter; one with the disease of the heart, and the other with chronic inflammation of the eyes.

There have been but few cases of acute disease.

The number of deaths which have occurred since April, 1834, is four.—The cause of death in the first case I am unable to state, as the patient was in the last stage of disease when the hospital came under my care.

The second was from pulmonary consumption, in an intemperate subject, who was diseased when committed to prison.

The third was a case of sudden death, caused by attempting to swallow a large piece of animal food which entirely obstructed the passage to the lungs.

The fourth was from pulmonary consumption which was in its incipient stage when he was received into prison. This case of disease was also produced by a course of inebriety and dissipation.

It is believed that the amount of sickness among the convicts has not been greater than that which has prevailed in the surrounding country.

The absence of diseases, which follow intemperance will fully warrant a continuance of the practice of withholding all stimulating drinks from the convicts, and the success which has attended the practice cannot fail to carry conviction to the mind of every person, that total abstinence from alcoholic liquor is conducive to the safety, health and happiness of all classes of community; especially when we consider the fact that three-fourths of the convicts are known to have been intemperate, and the largest part acknowledge intemperance to have been the procuring cause of their confinement.

There are six insane convicts in prison, at the present time, and the necessity of occasionally taking one or more into the hospital to prevent their disturbing the rest of orderly and quiet prisoners, induces me to advise and recommend, that a suitable building be erected for the confinement of such convicts as are, or may be under the influence of mental derangement.

ARCHIBALD WELCH,
Attending Physician and Surgeon.
April 1, 1835.

5. Patent Medicines.—Athough there is a general expression of regret at the high-handed system of imposition practised over the land by the sale of what are termed Patent Medicines, and people of intelligence condemn both the manufacturers and the articles which are represented to be specifics for the entire catalogue of the human ills, the business thrives in an unexampled manner. Is it true that a majority of the preparations are actually patented? We apprehend such is not the fact. By some unaccountable influence, the mere declaration that a secret combination of vegetable productions has been exclusively secured to the self-styled inventor, by the official seal at the patent office at Washington, without the least accompanying evidence of the truth beside the assertion of an unprincipled speculator on the public health, gives a ready sale, in most instances, to all sorts of pseudo-medicinal compounds, from a bottle of panacea at the moderate price of three dollars, down to Mrs. Gardner's liverwort syrup. It matters not what the patent stuff may be—the sale is rapid, and the price is in proportion to the demand. If the name carries a happy allusion to a common class of diseases, the call is so much the greater: and a flourish of trumpets is never wanting on the closely-printed wrappers, in the form of numerous certificates, to urge the already duped purchaser to persevere in his meritorious patronage.

When educated physicians give countenance to these abominable cheats, which first rob the valetudinarian of his money, and then of all that remains of a shattered constitution, they deserve the unbridled condemnation of the whole community. Some of them have certainly been the aiders and abettors in this nefarious traffic, to a considerable extent, and have thus brought unmerited disgrace on the whole medical profession.

The conductors of newspapers, also, have long lent their assistance in this business. So long as the papers of the day are the bearers of charlatanical proclamations, and seducing advertisements figure in them from one year to another, as though they were stereotyped for all succeeding volumes, patent medicines will never lack for consumers. If their virtues were only known through journals of science, the world at large would have but little experience in the knaveries to which it now lends a helping hand. On the other

hand, to attempt the overthrow of one of the most lucrative kinds of employment ever devised, by writing it down in medical periodicals, is as uselesss as it would be to cannonade a city in Europe by the discharge of artillery in Boston. Were the publications which convey the poison, also to carry the antidote, there would be hope of convincing the taxed multitude of the grossness of the imposition practised upon their credulity. One simultaneous determination by publishers of papers throughout the United States, not to admit into their columns a single advertisement of these medicines, even for a single year, would nearly prostrate this scheme of cheating those who are least able to bear the loss. But as we can hardly suppose such a desirable resolve will ever be decided upon, nostrums will still maintain their ground, and new ones annually make their appearance, as the ever varying indications of society indicate new modes of attack.

We are not left without a single example, however, among the conductors of the newspaper press, of a professed readiness to take an honorable stand against this mode of continuing the evils of quackery. The West Chester (Pa.) Whig, of October 7, in some remarks on the review of Dr. Howe's discourse on quackery, contained in our last volume, makes use of the following observations. We regret to be obliged to add that the motion, at the close of the last paragraph, has not met with a solitary response from the professional brethren of the mover.

"*Quackery* is one of the worst evils extant. It is the Samson's jaw-bone of the age, by which thousands are slain. The same kind of animal, with the exception of the *long ears*, now furnishes the weapon of destruction, as then, with this simple difference—then it was a *bone*, now a *bolus*.

"We are doubtful whether or no Dr. Howe has hit upon the best remedy for Quackery. He would *lecture* it to death—we would *write*, or rather *print* it down. Open the battery of the Press upon it. Find editors, if there are any such, who are sufficiently independent and enlightened to 'cry aloud and spare not' and especially to refuse to *advertise* the nostrums of quacks. That would be striking very near the root of the evil. It is the dear docile editors, who blow the bellows for empirics, and puff their vile compounds into public favor; and this, too, either gratuitously 'for the benefit of the afflicted,' or for a very paltry consideration at most.

"Our patience has long been at the point of exhaustion on this subject. It is not pleasant to be singular—it is not polite to refuse to advertise for strangers—but it is not right to tamper with the purses and health and lives of our fellow-citizens. Suppose we call a Convention of editors, and enter into grave council about this and other weighty matters. We are ready to go the whole length of all that the Press can do by fair and honorable means, to suppress quackery, and therefore move that a Convention be held. Who will second the motion?"

Boston Med. and Surg. Jour. July, 1835.

6. Benefits of Practical Phrenology.—A couple of "down-easters" are consoling themselves under the death of Dr. Spurzheim, by making a practical application of the doctrines which he sought to naturalize in their native country. They were lately in our good city, the Gotham of the West, and opened a shop where they wrote out characters at one dollar per head, which was certainly dog cheap. When one failed to give a response which was grateful to the "self-esteem" of the pilgrim to this new Delphic Oracle, the other was always at hand to correct his mistakes, by a second manipulation. Printed blanks were kept and filled up with the numbers indicated on the arc of the callippers, so that each one bore away his character and destiny in his breeches pocket! Thus many of our citizens have undergone a kind of graduation, and are furnished with diplomas as conscientious, pious, benevolent or loving gentlemen, which may be used as future exigencies require. We have not heard that the organ of "credulity" was particularly developed in any of them, but it is well known that the defects of extensity are supplied by the strength of intensity. Time, the great teacher, can only reveal to us the fruits of this scientific mission to the benighted West; but we may anticipate that they will be "pretty considerable:" That many new projects will be set on foot, by those who have been apprized that they are endowed with "ideality"—that the "combative" will indulge their instinct under a new warrant—that the "acquisitive" will branch out into additional speculations—and bachelors, re-assured, make new overtures, backed by a certificate.

Could those distinguished and dignified philosophers, Gall and Spurzheim, have foreseen such a prostitution as we have lately witnessed of the principles to which they devoted their lives, all their "firmness" could not have enabled them to die in peace.

7.—Death of leaves by the fumes of Lead.—A young sugar tree, (*acer saccharinum*,) planted along one of the side walks of this city, put forth several tufts of leaves near the top of the stem, about seven feet from the ground. When they were growing luxuriantly, the box, a large one, in which the tree was enclosed for protection, was painted with white lead, in oil. By the next day the whole of them had wilted, and have since been replaced with a new crop. This was a palpable and fatal case of saturine paralysis in the vegetable kingdom.

Western Jour. July, 1835.

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NOTICE TO CORRESPONDENTS.

With a view of laying before our readers with as little delay as possible, the valuable and interesting Transactions of the Medico-Chirurgical Society of Edinburgh, we have been obliged to crowd out of the present number, some interesting original papers, reviews, &c., which shall appear in our next.

It will be seen that we have occupied several pages with the evidence of Mr. Clift before the Parliamentary Committee, relative to the strange and unaccountable conduct of the late Sir Everard Home, in the destruction of the Hunterian manuscripts. What will not ambitious men do to acquire fame? We should be happy to find any excuse for the conduct of Sir Everard, for, notwithstanding the stupendous literary fraud of which he stands charged, he was a man of great medical acquirements, and it is a source of no small regret that his memory is thus tarnished. We trust it may serve as a warning to others; we have at our command the histories of some striking instances of literary piracy in our own country, over which, for the present, we shall throw a veil.

The Messrs. Harper have just published a new edition of Good's Study of Medicine, with additions by Samuel Cooper, Dr. Bostock and Dr. A. Sidney Doane, of this city. The character of the work is such as to require no praise at our hands, but from a cursory view of the notes, we conceive that Dr. Doane has rendered full justice to American writers. We shall notice the work more fully in our next.

Dr. Henderson, U. S. A., West Point, is respectfully informed that it will afford the Conductors of this Journal pleasure to receive his promised communications.

P. S. The person employed to deliver the last number of this Journal did not perform that duty faithfully. Therefore subscribers who did not receive their numbers, including those sent by steamboats and stages, will please address a note through the Post Office to the Publishing Agent and duplicate copies shall be delivered.

Comunications of every description concerning the U. S. Med. and Surg. Journal *must* be made to James Webster, the Publishing Agent, otherwise no attention will be paid to them. Communications through the post office, must be post paid unless otherwise directed.

THE

UNITED STATES MEDICAL AND SURGICAL JOURNAL.

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SEPTEMBER, 1835.

ART. I.—*Select Cases and Communications, forming part of the* TRANSACTIONS OF THE MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH. Communicated by the COUNCIL.

CASES ILLUSTRATIVE OF VARIOUS DISEASES OF THE ORGANS OF RESPIRATION AND CIRCULATION.

1. *Cases of Anomalous Affections of the Respiratory Organs.* By JOHN GAIRDNER, M. D., Fellow of the Royal College of Surgeons of Edinburgh. (Read in January, 1834.)

A peculiar affection of the Organs of Respiration.—The subject of the following case is a gentleman about 35 years of age, of active and temperate habits, and of a healthy constitution. His family were seized with *pertussis* in September last. He began to cough violently towards the end of that month. The cough occurred in fits; and although he is reported to have had hooping-cough very unequivocally characterized when he was a child, yet I have little doubt, from the spasmodic character of the present attack, that it must be regarded as a second visit of that disease. An emetic was prescribed, and some other remedies, and the disease continued with little apparent change till the early part of October, when a new symptom came on. He was seized with difficulty of breathing so suddenly, that he had no time for the application of remedies; and so violently, that he rose from the bed and danced about the room in a state of terror and distraction. The impulse of his sensations was so strong, that he could not resist the disposition to roar in a frantic manner, which alarmed both his family and his neighbors. He is by no means a person of an irritable or mobile temperament, or likely to give way to his feelings needlessly; but he described the impulse of his sensations at the time as quite incapable of being controlled. He felt a sense of constriction at the upper part of the *trachea*, and thought himself on the point of dying from suffocation. After the fit of breathlessness had ceased, there still remained a distressing sensation at the chest. Since this first fit, he has had many such attacks, and they have been pretty uniform in character. They have generally lasted a quarter of an hour. They have twice occurred in the day, but on all other occasions in the night. They appear to be more frequent in a humid state of the atmosphere, which excites sensations in the throat premonitory of their approach. These sensations are also produced by vocal exertion, and he often finds it difficult, especially after the fits, to keep up a continued conversation with a friend for any length of time without rousing them. They are also excited by the air of places which are confined and ill-ventilated, such as by that of a stage-coach on one occssion, and of crowded apartments on several others. When they are present, they seem to be aggravated by lying on either side, so that to avoid a fit, under such circumstances, he is forced to lie on his back, and this he now does habitually at all times.

Since the first occurrence of these fits, they have become less frequent in their return, having been originally once every two days, or even oftener, and being now sometimes a week or ten days absent. They have also, in some instances of late, been less sudden in their accession, and have thus afforded time to apply some remedy; but they are for the most part quite as violent as ever. They are followed by less of the distressing sensations at the chest; but there is now, and always has been after the attacks, a feeling of huskiness and thickness about the windpipe, perceptible by himself, but not in-

fluencing the sound of his voice, or at least not in such a degree as to make it evident to others.

It is difficult to say to what extent the circumstances of improvement in the general character of the case are fairly attributable to the remedies employed; but an enumeration of these remedies, and of their more obvious effects, may perhaps add in some degree to the interest of this narrative.

Two free bleedings were employed at the beginning, and he was twice blistered a little later, once on the chest, and once on the sides of the *trachea;* but he did not appear to be at all benefitted by any of these measures. Ether draughts were of no avail; but the inhalation of the vapor of ether,—a remedy which I frequently employ, appeared to the patient to have averted the approaching attack on some occasions. Opium also appeared to ward off the coming fit, and to banish its premonitory symptoms. It was taken sometimes in the form of the muriate of morphia, and sometimes in that of the camphorated tincture. Of one or other of these he generally took a dose at bedtime, when he felt any apprehensions of an attack. Its good effects were greatly counterbalanced by the visions, watchfulness, and constipation, which invariably followed it. It was not always successful in keeping off an attack, but it appeared to me and to the patient himself to be decidedly beneficial on the whole. It rendered the frequent use of purgatives indispensable. *Stramonium* was unequivocally injurious. The only time he smoked it, he had an immediate and violent paroxysm of his disease. *Conium* was used for some time, to the extent of three grains of the extract three times a day at first; the dose being subsequently increased to five grains. He was ten days without a fit after he first began this remedy, but the fits came on afterwards as formerly, and this while he was regularly taking the *conium.* Exercise has been unequivocally useful, especially in clear weather; but even in an unfavorable state of the atmosphere he appears to derive benefit from a moderate walk in the open air. When forced to continue in a state of inaction, he is apt to be seized with coldness of the extremities, and with certain undefinable sensations, which past experience has taught him to regard as premonitory of his fits of breathlessness.

I had written thus far prior to the 22d of December, on which day he had an attack of his complaint. From that time, till the night between the 3d and 4th January, he was without a fit,—a length of interval which excited my hopes that the disease had departed from him. His general health had improved remarkably, and the uneasy feelings in the *trachea* had abated. About the 30th December, some of these feelings returned, and were imputed by him to the unfavorable state of the weather. On the 3d January he was much engaged in business, and while arranging papers complained of tension and distress about his head. Very imprudently disregarding this warning, he supped out, and remained late; and soon after he came home, on the morning of the 4th January, he had a smart fit like those already described, but of short duration. Slighter fits followed the two following nights, but he has been much better since Monday (6th.)

I have only to add, that I cannot discover, either by percussion or by auscultation, or by any other species of indication, any evidence of organic disease of the thoracic viscera.

February 1835. The patient soon after got well, and continues well at present.

A peculiar Convulsive Affection of the Respiratory Muscles.—In December 1825, I was first asked to see a young lady, then about 17 years of age, who labored under a very unusual affection, one or two attacks of which she had previously experienced when in England. It may be described as a sudden spasmodic action of the respiratory muscles, producing a sound somewhat resembling a cough, but much louder and shriller, and differing from it in its general nature and character quite as much as in its intensity. Its sound might be said to be something between that of a cough and that of a howl. It was repeated every five or six seconds during the whole of her waking hours, subsided altogether at night when she fell asleep, and again commenced as soon as she awoke in the morning. Its first commencements in the morning were feebler and less audible than through the day, but it soon became louder and at the same time shriller, and in the space of an hour or less was quite clearly audible all over the house, and even in the street. The tone of her voice in speaking remained unaltered, and though the perpetual recurrence of this unusual action considerably impeded conversation, yet she possessed a power of suspending it for a very short space of time, which enabled her sometimes to finish a sentence before its repetition. For a longer space of time she could not by any effort suspend it. From the time of life at which it commenced, it is probable that it might be connected with the functional changes which are incidental to that period. The *catamenia* were at first, if I recollect rightly, rather scanty, though regular; but the disease continued to visit her occasionally long after their natural flow had been completely established.

I saw her under this affection occasionally for about two years and a half, during which she had many attacks at various and uncertain intervals. The duration of the attacks was at first nearly a fortnight. Afterwards they became less and less protracted, and I remember some attacks which lasted only

two or three days. After employing a considerable variety of treatment, including a number of antispasmodics, tonics, and purgatives, and the local application of rubefacient or as they are usually termed *calefacient* plasters, I became satisfied that the steady use of purgatives was of more benefit than any thing else, more especially when these were given in moderate and repeated doses, so as to keep up a continued action on the intestinal canal. The first remedy of this sort, the effect of which struck me, was one which I believe is not now much employed, the tincture of black hellebore, or *Tinctura Melampodii* of the old medical writers. During the use of this, which acted pretty powerfully on the bowels, an attack of the disease appeared, when compared with previous ones, to be greatly shortened. She afterwards took it under a succession of attacks, with great apparent advantage. There was always a very great discharge of solid feces from the intestines, and the complaint ceased soon after. Sometimes a slight change of its character preceded the cessation, and the next morning she awaked without it. I afterwards changed the medicine for the Barbadoes aloes in small and repeated doses, with effects precisely similar to what I have already described. I also combined this treatment for the sake of the genaral health, with the use of steel, sulphate of quina, and other tonics; and this appeared to me to be attended with much advantage.

The case has since been under the professional charge of my friend, Mr. George H. Bell, who, after perusing my notes, has done me the favor to transmit to me the following letter to complete the narrative.

"My Dear Sir,—I have little to add to this your account of our patient's case. Since I have become acquainted with it, now six years back, she has had few of her attacks, and they have seldom lasted above forty-eight hours. This, however, is not from any improved mode of treatment, or from any new view of the case, but entirely, apparently, from a modified state of the affection. I have not been able to discover that the attacks are modified by any particular condition of the system, and to all appearance, the peculiar spasmodic affection of the *glottis*, to which the young lady is liable, is the character which a common cold takes with her. I may observe, however, that when an attack of catarrh with the *bark* is attended also with cough, the *bark* and cough are as formerly quite distinct.

"As to treatment, I attempt nothing;—attention to the bowels and confinement to bed being all that is necessary. Believe me, very sincerely yours,

"George Hamilton Bell.

"13, *Castle-street*, 31*st Dec.* 1833."

Every practitioner who has had much experience in the treatment of diseases must have occasionally met with cases of incessant and distressing hiccup, suspended, like the affection just described, during sleep, and, like it too, returning when the individual awakes. The same analogical fact is true also of another and very rare morbid affection, which occurred to my friend, Dr. Beilby,—I mean incessant sneezing. Dr. Beilby has kindly complied with my request, by presenting to the Society his interesting notes of the only case of the kind I have ever head of; a case which appears to me to be important in itself, and which will give additionalvalue to the one just related, from its obvious bearing upon the subject of it.

"*A Remarkable Case of Sneezing.*—A young gentleman, 13 years of age, had been affected, when I first saw him, on the 29th of January 1823, with constant sneezing for three weeks, at first in rather violent paroxysms, with intervals of many minutes; but at my visit, occurring from three to six times every minute, each sternutation occasioning now a comparatively slight degree of bodily agitation, and accompanied with a forcible expulsion of air between the nearly closed teeth, producing the sound '*tche.*' No moisture was projected from either the nose or mouth, nor did the eyes water. The state of the nostrils I could not at first examine, but I afterwards found them dry and red; the tongue was pretty clean and rather red; his pulse 70, but not strong; he had very little appetite, but some thirst; he had been long in delicate health, was said to be '*very bilious*,' and had been taking considerable quantities of magnesia, on account of almost constant acidity of stomach. Some months before, he had endured severe headache and vertigo to such degree, that he several times fell down, often lost his sight for many seconds, and was frequently quite unable to read for a considerable time together. He experienced benefit at that time from the application of leeches to the head. Cephalic snuff, and two or three other nostrums were the only treatment recently employed.

"Blisters behind the ears, pretty free purging, and the injection of olive oil into the nostrils, were the only treatment I adopted at first; and when after a week the sneezing was become much less frequent, perhaps about every two or three minutes, I recommended the use of carbonate of iron, and the cautious and gradual exposure to cold air. In the middle of February, the sneezing still continued, but at intervals of five or six minutes, or even longer when his attention was steadily engaged. In the beginning of March, he had no returns of the sneezing, except when he was fatigued.

"I should have mentioned that the sneezing was always suspended during sleep, but recommenced immediately on awaking, and he sometimes seemed to awake sneezing.

"*January* 1, 1834." W. Beilby.

2. *Case of Sudden Death from Perforation of the Pleura Pulmonalis, consequent on Disease of the Pulmonary Substance.* By Robert Graham, M. D., Fellow of the Royal College of Physicians, and Professor of Botany in the University of Edinburgh.

John Meek, aged 57, a labourer, was admitted into the Clinical Wards of the Infirmary, on the 20th November last. His symptoms were those of dyspepsia, and not particularly urgent. They consisted of weight and oppression at *epigastrium* after meals, continuing till the contents of the stomach were vomited, often without, sometimes with, acidity; of *pyrosis*, and of frequent flatulent eructations. The bowels were rather costive; there was little thirst; the tongue was furred; there was emaciation, and the legs were slightly œdematous, The pulse was quite natural; the *abdomen* was free from distension; the patient was without headach, *gastrodynia*, *cardialgia*, or other dyspeptic symptom, excepting those above stated.—There was no tumour felt in the *epigastrium*, nor pain on pressure. His complaints were only of six weeks standing, previous to which he asserted that his health had been good.—His occupation had exposed him a good deal to cold, but not to hard labour, and his diet had been sufficiently nutrient. The treatment consisted at intervals in antacids, laxatives, opiates, bitters, blisters, and his diet was regulated, some steak being given to him daily, and the only vegetable matter allowed was bread. On the 4th of December he complained much of hiccough, with flatuent distension, and on the 8th, of pain under the right *mamma*, the pulse being 68 and natural. On account of this last symptom, a draught with nitrous ether and laudanum was given, and the pain immediately ceased. During his residence in the Hospital, the symptoms considerably abated. Before his admission the vomiting generally occurred twice daily, —never after admission more than once, excepting when immediately excited by swallowing his medicines, and then very rarely, and for many days before his death he scarcely vomited at all; his spirits and appetite improved, and he thought himself recovering.—He was mistaken, and I disappointed. After a good night he suddenly complained of great debility on the morning of the 15th, asked a cup of tea from the patient in the next bed, but before it reached his lips he died.

Sudden death very often occurs after long-continued organic disease of the stomach, from rupture and escape of the contents, but not with symptoms such as we had here, and I looked with great interest to the dissection. The body was opened on the 16th December, twenty-nine hours after death. The following were the appearances observed.

Abdomen.—Omentum retracted, much thickened and lodged in the left lumbar region.—*Diaphragm* pushed high into the left side of the chest; a considerable portion of the right side near the ensiform cartilage convex towards the *abdomen*. The *Stomach*, lodged entirely in the left *hypochondrium*, contained a small quantity of coffee-coloured turbid fluid. The peritoneal coat free from disease; great thickening towards the pyloric extremity; the diseased part was of several inches diameter, having the *pylorus* towards one side, was elevated above the level of the mucous coat, its internal surface white, reticulated, over the greater part continuous, but supporting several rounded protuberances; its texture like soft and friable cartilage, its outline defined and circular. *Liver.*—Right lobe adhered by a long narrow band to the diaphragm, its internal structure healthy.

Thorax remarkably resonant on the right side, and there the intercostal spaces were raised to a level with the ribs, though the subject was much emaciated, and the spaces therefore much depressed on the left side.—The *left lung* was small, with numerous tubercles, particularly in the centre; the structure in a comparatively small portion towards the edges seemed tolerably healthy; and there was slight adhesion of the lower lobe to the *pleura costalis.*

The *right lung* was completely collapsed, pressed downwards and towards its root; the posterior part of middle lobe contained some tubercles; the lower lobe adhered to the diaphragm by a copious deposit of firm lymph. Within this part existed a dark colored cavity about the size of an egg, having pulpy walls, opening into the cavity of the *pleura*, and communicating distinctly with the *bronchia.* A small quantity of blood had lately been effused, and formed a thin clot, spread over and adhering to the *pleura pulmonalis* in the neighbourhood.

This case proves to us, what indeed required no proof,—innumerable cases having long ago established the fact, that very extensive organic disease may exist in organs of the utmost importance to life, without the patient being aware that any thing is wrong. This man never complained of a single thoracic symptom except the pain mentioned under the right *mamma*, eight days before his death. This was unaccompanied with the smallest fever, and immediately removed by an antispasmodic draught. Yet after death the appearances proved that the left lung had been long nearly destroyed, and the right considerably injured by chronic disease; and it is difficult to believe that the disease of the stomach could have been of such recent date as the patient had reported.

The chief interest in the case arises from the cause of death. It appeared that the patient had long breathed by the right lung alone, or nearly so. Subsequently this lung had become the seat of acute inflammation. The nature of the disorganization, I think, warrants me in believing that gangrene had

occurred, though I could perceive no fetor; —but whatever had been the immediate cause, the *pleura pulmonalis* had been ruptured, air had escaped into the right cavity of the chest, the lung, the only serviceable one, had been immediately compressed, and the patient suffocated.

8th June 1831.

3.—*Case of Phthisis Pulmonalis, with uncommon symptoms, occurring during convalescence from Fever.* By the late James C. Gregory, Fellow of the Royal College of Physicians, and Physician to the Royal Infirmary of Edinburgh.

James Ferguson, aged 19, was admitted into the Royal Infirmary under my care, on the 22d of January 1831, labouring under a well-marked, but not severe attack of common continued fever. It had been ushered in three weeks previously, after exposure to cold and wet, by rigors, followed by headache, vertigo, general pains, languor and debility. His tongue was white, his skin warm but moist, his pulse about 90. He had slight cough, but without expectoration, and without pain even on full inspiration. The only signs of an affection of the lungs which could be discovered by auscultation were the slight catarrhal râles which usually accompany the common fever of this country. No signs of tubercular disorganization could be detected at this time in any part of the lungs. Under the usual treatment the febrile symptoms speedily abated. On the 26th of January, his pulse had become natural, and his tongue clean. But he had still a little cough without expectoration, and his bowels were slow. On the 30th, or in eight days, he was reported as free from complaint, his pulse was natural and his appetite had returned; his cough had disappeared, and he had been put first on common diet, and afterwards on full diet at his own request. From this time till the middle of February, he continued free from complaint, requiring only the occasional use of purgatives. He felt himself so well, indeed, as more than once to express a wish to be dismissed and to return to his occupation as a gamekeeper. But his sallow complexion, and somewhat unhealthy appearance, induced me to persuade him to remain a little longer in the Hospital.

On the 23d of February, I found him complaining of pain beneath the *sternum*, increased on full inspiration. His pulse was 112 and rather sharp; his breathing rather frequent, but when particularly questioned on the subject, he stated, distinctly that he had no cough or expectoration. A pretty loud mucous râle was now heard under both clavicles, and in the upper portions of both lungs, but most marked on the left side, where it almost amounted to the cavernous râle. The respiratory murmur was faint and bronchial under both clavicles and in the *axillæ;* and in these places there was also a degree of that loud resonance of the voice, which has been called bronchophony; but there was no distinct pectoriloquism. From this examination, although it furnished no unequivocal signs of the existence of cavities in the lungs, I had no hesitation in announcing, that there already existed extensive tubercular deposition in the upper parts of both lungs. The absence of cough and expectoration, I could only ascribe to the tubercular disorganization being as yet confined to the *parenchyma* of the lungs; or at least not being accompanied with the usual increased and morbid secretion from the mucous membrane of the *bronchia.* The pain was removed by a small blood-letting, and the application of a blister; but the pulse still continued frequent, and he became emaciated.

On the 15th of March he had another attack of pain of chest, with very rapid breathing, but still without cough, which was removed by another blister. At this time the mucous râle had become distinctly cavernous over the upper part of the left lung, but the bronchophony did not yet amount to distinct pectoriloquism. His pulse was now about 130, and he had slight diarrhœa, which, however, was easily checked. Upon being closely questioned, he also allowed that he had now a slight cough, but only at night, and the expectoration was so scanty as not to cover the bottom of a spitting-box. His breathing, however, continued frequent. He had hectic flushings, but without sweating, and the emaciation advanced rapidly. On the morning of the 21st of March, his breathing became more difficult than it had previously been, and he expired rather suddenly, after expectorating a considerable quantity of thick puriform matter.

On examination, the *pleuræ* on both sides were found to adhere so strongly as to render necessary the removal of the *pleuræ costalis* along with the lungs. There was a cavity at the apex of the left lung, capable of containing a hen's egg, and communicating with several smaller ones. The whole substance of the lung was found studded with small cavities, varying from the size of almonds to that of peas; interspersed with portions of pulmonary substance condensed and indurated by tubercular infiltration. All these small cavities were filled with puriform matter; but the large one at the apex contained little or no fluid, and apparently had been the source of the puriform matter expectorated immediately before death. The right lung exhibited a similar appearance, with the exception of there being no cavity so large as that in the apex of the other lung.

The heart, liver, spleen and kidneys appeared healthy. There were several small ulcers in the lower part of the *ileum*, the *cœcum*, and the ascending colon; and there was some limpid effusion into the cavity of the *abdomen.*

It is very difficult to conceive that such extensive tubercular deposition and disorganization, as were found in the lungs of this young man, could all have taken place subsequently to his recovery from the fever, or in the short period of one month. It would certainly be much more consistent with daily observation were we to suppose that tubercles had been deposited in great numbers, and in their miliary form, over both lungs, previously to the attack of the fever; and that the febrile action had merely accelerated the usual process of coalition and ulceration consequent upon their deposition. But even this more plausible hypothesis, it is not easy to reconcile with some of the facts of the case. 1. By his own account (and I frequently questioned him particularly on this point) he had been in perfect health previously to the attack of fever, and had never been subject to cough or shortness of breath; and some of his friends, to whom I afterwards applied, had never known him to be affected with any complaint of his chest. 2. During the course of the fever, there existed no symptoms of more serious disease of the lungs, than the slight catarrhal affection which usually accompanies our continued fevers;—and even that disappeared along with the other febrile symptoms. 3. At this time no signs of tubercular disorganization, or cavities, could be detected by oscultation over any part of the lungs. And lastly, from the end of January till the middle of February, he continued free from any symptoms of disease of the lungs, and his pulse remained natural.

Hence, if we are to adopt this view of the case, we must suppose, not only that tubercles had been deposited in great numbers, but that extensive disorganization of both lungs had existed for some time without giving rise to any symptoms of pulmonary disease,—a case which, judging from daily observation, it is perhaps equally difficult to conceive. Whichsoever of these views may be the most correct, this case must certainly be considered as a remarkable one, on account of the absence of several of the most usual and characteristic symptoms of the disease, and the uncommon rapidity of its progress,—twenty-eight days only having intervened between the accession of the first pulmonic symptoms and his death. In this respect, indeed, it is more remarkable than any authentically recorded case I have happend to meet with. A table has been given by Bayle, showing the duration of *phthisis* in 200 cases. Out of these only one proved fatal in twenty-five days, but in that case the symptoms were characteristic from the first, commencing with cough, puriform and bloody expectoration, *dyspnœa* and frequent pulse, followed by obstinate *diarrhœa*, night sweats and rapid emaciation. And in his section on *phthisis* arrived at its most advanced stages without being accompanied by the chracteristic symptoms, the only cases given by him, in which any doubt of the nature of the disease could have been entertained, are those in which the pectoral symptoms had been masked by long continued diarrhœa. The most acute and rapid example of *phthisis* quoted by Andral in his chapter on the progress and duration of pulmonary tubercles, proved fatal in the fourth week after the appearance of the cough and the other characteristic symptoms.

The almost total absence of cough or expectoration, even after the other phthisical symptoms were unequivocally marked, is a point of some importance in the case, as it shows that the increased and altered secretion from the mucous membrane of the *bronchiæ*, which is the principal source of the expectoration in most cases of *phthisis*, is not a constant symptom, even where there is extensive disorganization; while it also affords a proof that cavities may be formed in the lungs without expectoration, and merely, as it would appear, by a process of ulcerative absorption taking place in the pulmonary tissue itself.

The only other point to which I wish to direct the attention of the Society is the value of the information furnished by auscultation in this case. When he first complained of pain of breast and his pulse rose, I immediately suspected him to be phthisical. But the fact of the absence of cough and expectoration, both then and previously to the attack of fever, would have tended very materially to remove that suspicion, had not an examination by the stethoscope immediately satisfied me that even at that time tubercular deposition existed to a great extent over the upper parts of both lungs, and soon afterwards (and still without the occurrence of cough or expectoration) that extensive disorganization with the formation of cavities had taken place:—thus affording early and very decisive evidence of the existence of organic disease in the lungs, in a case where the other symptoms, as I conceive, could only have justified a suspicion of the presence of such disease.

3. *Case of Tubercles in the Lungs in extreme old age.* By Robert Christison, M. D., Fellow of the Royal College of Physicians, and Professor of Materia Medica in the University of Edinburgh.

A man of the name of Watson, long known in Edinburgh as an almanack-seller, evidently in extreme old age, and represented to be in his 93d year, was admitted into the Infirmary with slight symptoms of general fever. These slowly increased, but never became violent; at length diarrhœa was induced, apparently by the too brisk action of a saline laxative, which was rendered necessary by a constipated state of the bowels of some days standing. The pulse then became very frequent, the tongue brown, and he rapidly sunk

after being in the hospital seven or eight days. He had a trifling cough during this illness, but no difficulty or particular shortness of breathing, and no pain of the chest, —in short, no symptom which drew my attention particularly towards that quarter.

The body was examined chiefly with the intention of observing the natural appearances in so old a subject.

The lungs were found here and there united slightly by old adhesions to the *pleura costalis.* A great portion of the upper part of both lungs, but especially of the left, was condensed by gray hepatization, amidst which, as well as in the less condensed portion of the lower lobes, there was seen a great number of small defined tubercles, most of them not bigger than a large pin's head. Near the apex of the left lung there was a small, irregular cavity, without contents.—In the lower part of the *ileum* some ulcers were found, one of which was rather bigger than a shilling, and deep.

It is worthy of remark, that the appearance of some of the organs of the body, whose changes are usually believed to indicate with tolerable accuracy the progress of life, was that of middle age only. There was not any particular appearance in the brain or heart. But the whole sutures of the head were marked strongly on the outside, and even slightly within, by the usual serrated lines; nay, the upper half even of the frontal suture presented an obvious serrated mark externally. The whole cartilages of the ribs, with the exception of that of the first rib on each side, were free from ossification.

The subject of this case was an extremely active and entire old man; he had a considerable number of the front teeth of the lower jaw; during his illness he used, within two days of his death, to rise without help to stool; and a few days before admission was selling almanacks in the streets, and dancing vigorously, according to his daily custom. He was generally reputed weak in mind, and his dress was fantastic; but in all the professional intercourse I had with him his intellects appeared quite entire,

February 12, 1831.

5. *Case of Empyema and Pulmonary Tubercles, illustrative of the connexion between Tubercular Deposition and Chronic Inflammation.* By Robert Christison, M. D.

The subject of the following case was a girl not quite 6 years of age, who was attacked with obscure pulmonary complaints consequent upon scarlet fever; exhibited in the course of two months all the successive phenomena of chronic pleurisy and empyema; and died in the course of two months more, partly from the latter disorder, partly from chronic peripneumony and tubercular effusion, after having twice undergone the operation of puncture of the chest.

The attack of scarlet fever seems to have been mild, but accompanied from the first by a cough, so light, however, as not to attract particular notice for some time. In the course of a fortnight an attack of shivering ensued, followed by pain towards the left side of the sternum, by difficult breathing, palpitation, increased cough, frequent sweating, and scantiness of urine. Venesection was had recourse to, as also frequent blistering of the chest, and always with marked, though temporary relief.

After being eight weeks ill subsequent to the attack of rigor, she came under the care of my colleague, Dr. Allison; and was found to present characteristically the symptoms of pleuritic effusion in the right side. The right side measured nearly three quarters of an inch more than the left in circumference; the intercostal spaces were more distinct in the left than in the right side; the left moved more than the right side during inspiration; over the whole right side, but particularly in the lower region, there was great dulness on percussion; and the heart beat at the extreme lateral region of the left side.

The left side too of the chest presented some signs of disease. Posteriorly the sound on percussion was clear; but anteriorly it was dull, even a little below the clavicles; and the respiratory murmur was altogether masked by very loud bronchial and tracheal râles. In the right side, it is worthy of remark, the sound of respiration was nowhere absent. It was distinct, but bronchial and much fainter than in the opposite side; so that there is no doubt the sound proceeded, as was inferred at this particular time, from the bronchial respiration of the left side transmitted through the accumulated fluid.

The constitutional symptoms were urgent, hectic being completely formed, and the child much emaciated, and constantly harrassed by cough, with scanty, clear expectoration, great difficulty of breathing, and want of sleep.

Little advantage having been obtained from the use of expectorants, diuretics, and local applications, and the breathing becoming more and more difficult, it was thought advisable to try the chance afforded by puncture, although it was impossible to overlook the probability of the existence of some chronic disorder in the left lung, probably chronic peripneumony, with one or other of its sequelæ. Twenty ounces of pus were accordingly withdrawn by an aperture made in the lower part of the chest; and the aperture was closed by a compress and bandage. Considerable relief was presently obtained, the right side became of equal circumference with the left, and respiration could be heard in the upper fourth of the empyematic side. On the second day, the movements of that side during inspiration and expiration were decidedly improved, and the sound on percussion was pretty clear in the superior region. Matters, however, soon returned to their former state; the râles in the left side became louder and mingled with subcrepitating râle; the subcrepitating sound

was also distinctly heard in the upper part of the right side; and the constitutional disturbance was manifestly much increased.

She came under my own care about the time when the symptoms were thus becoming aggravated. I determined to try again the effects of puncturing the chest; because, small as was my expectation of any permanent benefit, the girl evidently could not survive above a day without it. On the tenth day, then, after the first operation, it was repeated; and twenty ounces of a thinner pus were removed. After some temporary exhaustion she became for a day or two much easier, and could even assume the horizontal posture, which she had been unable to do for some days previous. But the fluid again manifestly increased in quantity, the breathing became very laborious, she complained at length of pain, tenderness, and tension of the belly, and four days after the operation she expired.

The body was examined in thirty-six hours. On raising the sternum a quantity of air rushed out of the right side of the chest. In the upper fourth of the anterior part of the chest, the lung adhered to the pleura of the ribs, and there it was pervious to the air and crepitant. Below, however, it was retracted to the posterior lateral parts of the chest, and to the diaphragm, and was firmly compressed, so that the greater part of it was not a fourth of an inch in thickness. The space left in consequence of its recession was partly filled with pus, together with about two ounces of coagulated blood, and partly with air. The entire *pleura* around the purulent cavity was thickly lined by old coagulable lymph in the form of a membrane, and the lung in consequence irrecoverably bound down. The pleural cavity of the left side contained a pound of serous fluid with flakes of recent lymph, some of which adhered to the *pleura*. The *pericardium* presented a few spots of redness, and contained an ounce of slightly flocculent serum.

The left lung was universally and thickly studded with tubercles, many of them clear and miliary, many others opaque, few so large as a lentil. The upper part of the right lung, where not compressed, was in the same condition. Around these tubercular depositions there did not appear to be any trace of hepatization, or any of the other usual results of inflammatory action in the pulmonary tissue. None of the tubercular masses were softened: The condensed, flattened portion of the left lung was perfectly healthy, of a pale pink color, of a spongy feel, though without any air, very dry, and wholly destitute of tubercular deposition. There were some small abscesses under the costal *pleura* of the right side. The bronchial tubes of the left lung presented much injection of their lining membrane, and an accumulation of viscous mucus in their interior.

There was no effusion in the cavity of the *abdomen*, and no redness or other disease of its serous membrane.

This case is of interest as illustrating two points. *In the first place*, it is a clear and unequivocal instance of tubercular deposition occurring in connection with chronic inflammatory action. The deposition must have taken place subsequently to the compression of the lower portion of the right lung, otherwise it is impossible to conceive how it should have most minutely pervaded the whole pulmonary texture with the exception of that part alone which was compressed. Such being the fact, it follows that this matter was deposited during the prevalence of chronic inflammatory action, resulting in the gradual progress of the *empyema* and pleuritic disorder. And it is not too great a stretch of inference to conclude, that the facts of the case supply some additional corroboration of the opinion now gaining ground among pathologists, that tubercular effusion sometimes originates in chronic inflammation,—being one of its terminations in persons of unsound constitution, in like manner as serous infiltration and hepatization are the usual terminations in constitutions of a different kind. *In the second place*, the appearances illustrate very well the effect of uniform pressure on an internal organ in preventing the progress of disease in its texture. It cannot but be supposed that every part of the lungs had the same tendency to tubercular deposition, and that the complete absence of this appearance in the compressed portion was owing to the compression; otherwise why should the diffusion of the tubercular matter have been exactly circumscribed by the line marking the boundary where the lung was pressed upon and retracted? Are not the phenomena here parallel to the well-known action of pressure in checking and circumscribing some forms of inflammation in continuous textures on the surface of the body, such as in the skin and subcutaneous cellular tissue?

6. *Two Cases of Tubercular Deposition of the Lungs, terminating fatally without proceeding to Softening.* By David Craigie, M. D., F. R. S. E., Fellow of the Royal College of Physicians, Physician to the Royal Infirmary, and Lecturer on Clinical Medicine and the Practice of Physic.

J. H. aged about 22, a young man of swarthy complexion, rather stoutly made, had enjoyed good health till about the twenty-first year of his age.

In the beginning of January 1827, he first began to complain of feebleness, occasional wandering pains in the sides, with tickling cough, and difficult and rapid breathing upon ascending stairs, or making any unusual muscular exertion. When he applied to his medical adviser, the pulse was found to be about 90, and to vary from this to 110; he had a sense of tightness upon taking a deep inspiration, and frequent hard cough. The expectoration consisted of mere mucus, not very opaque, and which did not sink in water.

These symptoms continued, and for several months became aggravated, notwithstanding the use of various remedial measures. The pulse, which was never below 90, continued to vary from 96 to 100: the cough and scanty mucous expectoration continued; the pains of the chest became more frequent in recurrence, and were felt often in the left side, and beneath the *sternum*; the feebleness and *dyspnœa* upon exer-

tion rather increased; but the patient's most constant complaint was of a craving sense of a vacuity, referred to the region of the stomach; his nights were accompanied with heat, and towards morning the surface was covered with profuse sweating.

In this state, nevertheless, he was enabled to go about his usual pursuits till the second week of August, about six weeks previous to his death; and had even occasionally during the summer, in opposition the opinion of his medical adviser, bathed in the sea.

About the middle of August increasing weakness, the almost constant sense of want in the region of the stomach, and above all, the labor and hurry of respiration, occasioned by moving about, or any exertion, obliged him to confine himself entirely to the house. The symptoms in the meantime continued much in the same state, with mere increase of the night heats and morning sweatings, and occasional diarrhœa, till the 27th of September, on which day he was not worse, or more uneasy in the respiration than he had been for weeks previously. On the 28th, the respiration became exceedingly oppressed, difficult, and laborious, with anxious, short, and rapid inspiration, rendering him quite unable to preserve the horizontal position, with anxious countenance, livescence of the face, a blue color of the lips and nails, the pulse at 120, and intermitting. These symptoms continued with little change or alleviation for three days, when they terminated in death on the 1st of October.

The case was treated in the most prompt and judicious manner by Mr. Caird, by general blood-letting at the commencement, local bleeding by means of leeches applied to the chest, occasional antimonials with opiates, blisters repeatedly applied to the *sternum*, sides, and every part of the chest, the occasional use of tartar-emetic ointment to induce pustulation, and the tincture of foxglove, with the view of diminishing the frequency of the pulse, and promoting the secretion of urine. In these respects, however, this drug had no effect whatever. The bowels were kept regular by occasional laxatives.

It may be proper to mention, that the cold bathing practised by the patient himself was invariably followed by an increase in the difficulty of breathing and oppression at the chest.

Through the whole course of the disease Mr. Caird, who had repeatedly examined the matter expectorated in pure water, never found it to be opaque or puriform, or to sink in the water in which it was discharged

The body was inspected on the 3d October 1827.

The muscles of the chest and *abdomen* were red and large, and the usual quantity of fat was found in the subcutaneous tissue, and was abundant beneath the *pectoralis major*, and, indeed, all over the chest.

The right lung, when the *sternum* was removed, did not collapse; but this was not owing to the adhesions, which were few, and chiefly at the convex and posterior region; but to the condensed and inelastic state of the lung.

The whole tissue of the right lung was occupied by minute indurated bodies, especially towards its superior portion, which was also condensed, inelastic, and uncrepitating. The substance of the lung was red, and rather firmer than natural, and when divided, emitted much reddish serum; while from the sections of the small bronchial tubes frothy mucus tinged with blood escaped. This was in general the state of the superior part of the right lung.

The inferior half, nearly bounded by an accurate and well-marked line, traversing the lung transversely, was perfectly firm and consolidated, like a portion of liver, of a deep-red brown color, some portions being almost black, and discharging slowly a quantity of bloody serous fluid, intermixed with small quantities of frothy matter, issuing from the smaller bronchial tubes.

The three lobes of the lung adhered by means of false membrane uniting the interlobular *pleuræ;* and the *pleura* of this lower part of the right lung adhered extensively and firmly towards the posterior part, and over the diaphragm.

Upon examining the bronchial tubes, the middle dvisions were found to be filled with mucus slightly tinged with blood, and of a faint reddish color. This was most conspiouous in the hepatized portion of it.

The larger bronchial tubes presented mere mucus a little viscid and opaque, but not puriform.

The vesicular structure of the lower portion of the lung appeared to be obliterated; as the lung could not be inflated by any means, and sunk in water like a stone.

The tubercular bodies, which were most numerous in the upper part of the lung, were amorphous or irregular in shape, but were generally small, and in minute masses. None of them had gone on to softening, nor was a particle of puriform or purulent fluid recognized in any part of the lung.

The left lung was occupied with minute hard glanular bodies, disseminated almost indiscriminately through its substance nearly in the same manner; and its substance was also inelastic, condensed, and uncrepitating, though in a less degree than that of the right lung. Parts of it were, indeed, firmer, and more fleshy, and of a deeper red than the others. But no part presented the extensive mass of firm fleshy consolidated substance which the inferior half of the right lung had assumed.

The bronchial tubes of the left lung contained some viscid mucus; and the bronchial membrane was redder than natural. A greater quantity of frothy serum escaped from this lung than the right. There was no appearance of *vomica.* and no trace of puriform or purulent matter.

The heart was of the usual size. The right auricle and ventricle were much distended, and contained fibrinous and bloody clots. The left chambers were rather small. The valves were natural.

The liver was not preternaturally large or hard, but was loaded with a considerable quantity of dark-coloured blood.

The spleen presented no unusual appearance,

unless a considerable quantity of blood in its vessels and parenchymatous matter be regarded as such.

The stomach was a little shrunk, and exhibited some vascularity towards its cardiac portion, with *rugae* less distinct than in ordinary cases.

The *duodenum* was natural.

The *ileum* was vascular at its lower extremity, especially in the site of the aggregated follicles of Peyer, several of which were redder than natural, and a little more elevated, but without distinct ulceration.

The *omentum* and the mesentery presented a considerable quantity of fat; and the adipose cushion round the kidneys was as abundant as usual.

This case is remarkable in presenting no softening or tubercular excavation, and consequently no tubercular expectoration. The disease, indeed, under which this patient labored from first to last, appears to have been rather of the nature of chronic peripneumony, and belongs to that class of cases to which M. Huzard, in the year 1799, directed some attention, as the occasional cause of phthisical symptoms.*

The progress is somewhat different from cases of ordinary tubercular consumption. Notwithstanding the gradual encroachment on the tissue of the lung by tubercles and hepatization, and its progressive incapacity for perspiration, it seems to have produced less emaciation and less debility of the muscular system than in cases in which the tubercular deposition terminates in softening.

The connexion of the tubercular deposit with the consolidation and other marks of inflammation of the lung, may be conceived to indicate that the former is the effect of the latter. I would merely on this point propose a question; Whether there be not reason to believe that, in similar cases, the tubercular deposition pre-existed, and operated as a predisponent cause to the production and maintenance of the chronic peripneumonic disorder and its usual effects? This conclusion, I think, derives some confirmation from the following case.

Helen Crawford, aged 23, admitted into the Royal Infirmary on the 31st December, 1834, had enjoyed good health, and was quite free from cough, until four months previously, when, from exposure to cold, a short cough commenced, unattended by expectoration.

Her symptoms continued of this character for three or four weeks, when she became affected with *dyspnœa* and the expectoration of a viscid white matter. About one month after she had *hæmoptysis*, which recurred twice, but at both times in small quantity.

At this time her symptoms became much aggravated, the cough and *dyspnœa* more urgent, and the expectoration more copious. For some time also she had been subject to frequent attacks of palpitation.

She is at present subject to frequent attacks of rigors, followed by heat and copious sweating, two of these fits generally recurring during the twenty-four hours; one about mid-day, and the other towards evening.

The respiration is difficult, 60 in the minute; the pulse 130, soft; the appetite bad; she has much thirst; the bowels reported to be habitually slow; tongue clean.

On the 1st of January the following report on the state of the respiration was given. The mucous and subcrepitous rattle were heard distinctly all over the left side, but especially in the posterior central subscapular region. Percussion elicits a good sound. The mucous rattle, with slight subcrepitous, less intense on the right side, where the resonance is clearer, and some bronchial respiration is heard near the vertebral region. Sonorous ronchus heard pretty generally over the right side of the chest near the vertebral region.

The pulse was 120, soft, but of good strength; countenance flushed and a little livescent; two motions; cough abated.

The treatment consisted of one small blood-letting at admission, to the extent of seven ounces, repeated local bleeding by means of leeches and cupping, blisters applied to the upper part of the chest, antimonials, pills of calomel, opium, and antimony, and, the urine being very scanty, with a mixture of tincture of foxglove, squill, and spirit of nitrous ether.

The breathing continued to be very frequent and laborious, with increased livescence of the face, blueness of the lips and nails, and inability to lie in the horizontal position; and death took place without delirium, on the morning of the 7th of January.

From the extreme difficulty of breathing, and the great distress which any change of position caused in this patient, it was impracticable to examine the chest and the motions of respiration by mediate auscultation so fully as was desirable.

The lungs were inspected on the 10th, and the following appearances found.

The body was not much emaciated; the fat was in considerable abundance; and the muscles of the chest were red and fleshy. The whole of the *pleura* of the left lung adhered to that of the ribs by firm, thick, false membrane, so closely that the lung could not be removed without tearing off the *pleura costalis*. In removing the lung in this manner, a small cavity at the apex of the lungs was broken open; and this was then found to consist of several minute irregular cavities filled with dirty bluish-colored matter.

The whole substance of the lung was most extensively occupied with minute granular tubercles disseminated through the pulmonic filamentous tissue. Towards the superior and central region of the lung, the pulmonic substance was consolidated, inelastic, and uncrepitating, and bloody serum issued in large quantity from incisions. Some parts were brownish-colored, and others almost black.

The bronchial tubes were filled with dark-colored puriform fluid, which escaped in great quantities from these tubes when divided. The mucous membrane lining these tubes was also much reddened, and in some parts embrowned.

The margins of the lobes were emphysematous.

The *pleura* of the right lung was natural and

* Memoire sur la Peripneumonie Chronique ou Phthisie Pulmonaire, 8vo. Paris, An. viii. See also Broussais, Phlegmasies Chronique, Tom. ii.

free from adhesions; but when the substance of the lung was pressed, it was found to be occupied by minute hard bodies, disseminated through the lung in almost every direction indiscriminately.

The substance of the lung when divided showed these bodies to be minute grains like large gunpowder grains, separately disseminated, and not aggregated in masses. The substance of the lung was dark-red or brown, firm, inelastic, and emitted when divided considerable quantities of bloody serum mixed with air-bells. Some portions were brown and almost black, and contained this fluid very abundantly.

The bronchial tubes discharged much dark-red puriform mucus, which completely filled their cavities, as well as those of the pulmonic vesicles. The bronchial membrane, when this was removed, appeared red and rather thickened; and the filamentous tissue surrounding these tubes and vesicles was reddened, consolidated, and loaded with bloody serum or actual dark-colored blood.

The right chambers of the heart were greatly distended by blood, semifluid, and in clots; the left chambers were not particularly changed.

Permission was not obtained to inspect the organs of the other cavities.

I have been induced to submit to the Medico-Chirurgical Society this case with the preceding one, because my friend, Dr. Alison, who witnessed the dissection of the lungs of the female, Helen Crawford, was of opinion that the symptoms and necroscopic appearances afforded strong confirmation of the justice of his opinion regarding the inflammatory origin of pulmonary tubercles. He was led to entertain this opinion chiefly from the recent origin of the woman's complaints, their rapid progress, the extreme urgency of the symptoms, and the speedy termination. As I feel it difficult to adopt this view, I think it proper to add a few words in explanation.

According to the woman's own statement, the symptoms of pulmonary disorder commenced only four months before the time at which she applied for admission to the Hospital,—a period much shorter than the ordinary duration of genuine tubercular disease of the lungs. The symptoms during life, and after death, showed that, though the lungs were occupied with tubercles, there was also inflammation, both of the substance of the lungs and of the bronchial membrane.

This inflammation Dr. Allison regards as the cause of the tubercular deposition. But I think that it is more consonant with the phenomena in this case to believe, that it was either an effect, or, at most, a concomitant and coincident circumstance. According to the account given by the patient, her health was good previous to the accession of the symptoms of catarrhal and pneumonic disorder. The symptoms under which she labored, which gave the peculiar character to her disease, and which contributed to the fatal termination, were symptoms neither of tubercular deposition nor softening, but of peripneumonic and bronchial inflammation. It is extremely rare, I may almost say it never happens, that the presence of tubercles induces rapid and laborious respiration with the mucous and subcrepitous rattles combined. When these symptoms take place, it is chiefly from the presence of bronchial inflammation succeeding to tubecular deposition, or accidentally combined with it.

I would merely propose a question as to the co-existence of the two phenomena in the same case; viz. an extensive dissemination of minute grandiniform tubercles, and the existence of bronchial inflammation and its products. Is it not reasonable to think that the tubercular deposition had existed for a considerable time before the symptoms of acute or subacute bronchial inflammation appeared, and that the presence of this deposition not only acted as a predisponent cause to the production of the bronchial inflammation, but tended to give that disease its obstinate, inveterate, intense, and incurable character in the present case?

Did the symptoms of anxious and laborious respiration and *orthopnœa*, with inadequate aeration of the blood, not depend rather on the bronchial inflammation than on the presence of the tubercular dissemination?

Did not the rapid progress of the disease and the fatal termination, with little comparative wasting, indicate rather the effects of the bronchial disease than of the mere dynamic disorder induced by the presence of tubercular deposit?

7. *Case of Pulmonary Tubercles, fatal in the first stage of the disease.* By Dr. Alison, Professor of Institutes of Medicine, &c.

The following case is one of tubercles in the lungs fatal in their first stage, when hardly any of them had suppurated, and agrees in its leading features with several others which were formerly laid before the Society, (see their Transactions, Vol. ii. p. 287,) as being, in my judgment, of peculiar importance in reference to the question, whether the deposition of tubercles is, in any case, a result of inflammatory action. It is a case of a young man engaged in a laborious occupation, by which his strength and breath are daily tested; who enjoys good health up to a given time, when he is exposed to the usual causes of inflammation, in a high degree of intensity; who is seized with cough, with *dyspnœa*, and the usual symptoms of inflammation within the chest, and is relieved by the usual remedies; he is again repeatedly exposed to the same causes; his symptoms, which had never entirely left him, are aggravatad, and from this time these symptoms, and particularly the *dyspnœa*, continue unabated, and even progressive until his death. Now, on dissection, while there are the usual marks of inflammation on the *pleura*, the morbid appearance in the substance of the lungs,—the only appearance which is adequate to explain the continually

progressive, and ultimately fatal *dyspnœa*, is a great tubercular deposition; the tubercles so numerous, in so early a stage, and in so uniform a state, that they must have been formed subsequently to the well-marked exposure to cold, and the accession of febrile and inflammatory symptoms; and the other appearances such, that, unless we suppose the repeated application of the causes commonly producing inflammation of the chest, to have excited the growth of the tubercles, we cannot understand how they should produce the fatal illness; and must regard the rapid growth of the tubercles, and the frequent application of the causes, as well as the constant presence of the symptoms of inflammation, as a merely accidental coincidence.

It would, indeed, be absurd to assert, that an attack of inflammation is the only condition necessary to the development of tubercles in the lungs. It is plain that some additional predisposing condition must be present, probably in the nature of the blood, perhaps in the structure of the lungs, to determine this peculiar effect to result from the inflammatory attack. But whatever be the nature of the predisposition, we have good reason to believe that, as existing *per se*, it is not necessarily followed by the development of tubercles; and the principle which it is practically important to establish is merely this, that, by an inflammatory attack inadequately opposed, a tendency which was previously compatible with the healthy exercise of all the functions of the lungs,—which was imperceptible, and, for any thing we can learn to the contrary, might have remained inert,—may be so excited and exasperated as to lead to such a deposition of tubercles, as may be inevitably fatal within a few weeks.

Gilbert Farquhar, aged 22, admitted 23d August 1834,—a sailor,—stated distinctly that his health had been very good till fourteen weeks before admission,—when, being on the American coast, he had been much exposed to cold and wet when exhausted by fatigue. He had then febrile symptoms, cough, pain of the chest and *dyspnœa*, and was bled with relief. Seven weeks before admission, his vessel had left America for England, and in consequence, as he believed, of fresh exposure and exertion during the voyage, his complaints were aggravated,—the *dyspnœa* became more urgent,—the pain of the chest more general and severe, the cough increased, and the expectoration became more viscid and opaque, though never discolored with blood. He then became somewhat emaciated, his febrile symptoms took somewhat the form of hectic, and his feet swelled.

Seven days before admission he had landed at Leith, and been bled, and taken medicine without relief;—he had also got drunk, and been out at night and exposed to cold, within that time.

On admission he had pretty severe and very frequent cough, with scanty, mucous, slightly discolored expectoration, pain of the breast increased by the cough, difficulty of lying on either side; his respirations were 48 in the minute, heaving and oppressed; his pulse 114, soft; skin rather hot; face flushed and somewhat livid; tongue slightly furred, moist, with thirst.

The chest heaved imperfectly on both sides on inspiration; the sound on percussion, pretty natural anteriorly, was dull on both sides in the posterior and lateral parts.

The sound of respiration was harsh and bronchial, and attended with subcreptious râle, generally over the chest, and there wa distinct resonance of the voice in the upper part of both sides.

His urine was scanty and somewhat coagulable by heat.

He had leeches and a blister, and was put on the use of calomel and opium, and digitalis. His cough abated, but his pulse became more frequent and feebler, his tongue dry and florid, his breathing very frequent, and he became delirious with tendency to stupor, rallied a little under the use of wine, but sunk finally on the 26th,—the fourth day after admission.

Dissection.—The *pleura costalis* and *pulmonalis*, on both sides of the chest, were firmly and generally united by lymph highly organized; in the lower and lateral parts of the chest, this substance was nearly one-fifth of an inch thick, and part of it had a somewhat fibrinous appearance. When freed from their adhesions, the lungs did not collapse, they felt firm, and on being cut into were found very uniformly thickly studed throughout their whole substance with small tubercles, of the size of pretty large pin heads; the only portion of the lung free from this deposit was a small part at the lower end of the right lung, which was very vascular and somewhat dense. The portions of lung immediately adjoining the tubercles appeared very vascular, but in general not condensed. In the upper part of the right lung were two or three very minute cavities.

There was a considerable quantity of serum in the *pericardium*, but no disease of the heart.

The liver was much enlarged, with hypertrophy of its gray matters, and the cortical portion of the kidneys was slighty affected with a similar deposition of grayish lymph.

8. *Cases of Pericarditis.* By Archibald Inglis, M. D., Fellow of the Royal College of Surgeons, Edinburgh.

I am induced to lay the following cases before the Society, chiefly on account of the obscurity attending their progress, and absence of some of those symptoms usually considered characteristic of pericardial inflammation.

Case I.—Mrs. W., aged 69, an inmate of the Trinity Hospital, subject for some years previous to her death to a chronic catarrhal affection, occasionally assuming in winter an acute form, was suddenly seized in August 1832, while stooping to spread out some clothes on the ground, with an acute pain of the chest, almost immediately followed by syncope, and she was with difficulty conveyed to her apartment. When I saw her about an hour afterwards, the fainting had gone off, but she still complained of severe pain in the situation of the *sternum*. The pulse was 80, rather small, but sharp, and quite regular; considerable cough and *dyspnœa*, but not to a greater extent than I had often seen her suffer from her ordinary bronchitic affection. The tongue was foul, with loathing of all kind of food.

A blister was applied over the *sternum*, and mild laxatives and expectorants given, by which treatment the pain was removed and the other symptoms much mitigated. About ten days after, she had again an attack of fainting, and pain of chest, and expired before I reached the hospital.

On dissection, the *pericardium* was found adhering in many places to the heart. The adhesions were easily separated, and exposed the membrane of a florid red color. The spaces between the adhesions were filled with turbid serum, with loose shreds of coagulated lymph floating in it. The only other morbid appearance was an adhesion of the right *pleura*, evidently not of recent formation.

Case II.—A shoemaker's apprentice, aged 17, feeble and emaciated in his appearance, had an attack of pleurisy of the right side two years previous to his fatal illness. From this time till within ten days of his death, he continued weak, easily caught cold, and his appetite was much impaired, but he had no severe indisposition. He was then seized with pain and tenderness of the right *hypochondrium*, felt chiefly below the margin of the ribs, increased on pressure. He was bled, and took some castor oil, by which he was much relieved. The dispensary pupil who attended at this time left town, and the relations of the patient, not entertaining any apprehension, did not again apply till a week after, when I found him in a dying state. Pulse feeble, and intermittent; extremities cold and œdematous; breathing laborious, requiring the erect posture; countenance and lips pale. He died in the course of the night.

Dissection.—The cellular tissue throughout the body was lightly infiltrated with serum. On removing the *sternum*, and endeavoring to open the *pericardium*, it was found strongly adhering to the heart. Before reaching the muscular substance of that organ, two distinct layers of a tough yellow membrane were divided, each more than a line in thickness. These two layers were connected together by another about the same thickness, not so tough, and of a gray color. The whole anterior part of the heart exhibited this triple covering, probably consisting of two layers of thickened *pericardium*, with an intermediate one of organized lymph. Posteriorly, the adhesion was only partial, and more easily separated, and then exposed a bright red surface as observed in the former case, some turbid serum being also found where the adhesions were incomplete. There was a pretty extensive adhesion of the right pleura.

The appearances of recent inflammation exhibited at the posterior part of the pericardium, were evidently connected with the symptoms which occurred during the patient's last illness. But the previous history of the case gives us no clue to find out at what period the adhesions of the anterior part had taken place, though they had probably existed for a considerable time, and in connection with diseases of a chronic character.

Case III.—In the case I have next to relate, the affection of the *pericardium* was complicated with *empyema* and extensive disease of the lungs and abdominal viscera, which, of course, contributed to modify the symptoms, and render the complaint more obscure.

J. S., aged 42, of sedentary habits, and frequently subject to dyspeptic symptoms, about four years previous to his last illness, had a severe attack of that description, during which it was observed that his pulse was occasionally irregular and intermitting. As, however, he had then no other indication of disease of the chest, this symptom was attributed to sympathy with the stomach. He got gradually better, and though oblige to be cautious as to diet, he enjoyed tolerable health until April 1833, when he was attacked by the influenza, then prevalent. He at first paid little attention to it, and even continued to go out for some days, until, finding he was getting daily worse, he sent for me. I found him affected in the usual way, with slight febrile symptoms, cold in the head, and a sense of weight and oppression at the chest, not, however, to such an extent as to prevent full inspiration, nor accompanied by any pain, and he had but little cough. By confinement to bed, and the usual treatment for influenza, the symptoms subsided in a few days. This improvement did not continue long, and though he had no fresh febrile paroxysm, a permanent quickness of pulse was soon observed; his breathing became easily hurried, especially on attempting to go up stairs; and his appetite continued much impaired, with feeling of extreme distension of the stomach after meals. He was now advised to try change of air, and, being unable for any long journey, he removed to Newington.

No improvement followed this change, and every attempt to take exercise in the open air seemed to aggravate the former symptoms, to which a severe cough, with scanty

expectoration, was now added. The pulse when not excited by the stimulus of food or exercise kept steadily about 120, very feeble, but in general free from irregularity. The skin was cold and clammy; the countenance and lips were pale; the left side of the chest at its lower part now gave a dull sound on percussion, and the respiration was but feebly heard in it, while its circumference became evidently larger than that of the right side. He became very much emaciated, and was now almost confined to bed, lying on the left side only, with his head very low, feeling that the easiest posture.

A variety of pectoral remedies were given, and persevering counter-irritation kept up on the affected side, with occasional blisters to the right *hypocondrium*, where there was also fulness and uneasiness below the margin of the ribs. Under this treatment considerable improvement took place. He was again able to sit up, took a moderate meal with relish, and at length began to go out a little without being the worse for it. The left side of the chest also again diminished to its natural circumference.

About this time, however, he had two or three attacks of fainting, each followed for some days by much debility, and a feeble and irregular pulse. In October, he returned to town, and his complaints continued for some time nearly stationary. As winter advanced, however, he gradually lost strength. *Œdema* commenced, and gradually extended upwards. Fluid was also effused into the peritoneal cavity, the uneasiness produced by which was aggravated by frequent attacks of tympanitic distension of the upper part of the *abdomen*, accompanied by severe pain and increased difficulty of breathing. He was again confined to bed, and sloughing soon occurred over the left *trochanter*. He sunk rapidly, and died on the 19th February 1834, being about ten months after his attack of influenza.

On inspecting the body, the following appearances were found. The *abdomen* was distended with fluid; many patches of very dark-colored *ecchymosis* were observed on the *peritonæum;* the pyloric orifice of the stomach was so much contracted as scarcely to admit the little finger, but without induration; the mucous membrane of the stomach was very vascular; the liver slightly enlarged, and much gorged with blood.

The right side of the chest was resonant; the left was dull and *smaller* than the right. The left cavity of the chest was filled with greenish serum, and lined with a layer of coagulable lymph, flocculent on its surface. The left lung was firmly bound down to the *mediastinum*, and a band connecting it to the diaphragm, its substance being thus compressed into a flat cake of dense but pliant texture. About three pounds of yellow serum were contained in the right cavity of the chest.

The *pericardium* was firmly adherent to the heart throughout its whole extent. The adhesions were firmest where there was least appearance of interposed lymph. The *parietis* of the heart slightly increased in thickness.

9. *Case of Adhesion of the Pericardium to the Heart, of long standing, with the supervention of œdema of the Lungs, which terminated fatally in a few hours.* By William Thomson, M. D., Fellow of the Royal Colleges of Physicians and Surgeons of Edinburgh.

Mr. W. aged 32, head clerk in a writer's office, had consulted my father occasionally on account of dyspeptic symptoms, and had been for some time under my own care on account of an inflammatory affection of his eyes. But a few weeks previous to his death, he had consulted me about some other small local ailment. The night previous to his death, his brother and he sat up to a later hour than usul, engaged in agreeable conversation respecting the fair prospects in life that seemed to be opening before them. About five o'clock in the morning of the 19th February 1829, Mr. W. awoke with a painful sense of oppression at the chest, from which he sought to obtain relief by assuming the erect posture. The oppression continuing, I was sent for about seven o'clock. I found him sitting on a chair near the fire, breathing laboriously. The air inspired and expired produced a very audible gurgling noise, obviously in consequence of its passing through a fluid in the *trachea* and *bronchi*. On applying the ear to the back of the chest, a similar noise was heard in the lungs. He from time to time coughed up a quantity of this fluid, in a very frothy state. In a few moments he said he could no longer remain in that situation, and walked with little assistance, several paces to his bed. His breathing became more and more laborious, and in the course of a short time he ceased to make any more attempts to cough; his pulse became gradually feebler, and about eight o'clock the noise of his respiration ceased.

Dissection.—The cavity of the thorax contained a large quantity of serum. The *pericardium* adhered firmly to the heart throughout its whole extent. The heart itself extended a considerable way into the right side of the chest. Its left ventricle was much thickened in substance, and its capacity greatly enlarged. The whole substance of the lungs was infiltrated with serum in very large quantity, but they were crepitating throughout, no part of them being hepatized or tubercular.

I have been favored by the brother of the patient, himself a medical practitioner, with the following statement respecting his previous ailments.

"J. W. was, during his infancy and boy-

hood, of a very delicate frame and habit, although subject to no particular disease. At the age of 13 he was bound an apprentice to a writer in Forfar, where he continued for upwards of four years, and then removed to Edinburgh. During the period of his apprenticeship he was much annoyed with dispeptic symptoms, which were not lessened after his removal to Edinburgh. In the beginning of the year 1817, upon getting out of bed early one morning, he was suddenly seized with a fit of syncope, and fell on the floor, where he lay unconscious for a considerable time. During the next four years, with the exception of a continuance of his dyspeptic complaints and delicate habits, I can recollect no particular illness to which he was subject. At the end of this period he was attacked with a severe inflammatory complaint in the chest, for which he underwent the most active antiphlogistic treatment under the care of Dr. Spens, who, I was given to understand, regarded his disease as *pneumonia*, and for some considerable time despaired of his life. Ultimately, however, he so far recovered as to be able to bear removal to the country early in the summer of 1821, much emaciated, and laboring under severe cough, accompanied by purulent expectoration and profuse night sweats. He was now placed under the care of Mr. George Hull, surgeon in Forfar, and was considered by him as consumptive. He continued under Mr. Hull's care for nearly two years, during which time he used internally, digitalis in powder, tartrate of antimony in solution, and hydrocyanic acid, living almost exclusively upon milk and vegetables, while externally a blister was applied over the *sternum*, and kept open for many months by savine cerate. His pulse during this period was never under, although frequently above, 90, the cough and oppression of breathing, particularly on exertion, were harrassing, and the expectoration and night perspirations continued profuse. On one occasion while I was beside him, he was threatened with a renewal of his inflammatory symptoms in the chest, but a timeous abstraction of blood gave immediate relief. Towards the end of the year 1822, having got considerably better of his thoracic complaints, he again returned to Edinburgh, and resumed his duties as a clerk in a writer's office. From this period up to the time of his death, although he still continued delicate, and was apt after exposure to cold, or from over fatigue, to be laid up for a day or two at a time with accessions of his pectoral symptoms, yet, upon the whole, his general health was surprisingly good. He was latterly considerably annoyed with attacks of inflammation of the eyes, with *dyspepsia*, and with toothache, and during the last year of his life he complained of pains about the *scapula*, shooting downwards, and of a general sense of coldness, which made him declare that the only comfortable place in Edinburgh was the Register-office, where the temperature of the rooms is always kept high by large stoves. So particular had he become on the subject of heat, that, a short time before his death, he provided himself with a thermometer for the purpose of regulating the temperature of his sitting room, and during the attack which cut him off, he urged his friends to heap fuel upon the fire, declaring he could not survive without an increased temperature. In conclusion, I may remark, that he never complained of palpitation of the heart, nor of pain specially referred to its region, but was at all times easily rendered breathless on exertion."

10. *Two Cases of Pericarditis of long standing, which terminated suddenly by Suffocation.* By David Hay, M, D., Fellow of the Royal College of Surgeons, Edinburgh.

Dr. Hay mentioned to the Society, that he had seen two cases of *pericarditis* of long standing, which terminated suddenly by suffocation.

The first that of a man of 27 years of age, very robust, of dissipated habits, and liable to attacks of acute rheumatism, for which he required the free use of the lancet and other antiphlogistic remedies. The attacks in his joints were occasionally accompanied by oppression of the chest, which was relieved by bleeding.

The night before he died, he had gone to bed in his usual health, but, early in the morning, his breathing was observed to be remarkably oppressed, the whole chest and *epigastrium* heaving and undulating, especially the left side; his pulse was rapid, but soft and feeble, and there was evidently much mucus in the air tubes, producing noise in his breathing. Dr. Hay saw him immediately, and found him moribund; he opened a vein, and applied other remedies without success, and he expired shortly after his arrival. On examination of the body, the *pericardium* was found almost universally adhering to the heart, and so strongly, that it could be detached only by the knife. The heart was large, especially the left ventricle, and the lungs were loaded with mucus; the *pleuræ* adhered in many points on both sides of the chest.

The second case was that of a woman of 52 years of age, of whose habits or previous complaints Dr. Hay knew nothing. She had left her own house in the Calton to visit and drink tea with a friend at the west end of the New Town. On her return home she was attacked with extreme oppression of breathing, and was obliged once and again to stand still, and sit down on the steps of the houses of the street, and at length became so ill that she was carried into an hotel at the east end of Queen Street, where Dr. Hay saw her immediately. She labored under great anxiety and oppression of breath-

ing, finding it impossible to remain still a moment in any posture. There was continued loud mucous râle, and she occasionally expectorated some reddish fluid, her pulse was rapid and indistinct, and her surface covered with cold perspiration.

A mustard poultice covering the anterior part of the chest, immersion of the feet in hot water, bleeding, ether, and ammonia, were resorted to without benefit, and she died in about twenty minutes after she was carried into the hotel.

On dissection, it was found that the heart adhered to the *pericardium* partially, and where non-adherent, its serous membrane was thickened by the effusion of lymph. The left ventricle was slightly enlarged. The lungs were gorged with reddish fluid of the same appearance with that which she expectorated previous to death.

11. *Case of sudden and unexpected death, in which the Heart had only a single Coronary artery, the coats of which were studded with patches of cartilaginious and ossific deposition.* By Dr. W. Thomson.

Mr. D. aged 49, was found dead in bed with his eyes closed, his arms by his sides, and every thing betokening his having died whilst asleep. Some years ago he suffered much from rheumatism, but had recovered, and was in the enjoyment of good health, fat and fleshy. He had had flying rheumatism in different parts of his body, at last settling in a leg and arm for ten days or a fortnight before his death, but complained of no other ailment. It was mentioned by one of his friends that he disliked walking fast.

Heart of natural bulk; depositions of bony mattter at the roots of two of the aortic valves; a single coronary artery with bony and cartilaginous depositions, particularly hard at its mouth, and extending in small patches down its ramifications.

12. *Case of Diseased Thymus Gland.* By Alexander Hood, Esq. Surgeon, Kilmarnock.

The patient in this case was about fifteen months old, apparently healthy, and of a full habit of body. It was observed first about four or five months ago, that when she was surprised or irritated, she was threatened with suffocation from some obstruction in respiration. In the course of the last three or four weeks she was seized with two or three fits, but in such a severe form, that respiration was for a brief period suspended. Her recovery from these attacks was rapid, and it seemed to leave no unpleasant consequences, for her appearance in every respect indicated a high state of health. On the 11th, while running on the floor, she fell, and suddenly expired in one of these fits.

N. B. The child died in the fifth fit or attack.

Dissection.—There was no marked deviation from the natural and healthy appearance in the condition of the brain or its membranes. On opening the *thorax*, a small quantity of water was found effused in the *pleura* and *pericardium*. The *thymus* gland was examined with much care, and exhibited the following appearances. The thin and flat portion of the gland which usually expands downwards on the lungs was removed by absorption. One portion of the gland rested over and pressed upon the right subclavian vein; another part of it lay over the subclavian coming from the left side; while a portion of it in continuation of the part lying over the vein extended upwards and backwards, and passed behind and under the vein, so that the left subclavian had three-fourths of its trunk completely imbedded in the gland.* When the gland had been carefully removed by dissection, the vein at this place was obviously contracted. The weight of the gland was not ascertained; but when put into a measure-glass, it displaced five drachms of water. The gland when cut into contained a considerable quantity of cream-colored fluid or purulent matter. The mesenteric glands were in a scrofulous condition, and contained also cream-colored fluid or purulent matter, though in small quantity.

13. *Three Cases of Aneurism of the Thoracic Aorta terminating suddenly.* By John Gairdner, M. D.

1. On Tuesday the 25th February, 1834, when visiting a woman laboring under typhus, I was requested to see her mother who had been taken ill. She was an old patient of mine, whom I had frequently attended for nephralgic attacks, but in whom I never before observed any symptoms similar to what I am about to mention. Her age might be between 60 and 70, her person sluggish and corpulent. She complained of little else than weakness, but on feeling the pulse it was found to be feeble, and with only 31 or 32 pulsations in the minute. I recommended that she should have a little warm spirits and water, which she took with good effect; for she was better during the rest of the day till evening, when she again got into a low faintish state, with some feeling of palpitation at the heart. At six o'clock the following morning she was found dead in bed with her arms drawn up, and the hands approximating to each other on the anterior part of the chest. On the day following I examined the body. The heart was rather large, but not morbidly so; its valves were all in good condition, and its structure in other respects natural. But the whole thoracic aorta was diseased. Its coats were thickened and in

* See a series of cases on this subject in 5th No. of the Edinburgh Journal of Medical Science, p. 39.

many parts ossified. It was very considerably enlarged in diameter throughout its whole course, but most especially at the arch, where it formed a large aneurismal dilatation. Some *calculi* were found in the left kidney; and the *pelvis* of the right kidney, with the corresponding *ureter*, were much enlarged, the effect, no doubt, of the repeated attacks of *nephralgia calculosa*, to which she had been subjected during a series of years.

2. I remember to have met a case very parallel to the above a great many years ago. A poor man came to me to request that I would take the trouble to examine the body of his wife, who had died suddenly the previous night. I found on inquiry that both he and she had been given to habits of intemperance; that, at an early hour of the morning, the poor woman got out of bed to make water; that, as she did not immediately return to bed, the husband at last got up to assist her, and found her seated on the chamber-pot and dead. The neighbors began immediately to suspect him of having hastened her end, and this was the cause of his application to me. The only disease discernible which could explain her sudden death was a large aneurismal dilation of the aorta at the arch. In the *uterus* there was a quantity of a preternatural excrescence filling up its cavity, loosely adherent to its *parietes*, and consisting of small granular bodies united by a very loose cellular tissue. The size of the *uterus* thus distended might be about that of an orange. The substance within resembled the pancreatic structure, and was probably of the nature of what is termed pancreatic sarcoma.

In Mr. A Burn's work on diseases of the heart, &c., p. 236-7-8, are related two cases of sudden death from aneurism of the thoracic aorta in young females in the earlier stages of pregnancy. He mentions that, in four cases of sudden death from diseased heart, he found the *uterus* gravid; and that, in two others, death occurred during the menstrual period. The above case may be considered as illustrative also of the principle which Mr. B. seeks to establish, that uterine irritation accelerates death in such cases. I find in the large collection of aortic aneurisms in the Museum of the Royal College of Surgeons, one case in which the individual died suddenly without rupture of the sac; and in this case the subject is a female. She was a patient in St. George's Hospital at London, and her death was quite unexpected. No particulars of uterine affection are recorded. Perhaps the truth may be, that an irregular life, such as is proved to have been led by several of the subjects of these cases, gives a proneness at once to uterine irritation, and to those cardiac and aortic affections which are found in conjunction with it.

3. The next case was different from the two former in its mode of termination, and as the symptoms were not at first such as to make it possible to decide on its nature, it may perhaps be interesting to give some account of them, as they presented themselves in the earlier stages of the disorder. The gentleman who was the subject of the case was rather corpulent, and of a gouty constitution; and was about 40 years of age in December 1825, when he first consulted me about fits of palpitation at the heart, which occasionally seized him. For these I prescribed cinchona in substance, with apparent advantage: for he soon got in a great measure rid of them. He complained, about the same period, of pain in his back about the inferior angles of the *scapulæ*, extending from thence towards the right hypochondriac region. This pain became worse in the months of January and February 1826. He derived some relief from various remedies which I then employed, among which were warm fomentations, friction with tincture of soap and opium, draughts of opium and colchicum, and detraction of blood. This painful affection continued ever afterwards to adhere to him. When severe, it in some degree affected his breathing, and rendered the more violent sorts of exertion distressing to him. He passed the greater part of the summer of 1827 in London. His urine exhibited a lateritious sediment, for which a medical gentleman there prescribed the internal use of *aqua potassæ*. It produced a favorable change on the state of the urine, and also, as he himself thought, an abatement of the pain in the back, which had been at that time severe.

In the autumn of the same year, when he came more immediately under my observation, his pain had become greatly aggravated in consequence of his exertions in business, and he appeared to dread that it might proceed from some cause of a fixed description. He was troubled, too, with a degree of *dysphagia*, which induced him to lean forward in the act of swallowing, as he had discovered by experience that when he did so, the food passed more easily into the stomach. Sinapisms, rubefacients, and gentle laxatives were the only remedies, so far as I remember, which I prescribed about this time. He was immediately after involved in a great deal of business with much personal fatigue, and repeated long journeys, and this exertion produced its natural effect,—a great aggravation of his symptoms. He was also seized with pain and *dyspnœa*, and was completely confined to his bed for some time. This happened in a distant part ef the country. By the use of repeated bleedings, antimonials, and other remedies, the fever and *dyspnœa* were got the better of, and the pain greatly moderated. For the latter, his medical advisers recommended blistering, which gave him great distress, but produced not the slightest abatement of the symptoms for which it was prescribed.

At the time of his return to Edinburgh, on the 16th of November, he had still much pain

of his back, especially towards the inferior angle of the left *scapula;* and he continued to suffer from the *dysphagia* already described. When in repose he had no *dyspnœa;* but this symptom was immediately roused by walking through his room; a peculiar wheezing sound was produced by a deep inspiration; an inclination of the spine forward, which was observable when I had last seen him, had obviously increased; he reclined habitually on a sofa with his back supported, and in this posture seemed perfectly easy. There was no remarkable pulsation to be felt about the chest or back, nor could this, or any irregularity in the heart's action, be detected by auscultation. Suspicions of the true cause of the disease were, however, suggested by the symptoms described; and repeated examinations were instituted with this impression; but as none of the indications were absolutely unequivocal, there was room to conjecture that some peculiar modification of his gout might possibly occasion his distress. The treatment adopted was suggested in part by this view of the case, and was in part directed to the alleviation of the pain and *dyspnœa.* Sulphate of quinine, valerian, and colchicum were prescribed on various occasions with very little apparent relief; cupping produced scarcely any beneficial effect; inhalation of vapor of hot water and ether draughts were prescribed for the breathing with little avail; sinapisms appeared to do more good than any other remedy, and were, therefore, very frequently resorted to, and almost always with some temporary relief.

Very little change took place in the general aspect of the case during the winter months; but about the middle of March the pain increased, with quick pulse, laborious breathing, and scanty urine, depositing a copious lateritious sediment. The pain became so intolerable that I was obliged to resort to a free bleeding followed by two cuppings, and afterwards by a blister. Towards the end of the month he had an accession of regular gout in the foot, which lasted for several days. He was able to leave his bed early in April, and, by the 9th of that month, so great an improvement had taken place in all the symptoms, that he was enabled to walk about the house with a degree of facility to which he had long been a stranger, and to go out several times both on foot and in a carriage. But although the pain never again became so acute as it had been, the period was rapidly approaching when the disease was to terminate fatally. On the 18th April, he was suddenly seized with *hæmoptoe*, and brought up five ounces of blood, which coagulated speedily,—if, indeed, it was not coagulated at the moment of expulsion, which is probable. Its expulsion was preceded by a pretty acute sensation of pain in the left side of the chest; but both the discharge and the pain ceased in a few minutes, and in the afternoon he assured me that he had no sensation calculated to remind him of the occurrence. On the 30th April, the *hæmoptoe* recurred, and put an end to his life in about seven minutes.

On dissection the air passages and cells of the lungs were found loaded with blood, especially those of the left lung, from which the air appeared to be in a great measure expelled by the blood which occupied its place. The whole thoracic *aorta*, ascending and descending, was enlarged to two or three times its ordinary dimensions. In the descending portion, two small aneurismal *sacculi* were observed, each large enough to admit the point of the finger, with parietes much thinner than those of the rest of the vessel. The larger of these had adhered to the left *bronchus*, and had burst into it through the adhesion. A small coagulum of blood was found partially closing the aperture, and closely adhering to its upper margin. Its under margin was non-adherent, and at this part a full-sized probe could be easily passed from the *aorta* into the *bronchus.* It is evident that the coagulum had been the cause of the cessation of the first attack of hemorrhage, twelve days before the fatal one. The other vessels arising from the arch were sound.

14. *Case of Aneurism of the Aorta producing only symptoms of Laryngitis.* By Robert Graham M. D., &c. &c.

The whole symptoms of the following case were the every-day symptoms of *laryngitis.* Nearly the whole of the diagnostics of aneurism were awanting, till the occurrence of the fatal hemorrhage, and even now that I know the real origin of the symptoms, I can see none, excepting this last, which is not more naturally explained by the supposition of the *larynx*, rather than any other organ, being the seat of the disease. The disease was therefore treated as *laryngitis*, by repeated leeching, laxatives, warm bath, draughts with ether and laudanum, nauseating doses of tartrate of antimony, inhalation of steam, blistering and warm poultices to the *trachea*, confinement to bed; and the relief which followed the treatment tended to continue the deception.

There cannot possibly be an explanation of the symptoms, but, by supposing them to be produced partly by the approaching rupture through the *trachea*, but chiefly by pressure on the nerves supplying the *glottis;* and the principal value of the case seems to be the proof which it gives that such symptoms may attend tumors in the situation occupied by the aneurismal sac here, and that, therefore, our diagnosis, even when formed upon a crowd of evidence without one contradictory symptom, may occasionally be mistaken.

Peter Anderson, aged 36, of middle size,

robust, healthy and active appearance, admitted into the Royal Infirmary, 12th December 1834, states that he had been an extremely healthy man until the middle of August last, when, after a day's severe labor, the weather being very warm, he was seized with hoarseness, accompanied with diffused pain over the anterior part of the chest, *cardialgia*, and vomiting after taking food. Three weeks after he was blistered on the chest without relief, but all the symptoms, except the hoarseness, abated after the application of ointment of the tartrate of antimony. He was then blistered along the *trachea*, and the surface was dressed with cantharides ointment for two or three hours daily, during thirteen days, but the hoarseness continued without alleviation. About a fortnight ago he was seized with difficult respiration, and sense of contraction in the windpipe. Four days before admission, while walking through the fields, the weather being cold and windy, the oppression of breathing gradually but rapidly increased, obliging him frequently to sit down, and at last, while sitting, he became insensible and fell upon the ground. He was found in this state about an hour afterwards, his face livid, and the pulse at the wrist gone. His consciousness gradually returned after he was placed in a warm bath, and after expectorating some blood, his breathing became more free, but the expectoration has ever since contained a little blood. Slight cough; respiration much oppressed on the slightest exertion, loud and stridulous; has pain and uneasy sensation on applying pressure to the *larynx*, but no pain of chest on full inspiration. Occasional uneasiness of throat, but at present no difficulty of swallowing; complains of pain in circumscribed portion of the left parietal bone; pulse 80, rather full in right arm, weaker in left; bowels rather bound; tongue whitish; is free from thirst.

After admission into the hospital, it was found that the violent attacks of *dyspnœa* were always easily produced by the slightest exertion, were accompanied with some degree of livor of countenance, and were often almost instantly removed, or at least were greatly alleviated, by breathing hot air, as from the door of a stove, or by inhaling steam. During sleep the respiration was sometimes, at least, perfectly natural. The pulse varied from 80 to about 130, according to his state of absolute rest, or trifling exertion, and was always full and firm at the right wrist, often perfectly natural. He had frequent starting on going to sleep,—rarely pain in his back and breast from cough, which sometimes occurred in severe paroxysms. The sputa were occasionally muco-purulent, generally containing some blood, and he felt easier on the days in which the quantity of this was considerable. The chest was found to be somewhat tympanitic in the middle of the right side anteriorly, and mucous, sonorous, and sibilous *râles* were occasionally heard. On the whole, his symptoms subsided very greatly, so that he was able to be out of bed for a great part of every forenoon, and during this time walked constantly about the ward without any accession of *dyspnœa*, or other inconvenience. In the night of the 5th of January, he was attacked with *diarrhœa*, and all his laryngeal symptoms were greatly aggravated next day, he believed, in consequence of exposure to cold in going to the water-closet, and these symptoms never again completely subsided. About eight in the morning of the 10th of January, when lying quietly, suddenly spit out, without any coughing, about one and half ounce of florid fluid blood, mixed with a small quantity of mucus, after which he slept for an hour, and during the forenoon, by coughing, brought up a considerable quantity of frothy mucus streaked with blood. He now felt better, his countenance being greatly improved, and the pulse 60, rather harsh, but otherwise natural; and he continued easy till two o'clock next morning, when he was suddenly seized with expectoration of fluid florid blood, which produced suffocation in a few minutes, the quantity lost being about two pounds.

Dissection sixty hours after death.—The *sternum* was raised, and the tongue, *larynx*, *œsophagus*, heart, and lungs were removed from the body.

The lungs did not fully collapse, and had on their surface some large rose-colored patches. They felt doughy, and when cut yielded to pressure a quantity of frothy mucus. The *pharynx*, *larynx*, and *trachea* contained much fluid blood.

The *larynx* and *trachea* were opened from behind by a continuous longitudinal incision; no inflammation or thickening were any where perceptible, nor was there the slightest appearance of *œdema* or effusion of lymph. On the left side of the *trachea* there were three elevated *papillæ* between as many cartilaginous rings, each having in its apex a small opening filled with a dark coagulum, but from which blood could be squeezed. These openings communicated with an aneurismal sac, about the size of a large walnut, arising from the arch of the *aorta*, unconnected with the origin of the ascending vessels, and lying parallel with the *trachea* on its left side. The left subclavian artery was impervious, its cavity having been obliterated by the pressure of the tumor.

15. *Case of Thoracic Aneurism.* By Dr. Alison.

Dr. Alison communicated verbally the leading particulars of another case of thoracic aneurism, which occurred some years ago, where there were similar fits of urgent dyspnœa, with the crowing sound on inspiration, and where it appeared, on dissection of

the parts, (which are preserved in the Museum of the University, and were exhibited to the Society,) that the recurrent nerve on one side had been stretched and flattened by the tumour; causing, probably, loss of its function, and consequent impossibility of voluntarily separating the arytenoid cartilages, or antagonizing the action of the *constrictors* of the *glottis*, when these were affected with spasm.

The patient was a middle aged man, who became a patient of the New Town Dispensary several years before his death, on account of dysphagia and fits of palpitation, and of violent fits of coughing, with crowing and difficult inspiration, in which his face used to become swelled and livid. He had also frequent paroxysms of violent pain shooting up the left side of his neck to the occiput.

His heart was found to be somewhat enlarged, and there was, after a short time, so obvious a pulsation beneath the upper part of the *sternum*, and between the cartilages of some of the upper ribs on the left side, that no doubt was entertained of the dependence of all these symptoms on an aneurism of the ascending *aorta*, or some of its larger branches. He was only effectually relieved by occasional bleedings.

After he had been nearly a year afflicted in this manner, and been repeatedly in the hospital, he had an attack of appoplexy, followed by complete hemiplegia, and by that curious modification of memory, in which the recollection of words is almost entirely lost, although the recollection of things and events, and the reasoning powers, are still tolerably entire. After this attack, and the evacuations which were practised on account of it, there was a remarkable amelioration of his former symptoms; the pulsations became less obvious; the fits of cough and *dyspnœa* much less frequent and severe; and the dysphagia and paroxysms of pain almost entirely left him. He lay a long time in the Clinical Ward in a state of hopeless palsy, was dismissed relieved, and re-admitted after some months, on account, partly of increased debility and mental imbecility, but chiefly of a return of the paroxysms of pain, now felt in the *right* side of his neck, and of the fits of *dyspnœa* with crowing. A few days after his re-admission, he died in one of those paroxysms of *dyspnœa*.

On dissection, an apoplectic cyst, corresponding to the hemiplegia, was found on the outer side of the *corpus striatum*, between it and the fissure of Sylvius. There was no other morbid appearance in the brain, but much effusion of serum beneath the arachnoid.

A large aneurism was found springing from the root of the subclavian artery on the left side, and extending under the *sternum;* it was filled with layers of firm grayish limph, quite freed from the coloring matter of the blood. On the right side, a much smaller aneurism, filled with recent coagula of blood, was found likewise arising from the root of the subclavian artery. The contents of this small and recent aneurism were so soft that they fell to pieces on removing it from the body, and the disposition of the nerves in regard to it could not be traced; but on the left side both the *par vagum* and recurrent nerve were found stretching round the tumour, and compressed and flattened by it; and this appearance is still distinct in the preparation.

It is important to observe, also, that in this case the left carotid artery is completely obliterated, and the left subclavian diminished in calibre by the pressure of the aneurism. The diversion of the course of the blood thus effected had probably been the cause of the stationary condition of this larger aneurism, and of the great abatement of the symptoms connected with its growth,—which had been observed during many months before death.

16. *Case of Obliteration of the Vena Cava Superior at its entrance into the Heart.* By John Reid, M. D., President of the Royal Physical Society of Edinburgh.

During the course of last month, (December 1833,) the *vena cava superior* was observed to be obliterated at its entrance into the heart, in one of the subjects in Dr. Knox's Practical Dissecting-Rooms. This obliteration was about two inches in extent, and formed, in the usual situation of the vein, a rounded cord of a cartilaginous feel, firmly connected to the surrounding parts, particularly to the anterior surface of the right *bronchus*, at the division of the *trachea*, by firm cellular tissue. Around it, particularly at the lower part, were several calcareous deposits, apparently connected with the bronchial glands. On the inner surface of the auricle, the entrance of the vein was only marked by a slight depression, and the auricle at this part formed a kind of digital pouch.

From the advanced state of the dissection when this circumstance was discovered, it was difficult to trace the channels through which the blood must have passed to the *vena cava ascendens;* but after a good deal of careful examination, some of these, and perhaps the greater part, were made out. The large veins at the root of the neck united in the usual way to form the *cava superior*, and this vein became suddenly impervious at the part already mentioned. On examining the *vena azygos*, it was found to be at least twice its usual size, and became suddenly impervious where it joined the obliterated *cava*. The right intercostal veins, particularly the superior, were much enlarged, and a vein of the size of a common quill passed between the *cava* immediately before its obliteration and

the upper part of the *vena azygos*. The *vena azygos* was joined at the usual place, viz. about the seventh dorsal vertebra, by what is called the *vena demi-azygos*, which was more than twice its usual size. The state of the superior intercostal veins of the left side could not be ascertained, as they had been nearly all destroyed; but, to judge of their size from some remnants of them, they must also have been considerably enlarged. On blowing air down the *azygos* and *demi-azygos*, they were observed to retain their large size, as low as the *diaphragm*, and form several flexuosities. The air passed freely along the enlarged intercostals and superior lumbar veins, distending all the lumbar veins, and filling the *vena cava ascendens*. The lumbar veins were also considerably enlarged. A vein of at least the size of a writing quill, formed by a branch from each of the *azygos* veins, passed through the left side of the aortic opening, and joined the *cava inferior*, near its junction with the renal veins.

The internal mammary veins had been destroyed, but the epigastric veins were of their natural size, so that there could not be any reflux of blood in that direction.

All the systemic venous blood of the body, except that of the coronary vein, being poured into the right auricle by the *vena cava inferior*, that vein was also considerably enlarged. At its entrance into the heart, it nearly admitted the passage of three fingers. The *azygos* veins generally communicate with the renal veins, but whether this communication existed, or was enlarged, could not be ascertained, as the kidneys had been removed.

The condition of the vessels, as here described, was fully examined by Dr. Knox and Mr. Fergusson, who assisted in the dissection.

The exact manner in which the blood passed from the large vessels at the lower part of the neck to the enlarged intercostals which entered the *azygos* veins, could not be examamined, as the dissection was too far advanced, but it is probable that a considerable part of it flowed through the intercostal veins, which empty themselves into the *venæ innominatæ*, and then passed through the anastomosing branches of these, with the intercostals which enter the *azygos* veins. Part of it might also have flowed along the internal mammary veins passed through the anastomosing branches of these with the intercostals and superior lumbars, and thus reached the *azygos* veins. The thoracic veins in the *axilla* might also have allowed a reflux through them, which, from their anastomosis with the intercostals, would also reach the *azygos*. The sinuses and veins within the spinal canal might also have assisted in this by their numerous anastomoses.

Though the *azygos*, intercostals, and lumbar veins were all enlarged, yet it was difficult to conceive how the whole of the blood of the *cava superior* could pass with the necessary facility into the *cava inferior*, particularly as it was a retrograde motion.

That there could be any other channel than those already mentioned through which the blood could pass between the two *cavæ*, it would be difficult to conceive.

The appearance of the parts around the impervious portion of the *cava* furnished no perfect clue to any supposed cause of its obliteration. It is, however, probable that the calcareous deposits around the vein were the remains of some enlarged bronchial gland, which, by their pressure upon the vein, produced its obliteration.

This subject was a female about 40 years of age, and died in the City Charity Work-House, under the care of Dr. Smith, who has kindly furnished the following particulars of her case:

"A. B. was admitted into the Charity Work-House in July last, laboring under symptoms of *hydrothorax*. There was general *anasarca*, great difficulty of breathing, livid countenance, inability of lying down, scantiness of urine, pulse frequent, small, and irregular.

"She was relieved from these symptoms by the use of cream of tartar and other diuretics.

"Finding herself better, she left the House in September free from œdema, but shortly after her symptoms relapsed, and she was again admitted in October. The same remedies were had recourse to, but without producing any relief. She died rather suddenly under an aggravation of all the symptoms on the 30th November, having had neither delirium nor coma, though she was somewhat deaf.

"*Inspection.*—The right cavity of the *thorax* was full of serum, and the *pleura costalis* was much thickened. On the left side there were strong adhesions between the *pleura pulmonalis*, and *costalis*, and the latter membrane was in many places fully three lines in thickness. The kidneys exhibited strong marks of Bright's disease. This woman had led a very irregular life."

I may also mention, as somewhat analogous to this case, that last winter, while dissecting the sinuses of the *dura mater*, I met with an obliteration of the superior longitudinal sinus, about its middle. I ascertained that in this case also there had been no cerebral derangement present during the last illness of the patient.

In contrast with this case, where the blood of the two *cavæ* was poured into the auricle by the inferior *cava* alone, we may mention another which lately occurred in the same rooms, where the greater part of the blood of the two *cavæ* entered the auricle by the *cava superior*.

The two primitive iliacs in this case, instead of joining to form the *cava inferior* in the usual place, continued to ascend sepa-

rately, the one on the right, and the other on the left of the *aorta*, until they were joined by the renal veins. They then united a little to the left, and behind the *aorta*, to form the *cava inferior*. This vessel passed through the aortic opening, getting to the right of the artery, and took the usual position and course of the *vena azygos*, and like it, joined the *cava superior*. In this subject the depression on the inferior surface of the liver to the right of the *lobulus Spigelii*, for the *cava inferior* was awanting, and passing through the opening in the *diaphragm* for the *cava inferior*, we had a much smaller vessel formed by the junction of the hepatic veins, which took the place of the *vena cava inferior*, and, like it, opened into the auricle.

In this last case, the irregularity in the venous distribution evidently depended upon original formation, and is interesting as such;* while the two former apparently depended upon a change produced by disease on the original formation, and possess considerable interest both in a physiological and pathological point of view.

I may mention, that the whole three subjects were females; the two first were about 40 years of age, and the last about 65.

17. *Notice of similar Cases.* By Dr. William Thomson.

The President, in communicating to the Society Dr. Reid's case of closure of the superior *vena cava*, having expressed a desire to know what cases of a similar kind are to be found on record, and whether any information can be derived from these cases, as to the course which the blood pursues when its passage to the heart through this,—one of its ordinary great conduits,—is obstructed, I have consulted the authors by whom it seemed most probable that cases of this nature, or of a reference to them, would be given, but have met with only three fully detailed instances of the occurrence, in works which I have had an opportunity of examining.

In all of these cases, the closure of the superior *vena cava* existed in connection with aneurism of the ascending *aorta*. In one of them the *vena azygos* was also obstructed, as had happened in the case described by Dr. Reid. In the two others, this vessel continued open.

The first of the cases to which I refer is related in the inaugural dissertation of Dr. Deckart, a pupil of the late Professor Rudolphi, which was printed at Berlin in 1823. It unfortunately happened that the obstruction of the superior *vena cava* was not discovered till the dissection of the body was completed, so that the following description of the state of the vein near to the heart, is taken from the preparation of the heart, and its adjoining vessels, after they had been detached from the rest of the body.

The superior *vena cava*, we are told, almost immediately adjoining to its entance into the heart, was entirely closed, its coats adhering firmly to the sac of the aortic aneurism. With the exception of a branch situated at a very short distance from the auricular orifice of the *vena cava*, which adhered to the right side of the aneurism, and extended to the distance of about two inches in a nearly horizontal and somewhat flexuous direction, no vessel could be detected in connection with the venous trunk. This branch, the author conceives, must in all probability have been the *vena azygos*. The coats of the *vena cava* were so completely incorporated with the sac of the aneurism, that even on minute examination, it was impossible to discover the point at which they terminated. The area of the vein diminished, and its coats became gradually thinner, as it receded from the auricular orifice.

From the obliteration of the vein not having been discovered during the dissection of the body, the state of the other veins, and particularly of the jagulars and subclavians within the thorax, was not ascertained; and we are consequently left to conjecture by what lateral passages the circulation of the blood could have been maintained. Dr. Deckart suggests three channels through which he conceives this might have been effected. 1*st*, Through the veins and sinuses within the vertebral canal, which communicate, above, with the subclavian, and, below, with the hypogastric or internal iliac vein. By these veins in a state of dilatation the blood, he alleges, might easily have flowed through the hypogastric and iliacs into the inferior *vena cava*, and ultimately into the heart. 2*d*, He thinks the circulation might have been maintained through the anastomoses of the veins on the upper and under surfaces of the diaphragm. And 3*dly*, Through anastomoses of the internal mammary veins, with the epigastric and abdominal. That, in the case under consideration, it was through the last of these channels principally that the blood found its way from the upper part of the body to the heart, Deckart is disposed to infer from the circumstance, that, on opening the chest, an unusually large quantity of blood flowed from all the veins that were divided, proving that their areas must have been considerably dilated.

The second case of closure of the *vena cava superior* to which I have alluded, is described by Dr. Otto, of Breslau, in the second part of his Rare Observations appertaining to Anatomy, Physiology, and Pathology, published at Berlin in 1824. In this case also, as I have already mentioned, there existed aortic aneurism and this had proceeded to such an extent as to cause perforation of the *sternum*. The *vena cava superior* was

* According to Meckel, the veins, particularly the internal ones, are seldom found to vary from their usual course, and in that respect differ considerably from the arteries.

compressed by the aneurism, and closed to such a degree that the finest probe could not be passed through it. The closure extended from the place where the *vena azygos* enters the *cava*, down the auricle. The whole of the blood of the upper part of the body must therefore, observes Professor Otto, have been conducted by lateral passages to the inferior *cava*, and in this way have flowed back to the heart. Accordingly, he found the *vena azygos* and the left internal mammary vein very much dilated, the right internal mammary vein being also obliterated by the pressure of the aneurism.

Case third. In the second volume of the Journal Hebdomadaire, p. 110, (for January 1829,) M. Reynaud has described a "case of almost complete obliteration of the superior *vena cava*, caused by the pressure of an aortic aneurism, with the development of a collateral venous circulation."

In this case the superior *vena cava* was seated behind, and to the right of the aneurismal tumor; it was flattened, and in a great measure obstructed by a fibrinous coagulum, which, however, left a passage of such size as that a small column of blood could still arrive at the right auricle. At the place where the coagulum terminated,—that is to say, at about an inch from the insertion of the vein into the auricle,—the parieties of the vein were so much approximated, that they had contracted adhesions; so that the attempt to introduce the handle of a scalpel was rendered unavailing by bridles existing throughout almost the whole of it, with the exception of one point into which a female sound could be passed. These bridles were very well organized, and in texture analogous to those which are often met with, connecting the lung to the costal *pleura*.

During life the veins of the neck were observed to be swelled; the jugular of the left side exhibited, at its lower part, a bluish dilatation, into which the circulation appeared to take place very slowly if at all. The veins of the shoulders, particularly of the right, were very much enlarged and sinuous. On the sides of the chest they formed numerous anastomoses, which were joined by some veins from the *abdomen*, and particularly by the epigastric. M. Reynaud, in his account of the dissection, does not give any description of the collateral vessels by which the circulation was maintained; but in the reflections which he has annexed, he assumes that the blood of the upper parts of the body was in a great measure brought back to the *vena azygos* and the inferior *cava*, by anastomotic branches belonging to the thoracic veins, and the epigastric of the right side.

Mr. Hodgson, in his very valuable work on the Diseases of the Arteries and Veins, states, that he is not aware that the *vena cava superior* has in any instance been found completely obliterated. M. Breschet, in his translation of this work, has mentioned, in a note, that, in the Museum of the Faculty of Medicine of Paris, there is a piece modelled in wax, under the direction of Professor Dupuytren, which represents a polypous concretion formed in the *vena cava superior*, and prolonging itself into the subclavian and jugular veins, which obliterates the canal of these vessels, to the parietes of which it adheres. This concretion, observes M. Breschet, is white, which leads to the belief that it was formed by fibrin.

Professor Lobstein, in the second volume of his Treatise on Pathological Anatomy, (Paris, 1833,) p. 609, refers to a case as being related in an inaugural dissertation, published at Munich in 1831, by Dr. Weissbrod, in which the *vena cava superior* was so much obstructed by a solid fibrinous substance, of a grayish red color, that it was impossible to introduce into it the smallest probe, or even air; and a complete obstacle was presented to the passage of blood through it, from as high up as the level of the thyroid gland, down to the right auricle of the heart. The vein formed a conical tumor, five inches in length, twelve lines in breadth at its base, and six at its apex, which compressed the two right pulmonary veins to such a degree, that they had become obliterated in consequence of the adhesion of their parietes.

It is to be regretted, that, in neither of these cases of fibrinous obstruction of the *vena cava superior*, as mentioned by Breschet and Lobstein, is any account given of the channels by which the blood from the upper part of the body was conveyed to the heart.

In addition to these cases of obliteration of the superior *vena cava*, Dr. Otto refers in his text book on Pathological Anatomy to two others which are described in works that I have not had an opportunity of consulting. The one is given by Marjolin in his Inaugural Dissertation, (Paris, 1808;) the other by Vertel, in the Fourth Report of the Transactions of the Society of Agriculture of Doubs. The latter case, it is mentioned, likewise depended on the pressure of an aneurismal aorta. From the work in which it is recorded, it seems probable that it occurred in a brute animal, and not in the human subject.

To assist us in conjecturing, and, when a suitable opportunity may occur, in ascertaining by what channels the blood from the upper part of the body finds its way into the heart, when the *vena cava superior* is obstructed close to its auricular orifice, it is desirable to ascertain in what manner the blood has been conveyed from the lower part of the body to the heart, in cases in which the *vena cava inferior* has been obstructed, so near to its auricular orifice as to preclude the possibility of the blood entering by this channel; since it seems not unreasonable to presume that in both classes of cases, the lateral communications will be the same.

Dr. Baillie, in a paper inserted into the

first volume of the Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge, (p. 127,) mentions that, in a woman brought to Windmill Street for dissection, "the *vena cava inferior* was found to be changed into a ligamentous substance, from the entrance of the emulgent veins, even to the right auricle of the heart. The cavity here was so entirely obliterated, as not only to prevent all circulation of blood through this part of the vein, but even in a great measure to prevent the admission of air by inflation. The blood being prevented from passing through the *vena cava inferior*, flowed into the lumbar veins, enlarging them gradually as that vein became contracted, till at length they were of a sufficient size to receive the whole blood, which returns by the *vena cava*. From the communication between the lumbar veins and the *vena azygos*, the blood passed into this vein, and was conveyed to the heart. It happened in this particular instance that there was an additional *vena azygos* upon the left side of the spine, so that the blood was conveyed more readily to the heart, than if there had been one *vena azygos*, as in ordinary cases. The enlarged veins were in some places thrown into *varices*, as must naturally take place under the circumstances we have mentioned."

M. Reynaud read to the Royal Academy of Medicine, in October, 1829, a "case of obliteration of the *inferior vena cava*, and of a part of the *vena portae*, with collateral venous circulation," which is published in the fifth volume of the Journal Hebdomadaire, p. 173.

The subject of this case was a man affected with *ascites*, for which he several times underwent the operation of puncture, after which on each occasion the fluid effusion was very rapidly reproduced. This circumstance, along with the enormous size of the superficial veins of the *abdomen* and the chest, had excited a suspicion that there must exist some obstacle to the venous circulation within the *abdomen*.

On dissection, accordingly, it was found that the right branch of the *vena portae*, as well as all its ramifications in the right lobe of the liver (which was itself in a state of atrophy) were completely obstructed by a solid matter, that adhered very firmly to the parietes of the vessels, and which, on being divided, was found to resemble very much in appearance the yellow tissue of the arteries. The hepatic veins of the same lobe were closed up in a similar manner. The *vena cava inferior* itself was firmly obstructed, to the extent of three inches, from its entrance into the auricle, by a matter similar to that found in the *vena portae*. The parietes of the vessel were also very much thickened. Outside of the *vena cava*, above the entrance of the hepatic veins, there was found an irregular mass of the same kind of matter as that by which the veins were obstructed.

The left branch of the *vena portae* was filled with fluid blood, and its ramifications in the left lobe of the liver, as well as the corresponding hepatic veins, were much dilated. A collateral venous trunk opened into the *vena cava* quite close to the auricle. The enormous superficial veins, that had excited attention during life, arose from the epigastric veins, and ran to join the intercostals and axillaries; these vessels were considerably dilated, as well as the *vena azygos* itself, which conveyed to the superior *vena cava* a part of the blood that ought to have entered the heart through the *inferior cava*. Lastly, an irregular trunk, formed of a crowd of vessels issuing from the liver or the neighboring parts, opened directly into the right auricle, at the same time that the large coronary vein itself, which had acquired a size nearly equal to that of the crural, formed part of the adventitious anastomotic circle, and received many sub-diaphragmatic and other branches. The veins of the intestines were dilated, the alimentary canal contained a matter resembling coffee-grounds, the gall-bladder contained a puriform fluid, and the spleen was increased in bulk.

Even in cases in which the *inferior vena cava* is obstructed at some little distance from its auriclar orifice, so that the branches which join it near its termination may still discharge the blood, which they bring through this channel into the heart, a portion of the blood from the lower part of the body may be conveyed to the heart through anastomosing veins having communication with the iliac veins below, and the *superior cava* above.

Thus Mr. Wilson has related the appearances found in dissecting the body of a woman in whom inflammation had produced complete stoppage of the circulation of the blood in the large veins below the diaphragm, with the exception of those of the liver. Besides the *inferior vena cava*, the emulgent, the spermatic, the primary iliac veins, the external iliacs, until they had nearly reached the groin, and the internal iliacs, with most of their larger branches, particularly those which returned the blood from the *uterus*, had their cavities completely obliterated.

In attempting to ascertain, with accuracy, the principal channels by which the blood, usually returned to these veins, had reached the heart, Mr. Wilson found that the anastomosing branches of the veins on the sides and back part of the *pelvis* were much enlarged, as were also those between the *vena saphæna major*, and the branches accompanying the deep-seated arteries passing through the *foramen magnum ischii* and the sciatic notch. Large communications were seen filled with fluid blood, between the *venæ pudicæ externæ*, and the lower branches of the *vena mesenterica inferior*, which was enlarged to treble its usual size.

The veins coming from the sinuses of the *dura mater* in the *theca vertebralis*, the sinuses themselves, and the veins entering them,

were much enlarged, and the communications between them and the sacral and lumbar veins were, by the blood contained in them, rendered very apparent. The enlarged branches of the lumbar veins formed such easy communications with each other, as to allow a passage through them to a very large quantity of blood, which entered the *vena azygos* by the anastomosing branches of its lower part. This vein, although three times larger than it commonly is, was without the varicose appearance described by Dr. Baillie. The emulgent and phrenic veins communicated largely with the lumbar veins, and the *vena azygos*. "By means, therefore," remarks Mr. Wilson. "of the increased size of the veins which have been mentioned, and the enlargement of their anastomosing branches, the blood which had formerly been returned by the trunk of the *vena cava inferior*, in consequence of the complete obliteration of this vessel from the liver downwards, reached the heart by a more circuitous course, indeed, but with so little difficulty that no real impediment was occasioned to the general circulation. The blood passed from the *venæ pudicæ externæ* into the inferior mesenteric veins, and from thence to the *venæ portæ;* it circulated afterwards through the liver, and entered the lower part of the right auricle of the heart, by the very small portion of the *vena cava inferior* which remained pervious, viz. between the auricle and *venæ cavæ hepaticæ*. The remaining part, having reached the *vena azygos*, passed from it into the *vena cava superior*, and entered the same auricle from above." Mr. Wilson refers to two similar cases he had seen in women dying after delivery.*

A similar case is quoted by Scarpa in his work on Aneurism, in which Mr. Cline found in the body of a man, the inferior *vena cava* obliterated a little above its bifurcation, in consequence of a steatomatous tumour, which had formed in the cellular substance behind the *peritoneum*, and which occupied a part of the *pelvis* and lumbar region. Mr. Cline remarked, that the epigastric veins were become as large as the little finger, and that the superficial veins of the *abdomen*, as well as the lumbar, and those of the internal cavity of the *abdomen*, were in a similar manner very much dilated. The internal mammary vein, which was likewise greatly enlarged, as well as the epigastric, with which it anastomosed, opened as usual into the superior *cava*, near to the origin of the subclavian veins; by which circumstance the venous blood of the lower extremities was poured into the superior *cava*, by means of the mammary vein, and into the inferior *cava*, by the lumbar veins, above the compression caused by the steatomatous tumour.†

* Transactions of a Society, &c. Vol. iii. p. 65.

† Since the above was in type, I have met with another case of obstruction of the inferior *vena cava*, related by M. Reynaud, in the second volume of the Journal Hebdomadaire for 1831, p. 381. To that and M. Reynaud's other memoirs on obstruction of the large venous trunks, I beg to refer those who may be interested in this branch of inquiry.

To the Editor of the Edinburgh Medical and Surgical Journal.

Sir,—As from some mistake, the corrected copies of the papers, which the Medico-Chirurgical Society did me the honor to place among their Transactions, in the last Number of your Journal, were too late in being sent in, I have to request the insertion of the following corrections and additional observations.—I am, &c. John Reid.

The first injection of the fœtal blood-vessels, noticed in the remarks upon some of the peculiarities of the fœtal circulation, was performed not upon a fœtus of four months, but upon one between five and six months. The terminating words of the same paper should have been "by blood which has already made the circulation of the upper part of the body."

Additional Observations on the Fœtal Circulation. By John Reid, M. D., President of the Royal Physical Society of Edinburgh.

The injections of the fœtal heart and vessels, detailed in the last Number of this Journal, go to confirm the opinion which Sabatier, from a careful examination of the structure of the parts, entertained of the use of the Eustachian valve. The observations of Sabatier, although approved of and illustrated by Bichat, seem scarcely to have satisfied the generality of anatomists and physiologists, that it could possibly prevent the intermixture of the two currents, in the manner he described, so that we frequently find this opinion referred to, as the supposed use of the valve: and in two of these latest works on physiology, those of Magendie and Dr. Bostock, the use here assigned to it, is by the former strongly stated to be impossible, and by the latter, it is treated as a fanciful hypothesis. The careful examination of the fœtal heart *in situ* must tend powerfully to remove the scepticism which usually exists on this subject.

In the *first* place, after the right auricle has been laid open in a proper manner, we may observe that the *foramen ovale* does not exactly pass through the *septum* of the auricles, but is rather partly placed in a notch in the posterior and inferior part of the fleshy *septum*, and partly in the upper part of the *vena cava ascendens*, as it joins the superior *cava* to form the great *sinus venosus*. When we next examine the position of the Eustachian valve, running from the left of the entrance of the *vena cava inferior*, to the left side of the *foramen ovale*, nearly forming a septum between the entrance of the vein and the right auricle,

we perceive that this valve prevents the entrance of the blood of the *cava inferior* into the right auricle, and directs it through the *foramen ovale* into the left auricle. And lastly, when we consider the entrance of the two *cavae* themselves, the superior passing downwards and forwards, the inferior upwards and backwards, and add to all this the thick upper margin of the *foramen ovale*, we further perceive that the blood, passing down the *cava superior*, must fall directly into the right auricle, to the left side of the Eustachian valve, and thus fill the right ventricle. The course which the currents take in passing along the *aorta* and pulmonary artery is confirmatory of injections of these arteries into the *fœtus*, made by Kilian.

The supposition, that the superior nutrition of the head and upper extremities over the lower, may be accounted for by the greater purity of the blood sent to the upper part of the body, does not appear, when stated in this general manner, to be borne out by facts. For example, both the suprarenal capsules and kidneys are supplied by the blood, that has already made the circulation of the upper part of the body; and yet we find the absolute size of the renal capsules and the comparative size of the kidneys, greater in the *fœtus* than in the adult. From the instances here adduced, it would appear, that there is no necessity for having recourse to an arrangement of this kind, for regulating the growth of the different parts of the *fœtus*, notwithstanding that its circulating fluids are less pure than after birth, and that the usual method of augmenting the quantity of blood sent to the part, when its nutrition is to be increased, which we find adopted, after the animal is enabled to maintain an independent existence, can apparently answer the same purpose during fœtal life.

To this the brain, however, may be an exception; and it is probable, that the peculiar arrangement of the circulation in the *fœtus* may have a reference to the supply of that organ. It is perhaps necessary that an organ so delicate as the brain, whose functions, at least in the adult, are so easily deranged by sufficiently aerated blood, should be supplied from a purer source than that which the two *cavæ* could furnish. For though the brain is in the fœtal state perhaps entirely a prospective organ, intended for an independent existence, yet we must suppose that its organization is from the first adapted to its independent state, and if this should be the case, it is highly probable, that imperfectly aerated blood, which would be capable of deranging its functions, would be little favorable to its perfect development. It may be that this answers a similar purpose, though by different means, to the arrangements which G. St. Hilaire has described in the heart of the crocodile, the physiological condition of which approaches somewhat to that of the human *fœtus*, by which the brain and extremities are supplied with the best aerated blood, while blood less highly aerated is circulated among the other *viscera*.

An objection has been made to the application of these injections upon the dead *fœtus*, to explain the course of the blood in the living state. It has been said that an important element of the question has been omitted, by overlooking the influence of the vital contractions which circulate the blood. If, however, it be granted, that the position of the Eustachain valve is such as is usually described, and that it presents an obstacle to the entrance of the blood, passing along the *cava inferior* into the right auricle, while it directs it toward the *foramen ovale* (which these injections prove,) it is plain that it must continue to do this, whether the fluid is set in motion by vital contractions, or by a syringe; more particularly as the auricles are quiescent during their filling.

I may here mention, that I am satisfied, from repeated dissections, that the usual description of the distribution of the umbilical vein of the *fœtus* through the liver is incorrect, and that the account of it given by Kilian, Dr. Knox, and probably by others, is the proper one. The umbilical vein, after passing along the horizontal fissure of the liver as far as the transverse fissure, enters the left branch of the *vena portarum;* and from this left branch of the *porta*, generally directly opposite (though this varies a little) to the entrance of the umbilical vein, arises the *ductus venosus*, which passes backwards in the posterior part of the horizontal fissure, and enters one of the branches of the left hepatic veins before it joins the *cava ascendens*. If the umbilical vein be still described as dividing into two branches, it would be necessary to mention, that the branch which goes to the sinus of the *porta* supplies the left lobe of the liver; that it is never obliterated after birth, but afterwards becomes the left branch of the *vena portarum;* and, in fact, this is the view taken of it by Roux in his additions to the *Anatomie Descriptive* of Bichat.

Our notions on the circulation of the blood through the liver of the *fœtus* must remain the same whichsoever of the two descriptions we adopt.

Additional Observations on Phlebolites. By John Reid, M. D.

Since writing the few remarks on phlebolites which appeared in the last Number of this Journal, I found, during the last summer, several of these bodies in the vesical and uterine veins, which presented some unusual appearances. The largest was at least of the size of a garden-pea; the others were considerably smaller. The largest and several of the smaller consisted of two distinct

portions. The smaller portion occupied one of the extremities, was smooth externally, of a bluish color, and was nearly of the consistence of cartilage; the larger portion was of a bony hardness throughout. When dried, this smaller portion shrunk considerably, and resembled in appearance a piece of dried cartilage.

I find, upon more extensive inquiry, as I had previously expected, that many of those much engaged in dissection have observed these bodies more than once. I have found them in five out of the last sixty subjects in the dissection of which I have been concerned. My friend, Mr. Fergusson, informs me that he once found them in great quantity in the mesenteric veins.

Tiedemann gives the following analysis of them by Gmelin:

Animal matter, - -	27.5
Phosphate of lime, - -	53.5
Carbonate of lime, - -	15.5
Magnesia and loss, - -	3.5
	100.0*

It is stated by Dr. Lee that Dr. Prout has also analyzed them, and has obtained similar results.† Though the different changes through which these bodies pass in their formation have now been pretty accurately ascertained, yet the nature of the causes which produce these changes is exceedingly obscure. Tiedemann, Otto,‡ Lobstein,§ Cloquet, and Dr. Carsewell,‖ all agree that they are formed in the interior of the veins; that they at first consist of a coagulum of blood; in the interior of this clot the fibrin becomes pale and concrete, then assumes an oseous appearance, and this goes on little by little, and layer after layer towards the circumference. We could easily class their formation with the occasional deposition of calcareous matter among the other tissues, if Hodgson's opinion was correct, that they were first formed external to the veins, and afterwards made their way by absorption into the interior; or if, according to Andral,¶ they were in general first developed in the middle coat of the veins, and then passed into their interior in the same manner as the false cartilages are formed, and pass into the cavity of the joints. Hodgson stands alone in his opinion; and we even find Mr. Langstaff,** upon whose authority he describes these bodies, inclined to believe that they are formed in the interior of the veins. The adhesions of these bodies to the inner coat of the veins by a fine membrane, as observed by Tiedemann and Cruveilhier,†† would afford some countenance to Andral's opinion, were it not at variance with accurate observation; and we may suppose that this appearance was produced by the presence of the foreign body causing irritation and effusion of coagulable lymph.

Tiedemann,* and, following him, Lobstein, suppose them to be formed by a mechanical deposition of the calcareous matter contained in the blood, intermixing itself with the albumen of the blood. It appears to me that this opinion is unable to explain the manner of their formation in many cases, and consequently, can scarcely be regarded as the probable cause of their formation in those cases which seem to agree with this supposition. Mechanical deposition of the matters contained in the blood cannot, I think, explain their formation in those† cases, where we find an osseous-looking deposit taking place in the centre of a coagulum, around which the fibrin arranges itself in concentric laminæ, increasing in density as we proceed to the centre, and where apparently those nearest the the centre gradually assume this osseous appearance, which extends itself towards the circumference.

If these bodies resulted from mechanical deposition, could the earthly salts pass through the several dense laminæ of fibrin, and deposit themselves, apparently in certain proportions, in the innermost laminæ? If the presence of the earthly salts was the result of a deposition, would they not rather be found upon the outer surface of the most external lamina, instead of penetrating through it to reach the innermost? We cannot, at least in the present state of our knowledge on the subject, refer their formation to any chemical agency. Their formation is probably akin to the occasional hardening of the tubercles into bony concretions, which is a process independent of any vascular organization of the tubercles themselves. It is also illustrated by the formation of the vegetations on the valves of the heart, as observed by Laennec and Dr. Alison,—also to the tubercular, purulent, or encephaloid deposits, sometimes found in the fibrinous clots within the heart and great vessels.

I can scarcely venture to hazard an opinion on this subject; but I must confess that I feel inclined to believe (however fanciful the opinion may appear to some physiologists) that the great resemblance of those bodies in their chemical analysis to the osseous texture, the manner of their formation, and their possessing in some cases physical properties similar to cartilage, can only be explained by supposing that they are the result of a process resembling the formation of the osseous tissue in the other parts of the body.

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* Tiedemann's Zeitschrift fur Physiologie, Vierter Band Erstes Heft, 1831.
† Cyclopædia of Practical Medicine, article Veins.
‡ Otto's Pathological Anatomy, translated by South.
§ Lobstein's Anatomie Pathologique.
‖ Cyclopedia of Practical Medicine, article Veins.
¶ Andral's Anatomie Pathologique, Vol. ii. p. 412.
** London Medico-Chirurgical Transactions, Vol. iii.
†† Cruveilhier's Anatomie Pathologique, Vol. ii. p. 71.

* Journal Complementaire du Diction. des Sciences Medic. Vol. iii.
† Cloquet's Pathologie Chirurgicale, and Observations of Dr. Carsewell in article Veins. Cyclopædia of Practical Medicine.

It is possible, that when our knowledge of the spontaneous motions observed in the circulating fluids of vegetables and animals becomes more extended, we may be furnished with a more satisfactory explanation of their origin.

Tiedemann and Lobstein are of opinion that these bodies are more frequently found in arthritic patients; and they believe that this may be accounted for, by supposing that the blood in those individuals may contain a greater quantity of earthly salts. The concretions, however, found in the joints of arthritic patients consist of urate of soda, a salt not discovered in the phlebolites. In all the subjects in which I found them, there was no reason to suspect any arthritic affection; but having had very few opportunities of dissecting subjects who have suffered from gout, I cannot speak of their relative frequency. They are generally described as being deposited in the dilated veins; but we so often see the dilatations corresponding to the varied sizes of these bodies, that it appears probable that they are very frequently the consequence of their presence.

Since the preceding observation were written, I have found several phlebolites, in the spermatic or rather ovarian veins of the two last female subjects I have dissected. In one of these subjects, we found them in all the different stages of their formation.

Edin. Med. and Surg. Jour. April, 1835.

ANALECTA.

1. Secretion of Milk from the Scrotum.—In our last number we extracted from a French journal an account of an anomalous secretion of milk from the scrotum, but our notice was necessarily imperfect, as the French translator had neglected to give the chemical analysis of the fluid. The receipt of the original journal enables us now to supply this deficiency.

As we last week remarked, a physical and chemical examination of the excreted fluid showed it to be of a milky and not of a lmyphy nature. It had a sweet salt taste, and when allowed to remain for some time, it divided into two parts; the greater portion resembled half-coagulated yolk of egg, running a little into a gray color. The other fluid part had the appearance of slightly coagulated milk, and when examined under the microscope exhibited spheriodal globules of various diameters, smaller, however, than those seen in goats' or asses' milk. The fluid was analyzed by Professor Lowig, and gave the following results:—100 parts, a fluid, ill-flavored principle.

Butter { Elaine, Stearine, Butryne } - - -	1.649
Caseous matter - - - -	2.031
Lactic Sugar - - - -	3.154
Matter containing some ozmazome, &c. - - -	0.947
Sulph. potass. - - - -	0.264
Phosphorate of lime - - -	0.188
Carbonate of Lime - - -	0.089
Muriate of Magnesia - - -	0.054
Water - - - - -	91.305

2. Diabetes Mellitus cured by Kreosote.—Professor Berndt, after having unsuccessfully treated seven cases of this disease by the various methods recommended by authors, was induced to try the effects of kreosote in the eighth case, of which the following particulars are given in *Kleinert's Repertorium* for January 1835:

The patient was a man, fifty years of age, ill for the last sixteen months; he passed daily seven Berlin quarts of urine, sweet to the taste and smell, containing a good deal of sugar, and of a troubled aspect: the patient was feeble, his appetite very great, and he was tormented by constant thirst; his sleep was disturbed by the frequent necessity of making water, but he had no hectic fever. The treatment was commenced by administering a vomitive, which brought away some acid-smelling stuff. Rollo's plan of treatment was then employed for some days, and ipecacuanha was given in small doses; this produced no good effect, and instead of the ipecacuanha, eight drops of kreosote were administered in the form of a pill every day. The quantity of urine now excreted fell to three, two and a half, and two quarts per day. It appeared at first to contain a good deal of alkalies, particularly amonia, and remained troubled. The dose of the kreosote was gradually increased, and after three weeks Rollo's regimen was abandoned on account of the disgust it excited in the patient. At this time the urine gave the odour of horse's urine, contained less sugar, and exhibited the first traces of urea, though it continued still turbid. Under the common diet

and increased doses of kreosote, the urine diminished to two or one quart and a half; it was occasionally clear, gave an acid reaction; the quantity of sugar became daily less, and that of urea greater. After some time the patient's state was evidently improved. He now took twenty-four drops a day, his appetite was good, and his thirst much less, and the urine flowed at from one and a quarter to one quart and three quarters per day. In a few days more it assumed a natural color, contained all the ingredients of normal urine, and ceased to give any trace of sugar.

3. Cases of Stone in the Bladder cured by Lithotripsy.—*To the Ediior of the Lancet.—Sir,*—May I request you to insert in your valuable Journal three more cases of calculus, treated by lithotripsy, as additional proofs that this operation is efficacious in its application, and that its cures are complete. I have the honor to be, sir, yours, most obediently, Heurteloup, M. D.

18, Holles-st., Cavendish-sq., July 9, 1835.

Case 1.—*Patient aged 57.—Good Constitution.—A quantity of Flaxen Hair voided from the Bladder.—Calculus of considerable size.—Three applications of Percuteur.—Recovery nineteen months since.*

Mr. Davis, of Chatham, ætat. 57, whose general health has been almost invariably good, commenced voiding gravel in the year 1829. These, at first, were about as large as pins' heads, but they gradually increased to the size of French beans, which they resembled in shape. This evacuation of calculi was sometimes attended with acute pain in the kidneys, but as regards the bladder, little or no inconvenience was experienced.

At the beginning of 1833, Mr. Davis observed at the bottom of the vessel in which he had passed his water, what appeared to him a mass of clotted blood. This he examined, and was much surprised to find that it was a quantity of light-colored silken hair, quite similar in appearance and to the touch to that of a young child. This hair was agglutinated by coagulated blood. The patient could not at first conceive that it proceeded from the bladder, and tried to recal to mind whether it might not, by any means, have been in the vessel before he made use of it; he perfectly convinced himself that such was not the case, and no doubt was left as to the reality. From this time Mr. Davis observed symptoms of stone, which increased in severity, and obliged him to have recourse to medical assistance and advice. He consulted Mr. Robertson of Chatham, who discovered a calculus, and recommended the patient to me.

I examined him on the 29th of October 1833; the urethra was large and not sensitive; the bladder moderately contractile but very irregular: the calculous appeared of considerable size, and was not easily moved, on account of the irregular conformation of the interior of the bladder.

In three applications of the *percuteur*, each of about three minutes' duration, and performed with instruments suitably modified so as to act with safety and efficacy, notwithstanding the irregularities above alluded to, Mr. Davis was restored to perfect health.

The operations were performed in presence of Mr. Robertson, (the patient's medical attendant,) Mr. Edwards, Dr. Maling, the patient's son, and Mr. Biggs.

Remarks.—The most interesting feature of this case is the expulsion of a quantity of hair made up into a mass by clotted blood. There is no doubt of its having been voided with the water, for, on examining it carefully, I found that it exactly resembled what I once found in the body a man who died of acute nephritis. There are many similar cases on record, and especially of calculous concretions intermixed with hairs. Those in the present instance presented no calculous deposit, and were longer and of a finer appearance than any I have seen. Most of them were an inch or an inch and a half in length, and so smooth and glossy that one might easily suppose that they had been carefully brushed and combed.

The operation was rendered somewhat more difficult by the fragments of calculus placing themselves in the depressions produced by the muscular columns (*colomnes*) of the bladder, which in this case were numerous and very considerable; this circumstance rendered it necessary to make more careful and longer-continued researches in order to remove the last fragment.

Mr. Davis has remained free from every symptom. A short time back I had the pleasure of seeing him in town and hearing from his own lips that he was enjoying perfect health.

Case 2.—*Patient aged 51.—Good Constitution.—Stricture of the Urethra, with four Calculi.—Cure of both.—Two applications of the Percuteur.—Recovery a year and a half since.*

Mr. L——, a plumber in the city of London, of a good constitution, and of considerable *en bon point*, has had a stricture of the urethra for more than a year. He addressed himself to Mr. Lloyd, assistant-surgeon to St. Bartholomew's Hospital, who immediately detected a stricture about three inches from the meatus urinarius; the urethra was extremely sensitive, the bladder very irritable, and the prostate enlarged. The urine contained a considerable quantity of mucus, and pain was experienced in voiding it. By pursuing an antiphlogistic treatment, conjointly with the regular introduction of bougies, Mr. Lloyd soon obtained a cessation of these symptoms; but although the urinary

organs were brought back to a quiet and healthy state, there still remained occasional derangement, and difficulty in the act of making water. There was a sort of turn or twist in the stream, which led Mr. Lloyd to suspect the presence of a stone in the bladder. He had the kindness to call me in, and on sounding we discovered there were several small calculi; the sound of one striking against another was rendered very distinct with the catheter; they were of a spherical shape and easily moved.

In two applications of the *percuteur*, the first of which was performed at the end of December 1833, and at both of which Mr. Lloyd and Mr. Biggs were present, several small calculi of four or five lines in diameter were pulverized. After the second application the symptoms all subsided, and a careful examination performed by Mr. Lloyd, conjointly with myself, confirmed the fact of the entire removal of the complaint.

Remarks.—Here is a case of stone successfully treated by lithotripsy, notwithstanding a stricture of the urethra; seven or eight cases of the sort have come under my care; the operation is therefore applicable under such circumstances, but we must observe that its performance is rendered more difficult, and sometimes impossible, when it is found impossible to restore the urethra to its natural size; because smaller instruments must then be employed, added to which, the fragments are not voided with so much facility. But to say when the operation of lithotripsy may be advantageously performed in cases of stricture, as in any other cases where there is complication, is a matter of surgical tact. It is difficult to give any precise rules on this point, and in order to do so, we must have the patient under our eye.

It is a year and five months since Mr. L. was dismissed cured; since which he has had no return of his complaint, and is now in perfect health.

Case 3.—*Patient aged 64.—Considerable Cutaneous Eruption.—2 Calculi.—5 Applications of Percuteur.—Recovery a year and a half since.*

Mr. C. N., an Irish gentleman, 64 years of age, of a good constitution, and who, up to the year 1831, enjoyed good health, observed at that time a cutaneous eruption, which soon spread all over the body, and created an abundant serous discharge, especially from the thighs and legs. About the same period Mr. N. experienced for the first time some derangement in the functions of the bladder, and voided at times water tinged with blood. He consulted several medical men, who recommended different modes of treatment, and in this way he continued for several years. The symptoms had become much more violent, and he consulted Mr. Colles of Dublin, who discovered a stone in the bladder. Mr. N. then came to London and addressed himself to Sir Benjamin Brodie, who also felt a calculus, and conjointly with Dr. Clark called me into consultation, in order to see if the case was favorable for *lithotripsy*.

The urethra and bladder were of moderate size and not very contractile; the prostate was enlarged; the patient had rather frequent calls to make water, especially in the day; the urine was albuminous and offensive. There were two calculi of considerable size in the bladder, which were situated in the *bas fond*, and moveable.

In five applications of the *percuteur* instruments, at all of which Sir Benjamin Brodie and Dr. Clark were present, these calculi were completely removed. Each operation lasted from three to four minutes; and after the last, these two gentlemen, with myself, examined and ascertained the entire removal of the calculi.

Remarks.—The only consideration worth dwelling on in this case is, that although the patient was under the influence of a severe cutaneous eruption, little or no feverish excitement was experienced during the operation. After the first examination with the sound, which was performed with the greatest care and gentleness, rigors and fever were observed; this led us to postpone the operation for some days; and we were the more circumspect on observing that during this general disturbance the discharge, which before had been considerable from some parts of the body, ceased almost entirely. We feared that this suppression might have been attended with serious consequences, but nothing untoward supervened.

After the operation Mr. C. N. felt entirely relieved from every unpleasant symptom, and he is now in the enjoyment of perfect health, with the exception of the eruption, from which he experiences occasional inconvenience.

4. Painful Fibro-cellular Tumour.—A stout healthy-looking middle-aged woman was led into the theatre, and on being secured on the operating table, Mr. Earle exposed a small oval tumour on the anterior and middle part of the leg, of about the size of a hazel nut, and commenced its excision by means of two semilunar incisions encircling the disease and a portion of the contiguous integument. A few strokes of the knife then soon removed the disease, surrounded by a portion of cellular substance and skin. After dressing the wound, which required no ligatures, and removing the patient, Mr. Earle proceeded to state, that this disease was by no means common, and that he had never before met with a similar case, though Baron Dupuytren had fully described the affection, of which he appears to have seen many instances. It commences by small subcutaneous formation gradually increasing in size, and attended by very severe pain of a lanci-

nating nature. On making a section of the morbid part, its texture was evident; it presented a fibrous and cellular structure, in some places consolidated in small lumps. The Baron states that in those cases in which the disease has been allowed to proceed without operation, the tumour in the centre often degenerates into an ulcer of a carcinomatous nature. Mr. Earle explained his reasons for not operating on a boy for stone to-day. In consequence of an attack of rubeola, attended by a great deal of irritability of bladder, and even a discharge of pus with the urine, he thought it advisable to postpone the operation, until the disappearance of these fortuitous circumstances offered a greater chance of success.

Wound of the Knee Joint.—There is at present in Baker's Ward a very interesting case, in which the synovial apparatus of the knee joint has been wounded by a rusty nail, whilst breaking a piece of stick under the foot;—great constitutional irritation has been produced, such as vomiting, fainting, &c., but these symptoms have all disappeared, under the strict antiphlogistic plan of treatment.

Purpura.—Jane Beverly, ætat. 8, was admitted in Mary's Ward, April 29, under Dr. Latham's care, presenting the following appearances:—Skin cool, pale, and sallow; countenance cachectic; tongue moist; pulse 120; bowels open from the effect of medicine, and the stools of a dark color; the face, neck, and arms, were covered with petechial spots, varying in color from a bright red to purple; some vibices are discernible on the neck.

Her mother states that she has for some time been sickly, and subject to headache, that on Tuesday week, 20th April, she complained more of her head, and the eruption at the same time became evident. On Friday she presented herself to Dr. Burrows in the out-patient's room of this hospital, who states that the eruption at that period was of a bright scarlet color, and that the mucous membrane of the lips, the back of the tongue, and the roof of the mouth, were covered with petechiæ.

30. She was ordered two grains of calomel every alternate night, as also small doses of quinine during the day. This plan was persevered in until the following Wednesday, when she had decidedly improved; the petechiæ in the mouth having altogether disappeared, and the eruptions on the face and extremities having very much faded. The remedies are to be persevered in.

May 4. The petechiæ on the chest and arms have nearly vanished; a few fresh spots are, however, observable on the face; tongue less pallid; pulse 120, and somewhat jerking. The whole aspect of the patient is very much improved.

20. The eruption is entirely gone, and the appearance of the little patient is much improved, though she still remains pale, with a rather full abdomen; she is deformed in her lower extremities, and altogether her contour is rather that of an old woman, than a child of eight years old.—To be sent home.

5. Intense Purpura Hæmorrhagica, complicated with Erysipelas.—Samuel Jones, aged 60, of a stout body, was admitted, June 22nd, under the care of Dr. Elliotson. He had generally enjoyed excellent health, but five years ago suffered from pneumonia, but perfectly recovered from the attack. He had lived very freely, often drinking four or five bottles of wine a day. He had lately been much reduced in circumstances, and unable to procure more than the common necessaries of life. About three weeks ago he began to feel pain in his limbs and languor, and other symptoms of general debility. He had also a cough, at first dry, but shortly after accompanied with expectoration of blood, sometimes florid, at others dark; he also evacuated blood with his fæces; in about a fortnight his arms and legs began to swell, and he noticed for the first time the occurrence of a number of dark-purple spots, very small, and accompanied with tingling and heat of the skin; these spots continued to spread until they formed patches of very considerable extent on the fore-arm and the back of the hands, as well as the legs and thighs. The extremities now are œdematous, and present several extensive abrasions. On the discolored parts there are a number of dark-colored bullæ filled with a bloody serum. These are most numerous about the roots of the fingers and toes, and on the backs of the hands and the feet. There are numerous petechiæ, of a dark-purple color, about the chin and left eyelid, and they spread very much over the upper parts of the thighs. The thighs down to the legs are one stain of dark red. He occasionally "hawks," and brings up small quantities of dark-colored blood. The pulse could not be distinguished at the wrist, from its extreme weakness, and the considerable swelling of the part; it was, however, ascertained, by the stethoscope at the heart, to be 120. His bowels are open; he has great thirst, but no appetite. The extremities are rather cold. A little sonorous rattle is distinguishable at the chest.

Zinc ointment was directed to be applied to the abraded parts, and warm fomentations to the limbs, to promote the circulation. To have daily three pints of strong beef-tea, three eggs, and white wine *ad libitum*, so long as it produces no bad effects. Nitrate and carbonate of potash, of each fifteen grains, every three hours. Dr. Elliotson remarked, that though he did not place great reliance on this medicine, he would give it with a view to produce a change in the chemical qualities of the blood, not however neglecting the established practice, but merely thus adding to it.

23. Is rather better, having had some sleep in the night, which he passed comfortably. The affected parts much the same, but the left foot is redder than it was yesterday. The feet are quite cold; he complains of tingling in the parts; his stools are now free from blood, and rather of a light color; the urine also is free from blood, but thick and high-colored.

24. Passed a restless night up to 2 o'clock A. M., when he expressed a wish to get out of bed to go to the night-chair, which he carried into effect in spite of the remonstrances of the nurse. He had just enough strength to raise himself in bed, but died as soon as he was placed on the chair.

Sectio Cadaveris.—The purple stain did not extend beyond the skin. The vascular parts of the brain were rather paler than usual. A small quantity of pale yellow fluid was contained in the ventricles. On opening the chest, the pleuræ costales were found pretty generally adherent on both sides, and free from containing fluid. The lungs externally were of a dark color, generally, and marked in some places with purple spots, and in a few places, especially between the lobes, with large dark-brown patches. The lungs felt crepitant, but harder lumps could be found here and there, as in pulmonary apoplexy. On cutting into the lungs, they were found to be very much congested in every part, but plenty of air, and abundance of a thick bloody fluid, could be pressed out. In many places there were circumscribed spots of a deep black color, with well-defined edges, and varying in size, but generally about as large as a walnut. They evidently consisted of pure blood, and corresponded with the parts where the lumps were felt externally. The bronchial membrane was of a deep-red color. One lung was much worse than the other, presenting almost the appearance of a dark coagulum of blood, when incised, and being very soft and easily torn. A portion of this lung on the summit appeared to have been broken down, forming a cavity which was filled with dark fluid blood. Before cutting into this, it had almost the appearance and feel of a small tuberculous excavation. The heart was enlarged to probably twice its natural size. The pericardium contained some bloody serum, and its inner surface was spotted like the skin. The left ventricle was very much dilated and much hypertrophied. This ventricle, as well as the aorta, contained perfectly black blood. The substance of the heart was every where unusually pale, and very much softened; towards the apex it appeared to have undergone some structural alteration, portions of it being of a light-gray color. At the large end of the stomach the mucous membrane was raised by air contained under it, so as to form large irregular elevations; towards the pylorus it was of a dark-brown purple color, but this did not extend deeper. There were three or four oval ulcers near the pylorus, the size of half a six pence, of a gray color, with elevated edges, and having an indurated and almost scirrhous feel. The mucous membrane of the duodenum was red, but showed no purple spots. The other intestines were not examined. The liver was somewhat enlarged, and of a dark and brownish color externally: internally it presented the same dark color intermixed with lines of yellow. It was in a state of great congestion. The spleen was rather small.

Dr. Elliotson remarked that this was the most intense case of the disease that he had ever seen; there were some symptoms in it which had not come under his notice in any other case, and which were mentioned neither by Bateman nor Rayer. There was decidedly inflammatory redness where the spots did not exist; this was a peculiar feature of the case, as was also the presence of large vesicles; the chin and left eyelid being covered with petechiæ, presented a singular and interesting fact. In opposition to Laennec's account of apoplexy of the lungs, there was present in this case extreme congestion for a large space around the lumps in those organs. The heart being so much enlarged and softened, the very feeble state of the circulating system was accounted for. There is little question that he died from syncope. Nothing was found to cause sudden death. The circumstance of the brain, also, being much paler than usual, was a symptom of death from fainting. It was a compound case of purpura and gangrenous erysipelas, and demonstrated the possibility of two very different kinds of diseases of the skin going on at the same time in the system, —one congestive, and the other phlegmonous.

6. Hydriodate of Potash in Secondary Syphilis.—Dr. A. T. Thompson has succeeded in curing a case of secondary syphilis with the hydriodate of potash. The patient was a young woman, aged 19, who contracted syphilis about two years since, and had been treated for the disease, and apparently cured, but about two months ago an eruption appeared over the whole surface of the body, not presenting the general characters of this affection, but partaking something of the nature of psoriasis. Dr. T. thought the disease should be named "syphilitic psoriasis." Five-grain doses of the hydriodate, gradually increased to seven and a half, were given, and completely removed the eruption in a month. The case was thus cured by the unaided effect of the hydriodate of potash.

London Lancet, July, 1839.

MEDICAL INTELLIGENCE.

1. Abstract of the evidence of Members of the Royal College of Surgeons in London, taken before the Parliamentary Medical Committee in 1834. Evidence of Mr. W. Clift.

211. "What situation do you hold at the College of Surgeons?"—"I have been Conservator of the Museum since the year 1800, and was appointed by the College, the Hunterian collection being placed at that time at No. 13, Castle-street, Leicester-square, which communicated with the house that Mr. Hunter lived in, and which was the house in which his collection was originally deposited. The collection was removed thence to Lincoln's-inn-fields, where at first it was deposited in the dwelling house. When half the museum room was built, the collection was conveyed into that half, and there deposited until the remainder should be completed, which was done so far as to be open to visitors in 1813. The trustees of the museum recommended to Parliament in 1806, that 15,000*l.* should be granted towards building the College, on the Council binding themselves to complete the buildings *within three years*, without any ulterior expense to Parliament, but when those three years had expired, the building yet *remaining incomplete*, Parliament in 1810 voted £12,500 more, when the Council again undertook to make good any further deficiency out of the funds of the College. Thus from the removal of the collection in 1800 until the completion of the building in 1813, the collection remained quite inaccessible. It was in store-rooms in fact,—in the dwelling-house, from the top to the bottom. While the collection remained in Castle-street, it was accessible to visitors, though but very few came. When I was first appointed conservator in 1800, the manuscripts of Mr. Hunter which were descriptive of the collection in Castle-street, consisted of twenty-four fasciculi, relating to the physiological part of the collection; two volumes relating to the pathological series; and one volume relating to the fossils. The manuscripts descriptive of the pathological preparations, contained the history of very numerous cases relating to particular specimens, with such references that a good anatomist and physiologist would have been enabled to connect both preparation and manuscript; but the loss of these descriptions has greatly reduced the interest and value of the corresponding preparations; although when the Government purchased the collection for the public, all the papers and manuscripts bearing any reference to that collection ought to have been given up with it, as public property; for Mr. Hunter, in his will, said 'I also give to the said Matthew Baillie and Everard Home all my collection of natural history, and the cases, and other things belonging thereto, or used therewith, upon trust that they offer the same for sale in one entire lot to the Government of Great Britain.' From the time of Mr. Hunter's death on the 16th of October, 1793, and during nearly two years before that, (while I was Mr. Hunter's apprentice,) although not regularly appointed conservator, I had the entire charge of the collection. At the period of Mr. Hunter's death, and for some time afterwards, those manuscripts were deposited with the collection in an ante-room, and I clearly understood that they were to go along with the collection; but shortly before the collection was transferred to the College of Surgeons, those manuscripts were removed away from the collection, and I was first made aware that those manuscripts had been separated from the collection only when the collection was about to be delivered into the possession of the College by the executors of Mr. Hunter. Those manuscripts were then *taken by me in a cart to Sir Everard Home's house, by his order*, under the impression entertained by the trustees, that Sir Everard was the only person who could make a catalogue of the collection, but I had no conversation with Sir Everard at the time as to his removing them. He merely said that those papers, being a very large proportion of them loose fasciculi, were not fit for the public eye; and therefore he should take them into his keeping, for the purpose of using them in describing the collection. I did not make any remark upon that, and the trustees of the collection were not made acquainted with the removal of the papers; nor was any inquiry made of me upon the subject."

212. "Would it have been possible for you, between the years 1806 and 1813, to have availed yourself of the manscripts to compare them with the preparations?"—"It was almost imposible. The collection was put in order entirely under Sir Everard Home's direction, by me, but I had no access to the manuscripts which he had removed. Indeed, they were not necessary at that time."

213. "Why not?"—"Because the preparations were numbered, and we had merely

to get them into their places according to the three folio catalogues which from 1794 down to 1806 had been prepared, two by myself, and a third by Dr. Shaw; but those three catalogues did not enter into the history of its preparations. A general arrangement of the collection on the shelves of the new museum was completed *in a manner* in 1813, and even if I could have had access to the manuscripts that had been removed, I was not in a condition to make use of them until 1817, and then it was expected that Sir Everard Home would prepare the descriptive part of them, I being engaged in it only under his direction, the catalogue being supposed to be the work of Sir Everard. He merely employed me to transcribe whatever he pleased to direct. In 1817 he began to re-arrange the collection on the shelves, but he did not supply the description of each particular preparation as he proceeded."

214. "Did it ever occur to you that in order to make a complete description, it would be necessary to have recourse to the original manuscripts?"—"Without doubt, it frequently did. In fact those reflections suggested themselves to my mind when the manuscripts were first removed, but I did not communicate with the Council, or any individual members of the Council, respecting them, until 1823."

215. "Did Sir Everard Home repeatedly promise the board of curators to draw up a descriptive catalogue?"—"He was constantly urged, *quarterly*,* by the trustees to make progress in it."

216. "The Council have stated, that in 1816 it was proposed that all the curators should become joint laborers in drawing up a descriptive catalogue, when Sir Everard Home, they say, declared that it was his special duty, and that he would admit of no participation in its performance: do you know anything of that allegation?"—"Yes, every word of it is perfectly true; I heard him declare it. The trustees had been frequently urging the Board of Curators to make progress in the catalogue, and as they saw that no progress was making in it, they became anxious on the subject. This was in 1817, and was the cause of Sir Everard making the new arrangement of the preparations which I have mentioned, but he only produced a synopsis,—a very slight description of the general arrangement,—which was printed in 1818, but which did not at all enter into the particular history of each case; yet, as regarded the conservatorship of the museum and the Board of Curators, things remained on just the same footing as before, and I continued to receive my orders from Sir Everard Home alone. By-and-by, when I was appointed conservator, and began to prepare the catalogue, I expressed a wish to obtain some of Mr. Hunter's manuscripts; and then (in 1823) the Board of Curators learned for the first time the extent and nature of the manuscripts belonging to the collection left by Mr. Hunter. From 1817 to 1823 I had no access to any of the manuscripts which Sir Everard Home removed, except such as he brought with him to compare with specimens in the collection, for his own special purposes."

217. "What do you mean by *his own special purposes!*"—"When he was *preparing for his lectures*, or drawing up *papers for the Philosophical Transactions*."

217*a*. "In giving him assistance in the arrangement, did you ever ask him to let you have access to the manuscripts?"—"No;* between 1800 and 1823 I never had any conversation with him on the subject of the manuscripts. During the whole of that period he was so intent on writing papers for the *Philosophical Transactions*, that *very little else, in the way of the collection, was thought of by him*;† he *always* made his engagements in this way an *excuse* to the trustees for not having proceeded with the catalogue, saying, that we were employed in making out the subjects which were but imperfectly understood. Though I believe that all the curators had but a very imperfect knowledge of the nature of those papers, yet *they knew that Sir Everard had in his possession all Mr. Hunter's manuscripts*. Besides which, almost all of them had been acquainted with Mr. Hunter, and *must* have known of the existence of *a large mass of manuscripts*. After the destruction of the papers, Mr. Cline stated to me, on Mr. Hunter's own authority, that Mr. Hunter had written a Treatise on Diseases of the Bones, which he intended for publication. Drawings intended to illustrate this treatise, and made by an artist who lived in his house, Mr. W. Bell, are preserved in the museum."

218. "When was it that you first received any information as to the destruction of those manuscripts?"—"I think in July, 1823. I first obtained a knowledge of the circumstance from Sir Everard himself. He began by telling me, that on that very week his house had nearly been on fire; that the engines came, and the firemen insisted upon entrance, as they saw the flames coming out of the chimney. He did not wish to admit them, but they insisted upon being admitted, and then he told me that it was in burning those manscripts of Mr. Hunter that the fire occur-

* Quarterly during nearly twenty years!

* Mr. Clift would seem deserving of blame for silence, or neglect, or torpidity, in this matter; yet who can doubt that had he been troublesome or *inconvenient* to the thief, he would have been removed from his office of assistant, and science would have been deprived of *his* services in rendering useful this invaluable collection? The instant that Mr. Clift became wholly independent of the thief, the Board of Curators, that *worse than incapable body*, were made acquainted with the want which led to the discovery of the robbery.

† Yet all this time the farce of urging the thief to "draw up a descriptive catalogue," underwent a *quarterly* performance by the trustees of the museum!

red. This conversation passed in a chaise on our road to Kew, where was a monthly meeting called the 'medico-botanical.' I can hardly describe my feelings on receiving this information. I said to him, 'I hope, Sir Everard, you have not destroyed those ten volumes relating to the gallery and Mr. Hunter's lectures?' he replied that he had; and then I mentioned to him prehaps twenty others, of which I had a very perfect recollection (and I felt that all the hopes which I had entertained were entirely frustrated and destroyed; my life had been spent in the service of that collection, and I hoped to have lived to see those papers beneficially employed); but he told me that they were *all gone*, and then I said to him, 'Well, Sir Everard, there is only one thing more to do, and that is, to burn the collection itself.' We had very little conversation after that for a very considerable time. I considered that an irreparable injury had been done to the collection. That week Sir Everard had received back from the printer the last proof of his second volume of Lectures on Comparative Anatomy; and I knew *that he had used those papers very largely in the composition of that work*. Four or five days afterwards I made a communication on the subject to the members of the Council, first communicating it to the chairman of the Board of Curators, Sir William Blizard, in private. A board was summoned very quickly in consequence of that, and I was called before it, but Sir Everard was not. Having learned during my conversation with Sir Everard that he had not destroyed all the manuscripts relating to the pathological preparations, for (he had said, 'I have some of those') at this Board of Curators I mentioned that circumstance, telling them that some were according to his own confession still in existence, and they of course did not need my advice to apply to Sir Everard for them."

219. "Will you refer to any memoranda you have on the subject, and state, as nearly as you can, what the papers were that were destroyed?"—"Among them were nine folio volumes of dissections of animals, viz.—Vol. I. Ruminants. Vol. II. Animals *sine cæco*. Vol. III. Monkey and its Gradations. Vol. IV. Lion and its Gradations. Vol. V. Scalpris Dentata. Vol. VI. Anatomy of Birds. Vol. VII. The Tricoilia. Vol. VIII. Anatomy of Fishes. Vol. IX. Anatomy of Insects. There was one volume on the Natural History of Vegetables. There were also a great number of fasciculi, among which were the following:—Introduction to Natural History, numerous Physiological Observations; Comparative Physiology; Comparison between Man and the Monkey; On Muscular Motion, being subjects of Croonian Lectures; Effects of Extracting one Ovarium upon the number of young produced; Experiments on Ewes, with a view to determine Impregnation and Uterine Gestation; On Monsters; On the Skeleton; Dissection of the Tapir; Dissection of the Armadillo with nine Bands; Animals from New Holland: Piked Whale, Bottle-nosed Whale, Fin-backed Whale, Porpoise; Worms in Animals of the Whale Tribe; Bell-Barnacle; On the Eel; Anatomy of the Holothuria; Anatomy of the Siren of North America; Account of a Unicorn Fish from Hispaniola; The Earth Worm; Progress and Peculiarities of the Chick; Description of Rymsdyk's Drawings of the Incubation of the Egg; General Observations on Insects, the Bee-tribe, Humble-bee, Wasp, Hornet, and Beetles; Anatomy of the Silk-Worm; Anatomy of the Moth; Red-piped Coral. On Fossil-Bones, two parts; Observations on Surgery; Observations on Scrofula and Cancer; Lectures on Principles of Surgery; Cases with *post-mortem* examinations; Cases where no *post-mortem* examinations were obtained; Two Cylinders of Cases written out separately and fairly. Two volumes in folio were recovered by the curators on application to Sir Everard, perhaps a tenth part of the whole of the papers relating to the preparations in the collection."

220. "Do you find any thing in reading Sir Everard Home's Lectures that in any way *supplies the loss* as regards the description of preparations in the museum?"—"Sir Everard's is a mere general description; it seldom refers to particular specimens."

221. "Were you old enough, at the time of Mr. Hunter's death, to have any conversation with him on the subject of these papers, so as to know whether he attached any value to them?"—"I was Mr. Hunter's apprentice from February 1792 till his death, on the 16th of October 1793. During that period I was employed every evening in writing for him, and many of those manuscripts were in my own handwriting. I had no conversation with him on the subject; of course, because I was but a boy, and had merely to transcribe what he gave me to transcribe, in the same room with him. I was employed in taking care of the collection all day long, and frequently transcribed portions which were in loose notes, into volumes which he would take down for the purpose."

222. "Did you ever hear any hint from him of his wish that those papers should be destroyed?"—"Never; nor did I ever hear, either from Sir Everard Home or from Dr. Baillie, his co-executor, any hint whatever of any directions that Mr. Hunter had given for the destruction of the manuscripts."

223. "Will any industry that you or your fellow-laborers at the museum can bestow upon it, ever repair the loss which it has sustained by the burning of those manuscripts?"—"No, it is impossible. Some of the preparations have been rendered wholly useless by the loss of the accompanying description. It is very frequently necessary to re-examine the organs of animals that are daily presenting themselves to us, in order to throw light

upon the specimens in the museum, and to prove what they really are; because many of them (the descriptions being absent) are utterly unknown. The nature of many of them has been rediscovered, as it were, by these means. We preserve the unknown preparations, and endeavor to discover by degrees what they are. There may be, of all kinds, *a thousand*, of wet and dry, yet remaining, that are unexplained. The loss is irreparable in the department of comparative anatomy."

224. "When the trustees wrote to Sir Everard Home, did they require an account from him of the papers he had destroyed?"—"No, not then, but they did so on receiving his answer, saying, *that he had destroyed them entirely*, that having used them for the purposes of the collection for so many years, and, AS A WINDING-UP OF HIS EXECUTORSHIP, he had, according to a promise he had made to Mr. Hunter, destroyed them. The letter was so worded that you would have taken it for granted that they were *all* destroyed. This letter was read to me by the trustees, and I said, 'Sir Everard told me that he had not destroyed them *all*;' and therefore that they ought to write to him to ask for those that had not been destroyed. They said, '*How can we do so?* because his letter expressly states that they are all destroyed.' To this I replied, 'Then Sir Everard must have told me an untruth,' and then I told them what parts he had assured me were *not* destroyed. They wrote to him, accordingly, for those papers, AND HE SENT THEM, *such as he pleased.* A very small parcel, in the first instance, was sent by Sir Everard to the trustees. Those papers were put into my hands, to see how far they were applicable to the purposes of describing the collection. Some of them referred to others that *I knew did exist*, but were only a very small proportion of those that I had a perfect recollection of. A second application was then made for more, and that extracted a much larger parcel. I am not sure whether there was any further application."

225. "Were any applications made to *his executors*, to inquire whether there were any remaining papers of Mr. Hunter in their possession?"—"Yes, with considerable success. The volume that was mentioned, respecting vegetables, referring to a part of the collection, from which I have been able to explain some of the vegetable preparations in a way that we could not have done without them, was recovered; and there were some that were possibly Sir Everard Home's, that also threw light upon many of the preparations. These were *duplicates of some of the papers of Mr. Hunter*, yet at the time of the last recovery of papers form Sir Everard Home himself, he stated *that those were all the papers he had remaining in his possession.*"

226. "Do you conceive that if Mr. Hunter had given him directions to destroy his papers after they had been made available for the purposes of the collection, Sir Everard really had *complied* with those directions, and had extracted from them all the valuable information they contained relating to the collection, and applied it to illustrate the preparations in the museum?"—"Certainly not."

227. "Therefore according to his own statement he had destroyed them *before he had complied with the directions of the testator;* if, indeed, those directions were ever given?"—"*Certianly.*"

228. "Did Sir Everard Home ever state where and when these directions were given by Mr. Hunter?"—"I had heard it stated, but I do not know by whom, that it was when Mr. Hunter was dying, *which I knew could not be true*, because I was the last person in his family who saw him alive, and I knew that Sir Everard *was not present at his death.* This I told Sir Everard at the College, five or six months after the conversation which took place on our way to Kew, and I told him so in consequence of what had passed between him and the trustees."

229. "Was it in the presence of others?" "No, it was alone, it was a very rambling conversation, an hour and a half long, I believe."

230. "Did Sir Everard begin the conversation with you, or did you begin with Sir Everard?"—"He came to the collection, and it was the only conversation I ever had with him after the first conversation on the destruction of the papers. It was entirely on the subject of those papers. He told me, that I must have known that the papers were not fit to be submitted to the public eye, because they were in such a state. He said the spelling was not very correct. I said, that he knew very well that if this catalogue ever was to be made, the *labour* of it must come to my share, and that I did not consider my eye to be the public eye; and I added, that he would have been very welcome to all the credit of the catalogue, so that the thing had been but done: but he said that directions were given to him by Mr. Hunter to destroy the manuscripts when he was dying; and I said, 'That is impossible.'"

231. "What was his remark upon that?" —"He made no answer."

232. "Did he leave the impression with you that such a direction had been, or that it had not been given?"—"*If he had sworn it, I would not have believed it.* The duration of Mr. Hunter's illness was not a minute. He died of a disease of the heart."

233. "Were you employed by Sir Everard in making drawings for his papers in the *Philosophical Transactions*, or in other publications?"—"All my life, from the time that I was first acquainted with him, till the time of this unfortunate occurrence,—that is, till the time of the conversation on the way to Kew."

234. "Did that conversation entirely inter-

rupt the friendship that you before had with Sir Everard?"—"Entirely; I had no other cause for its interruption."

235. "Why do you suppose that the manuscripts of Mr. Hunter were used by Sir Everard in preparing papers (for the *Philosophical Transactions* or other publications) bearing his name?"—"*Because I frequently transcribed parts of Mr. Hunter's original papers and drawings into the papers which were to appear in Sir Everard's name.*"

236. "When he made his first avowal of the destruction of the manuscripts, did he appear to have made it involuntarily, or how did it happen?"—"It was, I believe, to see how I should take it; but though there had been a regular application to him *every quarter* to complete the descriptive catalogue, yet as I said before, the papers were not destroyed until immediately after his receiving the last proof sheet of his second volume."

237. "*Was any meeting held for censuring Sir Everard Home, or for excluding him from the Council?*"—"NOT TO THE BEST OF MY KNOWLEDGE."

238. "Did he continue to be a member of the Council until near the day of his death?"—"I am not sure. He died a trustee of the museum."

239. "Is there any thing further relating to this deplorable transaction that you wish to state to the Committee?"—"I do not recollect any thing further. I do not know that the Council of the College ever came to any resolution on the subject of Sir Everard's conduct, nor have I ever heard that the nature of the loss was communicated to the Government by the trustees. The destruction of the papers happened immediately previous to the death of Sir Everard Home's co-executor, Dr. Baillie, perhaps a month or two, but he was so ill that it was impossible that he could have interfered, even had he known of the circumstances. He might have been considered as not acting in the business; because Sir Everard very rarely communicated with him. Sir Everard was Mrs. Hunter's brother, and took all the active part. No communication was made to Dr. Baillie on the subject previous to his death."

240. "Has not the want of access to the manuscripts descriptive of the preparations, very greatly added to the time and labour required to describe the collection?"—"Most undoubtedly it has, in a very material degree. Moreover I felt that if I could describe the collection in Mr. Hunter's own words, the public would be better pleased with it, whether Mr. Hunter was right or wrong. It might have been altered or improved by any one who thought himself competent to do so; as it is, we were obliged to trust to our own resources and knowledge, instead of that of Mr. Hunter."

241. "How was it that you became so intimately acquainted with the nature of Mr. Hunter's manuscripts that were destroyed?"—"After Mr. Hunter's death till 1806, when the collection was transferred to the College of Surgeons, I had the key of the cases which contained them, and was anxious to make myself acquainted with the nature of their contents, as they related chiefly to the preparations. I had also, I may say, no other books to read at that time; so I frequently availed myself of the opportunity to read them, and make extracts from them, and I know that they related, many of them, entirely to the preparations in the museum.—Thinking there was a great deal of useful information in them, I made large extracts from some of them, and have been instrumental in preserving, in substance, by means of those extracts, I hope nearly half."

242. "Did Sir Everard Home ever make to the curators or trustees of the museum any denial of the statements you made to them as to the number and contents of the manuscripts?"—"No, not a single denial."

243. "Up to the destruction of the manuscripts, on what terms of intimacy were you with Sir Everard?"—"I looked upon him as one of my oldest and best friends; to that hour we had never had the slightest disagreement, but this unfortunate event put a stop to that intimacy; for I considered the obligation which I owed to the memory of Mr. Hunter, to the trustees, and to the curators, superior to any private obligation which I might have been under to Sir Everard Home, and that was my only object in mentioning the subject, which I wished it had never been necessary for me to disclose."

London Lancet, July, 1835.

2. AUTOPSY OF THE BODY OF HIS ROYAL HIGHNESS THE MOST SERENE PRINCE DON AUGUSTUS.—In the year of the birth of our Lord Jesus Christ, 1835, the 29th day of March, in the Palace of the Necessidades, in the chamber wherein was deposited the dead body of the august person of his Royal Highness Don Augustus Prince of Leuchtenberg and Santa Cruz, there being present the Most Excellent, &c.—[Here follow the names of a number of Officers of State, and the Physicians and Surgeons who sign the document.]—There, before these witnesses, was effected the autopsy of the body of his Royal Highness, in which were found the alterations described below, the said autopsy being made this day at half-past four o'clock in the evening, twenty-six hours after the Prince's decease.

External appearance of the Body.—Statue tall; the size of the limbs and of the muscles moderate; skin white; hair of the head bright chesnut; hair of the body little perceptible; face pale; lips colourless, rigid, and cadaverous; neck rather short, thick in the inferior portion, and straight; on it were observed the punctures of leeches, with some slight ecchymosis, and on each side the mark of a blister.

Breast compressed on the sides with a depression at its base, chiefly in the anterior part. The abdomen tense and somewhat elevated, thoracic and pelvic extremities free from swelling, but red spots appeared in the latter as well as on the posterior part of the body. No trace of external violence.

Abdominal Cavity.—Solid adhesion of the epiplon by its inferior part to the interior of the lower abdomen to the anterior of the cæcum, and by the sides to the corresponding parts of the colon.

The liver intimately united by its convex face to the corresponding part of the diaphragm, and by its concave to the right and transverse colon. The liver was also a little pale—the vesicula felia in the regular state. The large extremity of the stomach adhered to the concave face of the diaphragm. The venous system of the abdomen much engorged. The mesentery somewhat injected in its inferior part, its glandules rather larger than in the natural state.

Interior of the Stomach.—This viscus contained a small quantity of turbid and odourless fluid. In its mucous membrane, along the small curvature, there were vermillion spots more or less vivid, the offspring of chronic inflamation. The like appearance was observed in the first portion of the duodenum adjoining the valve of the pelorus.—The remainder of the mucous membrane of the stomach, and of the intestines was in the natural state.—The other abdominal organs presented no morbid appearance.

Thoracic Cavity.—Right lung of a whitish ash colour, crepitant in its superior portion and in the inferior, slightly hepatised in the medium lobule—both adhering. The inferior part exhibited membranaceous floccules, soft and elastic, appearing to have been united during life to the superior face of the diaphragm, on which vestiges of them were also perceptible.

The cavity of the pleura contained a portion of flat, condensed albumine, of the extent of two inches, swimming in eight ounces of reddish fluid.

The left lung had floccules at its base, which adhered loosely. It was in the natural state. The corresponding pleura sound. Its cavity contained five ounces of a rose-coloured fluid.

The heart of the ordinary size, somewhat pale, and flaccid; at its anterior part a small adhesion, about half an inch in extent; and at its apex two small points of albuminous concretion,—its cavities in the natural state.

Anteria Cervical Region.—The glandula thyroidea doubled in size, weighing three ounces, and presenting in its right lobule an encysted tumour, which, being opened, gave issue to a grumous fluid of the colour of wine lees. There appeared on the external side of this tumour a cartilaginous osseous concretion, one inch in length, and varying in thickness from two to four lines.

The Fauces.—The amygdalæ swollen, slightly ulcerated, and in some detached points of a dark colour. The base of the tongue was covered by a false membrane, ashlike, soft, without adhesion. Its fragments were easily removed by the back of the scalpel.

The epiglottis was thick, red, and a little hard. The before-mentioned false membrane entered by the glottis into the larynx, lined by adhesion its interior. It continued along the trachea, adhering to its circumference, and was prolonged to the small bronchial ramifications. This false membrane had more consistency in the trachea, where it was blanched adhering but easily detached from the mucous membrane of the air-passages, which were sprinkled with red spots, and some parts had the colour much brightened. This alteration of the air-passages attracted much attention, and was also particularly examined by the Secretary of State for the Home Department, and by the Chamberlains and Aids-de-Camp who were present.

The cranium was not opened, as an efficient cause of death was found in another part, and no morbid cerebral symptoms had manifested themselves.

Analysis of the Fluid contained in the Stomach.—A commission was appointed, consisting of the physicians of the Royal chamber, and the apothecary of the Royal household, to examine this fluid which had been deposited in a covered basin, placed under the care of his Royal Highness's Aid-de-Camp on duty.—The seal was recognised to be unbroken, and the basin which was delivered by the said Aid-de-Camp was conveyed to the office of the household apothecary by two Ushers of the Rod. In proceeding to analyse the fluid which consisted of a little more than half an ounce, and which, on account of its thickness was diluted by an ounce of distilled water, the special re-agents proper for demonstrating the chymical nature of the said fluid were employed. It was found to contain no substance foreign to the composition which fluids contained in the stomach of a dead body naturally present. It was taken from the stomach twenty-six hours after death, and nineteen hours after its extraction it was analysed.

At all these proceedings was present the Counseller Procurator-General of the Crown, who also signs this document, along with all the witnesses above referred to. And I Verissimo Maximo de Almeida, Secretary to the Fidalgos, drew up this act, which is also signed by us.

[Here follows a long list of Portuguese names.]

In consequence of the disorders found in the different organs of the lower abdomen of the thorax, and in the aerial passages, the undersigned professors of medicine and surgery do not hesitate a moment to affirm unanimously under their word of honour,

and on their soul and conscience, that his Royal Highness Prince Don Augustus experienced during his life various inflammatory affections in the mucous and serous membranes, and that his Royal Highness finally sunk under the violence of a croupal angina, and I, Verissimo Maximo de Almeida, have drawn up this declaration to which I testify.

[Signed by the same medical persons.]

VERISSIMO MAXIMO DE ALMEIDA.

LISBON, April 1.

In the *Diario do Governo* of this date Dr. Francisco Jose d'Almeida Physician of the Royal Chamber, gives a history of the disease of which the Duke of Leuchtenberg died, and describes the treatment followed by his medical attendants. Dr. Almeida was not called in until the sixth day of the Prince's indisposition. He states that he followed the antiphlogistic treatment which had been before adopted.

Medical Report on the Duke of Leuchtenberg's Indisposition.—In compliance with superior orders, I proceed to communicate to the public what I have heard, and what I personally observed, respecting the disease which has deprived us of the precious life of his Royal Highness the Prince Don Augustus, in the flower of his age.

Being summoned on Wednesday, the 25th instant, to the Palace, and conducted to the Prince's chamber, I found there the surgeon Manoel Carlos Teixeira. It was evening; the Prince had fever, and the throat presented much rubor diffused over the columns of the velum palati and tonsillar follicules. There was some swelling, and deglutition was impeded. It was necessary that I should avail myself of information from the attendant. I then learned that on the 20th the Prince complained of a sore throat, as also on the following day, and that on the 22d (the third day of his indisposition) he went out to hunt in the damp air of the morning, and that being distressed by the heat, agitation, or fever, he uncovered his throat, which was the seat of the inflammation. The attendant added, that on the same day the Prince remained for some hours in an open field, under a burning sun, blackened by the heat, and involved in a dense cloud of dust, thus drinking by large draughts the death by which he was in a few days prostrated.

On the 23d, about noon, the fourth day after the commencement of the indisposition, his Royal Highness consulted the surgeon of the Chamber, Manoel Carlos Teixeira. A tonsillar angina was then apparent, but it was not of a very serious character.

An inflammatory malady required antiphlogistic treatment. Accordingly, resource was had to bleeding, general and local, emollient cataplasms, dilluent drinks, and a corresponding diet. The practice promised well, for the next day (the fifth of the indisposition) was favourable and flattering to the attendant. All the inflammatory symptoms appeared to be mitigated.

The 25th was the sixth day of the indisposition, and the first of my attendance, at an advanced period of the evening.

I examined the Prince, and observed, as has already been said, the symptoms which characterize a tonsillar quinsy. The disease had been regularly treated. Instructed by the preceding history of the case, I became aware that the inflammation, spreading itself more towards the posterior part of the mouth, had descended the parynx, as might have been suspected from the difficulty of deglutition, which was greater than the visible inflammation ought to have induced. I characterized the disease angina pharyngea. I soon feared that the inflammation would descend the tracheal canal, and produce the angina polyposa of Michel. Meanwhile the respiration was free, and the natural sound was observed to be unaltered. A prudent apprehension was then every thing.

I adhered to the antiphlogistic treatment. I repeated the local bleeding; the emmollient cataplasm was continued to be applied to the throat; the vapour of infusions of emollient flowers was inhaled by the mouth; the inferior extremities were inserted in sinapized baths; the bowels were relieved by clysters. This course of treatment was followed during the whole of the following dav (the seventh of the indisposition, and second of my attendance), allowing time for the influence of the remedies to be manifested.

On the Friday there appeared for the first time an expectoration of concrete albuminous matter, spread out in the form of a membrane. (This was the eighth day of the indisposition and the third of my attendance.)

The symptoms, though still insulated, were alarming, particularly to one who was inclined to be cautious. I proposed a consultation. Her Majesty nominated from among the Physicians of the Chamber, Doctors Baeta and Elias da Silveira. Being assembled, and having heard the history of the case, the members of the faculty unanimously declared it angina laryngea; that its course was the propagation of the inflammation by the mucosa pharyngea, and ultimately by the tracheal tube and the bronchial ramifications—that the prognostic was fatal, that the treatment now consisted in taking a small quantity of blood from the patient, and it was allowed to be general, though with the fingers on the pulse, and that this should be followed by caustics. This practice was observed.

On the 28th of March, the following day, and the ninth of the indisposition, the above physicians met, with the addition of Dr. Benevides, who attended on the Prince during the night. The decision was unanimous—Angina laryngea, or polypose of Michel, or suffocatio stridula of Dr. Home, or the English croup. Being informed of his state, and provided with all the sacraments, the

pure soul of the Prince ascended to the dwelling of the just.

More amplitude was due to the importance of the subject. However, relying on the very minute and authentic autopsical evidence, I presume that what is here stated will be found sufficient for the faculty, and more than may be required by the curious.

Dr. Francisco Jose de Almeida,
Physician of the Chamber to her Majesty.
Lisbon, March 31, 1835.

3. Nitrate of Silver in Tonsilitis.—It is well known that no disease is more likely to recur than supurating tonsilitis, which, under the name of quincy, will return upon some persons, on the slightest exposure to a cold and damp atmosphere, subjecting him to repeated suppurations. It is perhaps not generally known, that on the access of this malady a vigorous and early application of lunar caustic, in the solid form, or dissolved in rain water, in the proportion of eight or ten grains to the ounce, will more certainly arrest the inflammation and prevent an abscess, than any other method of treatment. If, however, there should be fever, venesection and an emetic should be premised. The application of solid caustic to the tonsils until they "turn pale," gives but little pain. If it should escape from the quill and be swallowed, it may be decomposed with salt and water, or a solution of sulphate of magnesia. Western Journal.

4. Chalybeates in Dropsy.—Dr. Wm. Pettit, of Columbiana county, Ohio, has sent us a paper commending the use of Rubigo Ferri mixed with port wine, in the treatment of Dropsy. He thinks that the influence of Dr. Rush, in favor of the antiphlogistic method, has had, in many instances, an unfavorable effect on the practice of American physicians. Dr. P. states, that his attention was some time since directed to this medicine, by Dr. Isaac Parker, of Jefferson county, in this state, an old and respectable physician, who assured him that he was generally successful in the management of ascites and anasarca, by means of the following preparation:

℞ Carbonate of Iron ℥ i.
Port Wine Hj.
Mix.

Agitate when used, and give half an ounce three or four times a day.

Dr. Pettit has given two successful cases in detail. We shall abridge one of them.

A lady aged 36 years, after the birth of her third child, became ascetic, and in despite of a great variety of means, administered by different persons, both in and out of the profession, continued in that state for several months. When called to attend her, Dr. P. resorted to tapping and drew off thirty-eight pints of fluid. He then gave her the German mixture of cream of tartar, sulphate of potash, squills and tartar emetic, but symptoms of reaccumulation ensued. In this exigency he had resource to the rubigo ferri in port wine, which was perfectly successful. She subsequently became pregnant, when dropsical symptoms again returned, but were promptly arrested by a resort to the chalybeate.

We think it probable, that while some cases of dropsy requiring antiphlogistics are improperly treated in the opposite way, others are prolonged, or rendered fatal, by an adherence to the former, when the latter method is required. The books would no doubt furnish authority for giving sedative and refrigerant diuretics, like those administered to this lady, after the operation of paracentesis, but such a practice rests on no solid foundation. Tapping should never be employed as long as there is active or even subacute peritonitis, and after it is subdued, whether the water be drawn off or not, tonics, among which none are superior to the chalybeate preparations, are undoubtedly the proper remedies.

We would here inquire whether any of our readers have given a trial, in dropsy, to the sulphate of iron, in drachm doses, as recommended by the physicians of the Italian school? If so, we should like to be informed of the results of their practice, and would make them public. Ib.

5. Hot Douching in Sprains and Bruises.—It is not uncommon to see cold water applied forthwith to parts which have been sprained or bruised, while a state of nervous irritation and reduced circulation, still exists in the general system. This practice we take it, is radically wrong. Some years since, a judicious non-medical acquaintance took some pains to impress upon us the results of his own experience in favor of hot bathing in cases of this kind. After having given the practice a "fair chance," we are enabled to speak of it in terms of decided approbation. It is especially adapted to persons of a nervous and irritable temperament. We have at this time a patient whose case is in point, and has, indeed, suggested the propriety of this notice. In jumping from a high fence, she lit upon the outside of her left foot, and when taken up was unable to stand. Considerable tumefaction immediately followed, with a total inability to move the ankle-joint. Extensive ecchymosis has since ensued around and above and below the outer ankle. Being kept in a horizontal posture, with her foot over a tub, hot water was poured over it by the hour, and repeated as often as the pain recurred. She is now convalescent without the slightest symptom of inflammation. We need scarcely add, that *should* inflammation ensue, in a case of this kind, the hot water would not be the best remedy, being, in reference to that pathological state, preventive not curative. Ib.

6. Medical Degrees.—The Western Medical Gazette condemns the Medical College of Ohio, at a terrible rate, for its misdeeds—one of which is for granting a parchment to a book-binding dentist, &c. &c. The Ohio institution needs, if all the reports are true, a little of Mr. Warburton's parliamantary drastic lotion, which is working miraculous effect in the guinea apartments of British medical schools. Boston Med. and Surg. Journal.

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We have delayed publishing several interesting papers, reviews, &c, to make room for the papers of our valuable contributor Dr. Watson, in order that he might have an opportunity of reading and correcting the proofs prior to his departure for Europe, whither he takes with him in common with his other friends, our good wishes for his safe arrival, and return to his own country.

Dr. W. intends visiting the principal Hospitals, and Medical Institutions of Europe, and to give through the medium of this Journal, such information as may be useful to the profession. With the talent, ability and industry, possessed by Dr. W., we feel confident that few have left our shores so capable as himself to collect and communicate valuable information. We shall therefore look with pleasure for communications from his pen, and if we are not greatly mistaken the time is not far distant when Dr. Watson will rank among the most distinguished American Medcal Writers.

We again respectfully solicit from the Profession communications for this Journal; and to remind our friends of the kind of papers we wish to obtain, we republish the following:

To the presidents and members of the different Medical Societies in the United States, the Canadas, &c. the conductors of the Medical and Surgical Journal beg leave to present their respects and say, that it would afford them pleasure to receive all or part of the papers read before their respective bodies, with permission to analyze, or abridge, or publish them entire, as may appear best calculated to promote the interests of medicine and surgery; by granting our request, we believe that many valuable facts that have already, and may hereafter be made known to our societies only, might be so communicated as to be of vital importance to humanity, which, under other circumstances, would be lost in oblivion. They also beg leave to say, that other transactions of the societies, such as proceedings of their meetings, &c. will be published in our Journal if forwarded to us, the mode of doing which is pointed out in the conditions of the work.

The conductors of the Medical and Surgical Journal respectfully solicit from the profession generally, communications on the plan mentioned in the prospectus—viz. short papers. No doubt many interesting facts which come under the notice of the practitioner, if made known, would be useful in the practice of medicine, and as we do not wish for "fine spun theory," little time would be occupied in the narration, and not so much attention as to style, &c. as is usually the case.—One of the most practical medical writers that we know of says, "as the result of experience is the only useful knowledge in physic, every interesting fact founded thereon, should be rescued from oblivion; and they who have contributed their mite to form collections of this sort, deserve much more of mankind than many who have written volumes of inspired imitation."

Dr. Wood, Ramapo works, N. Y. is respectfully informed that his hints shall be attended to and we return him thanks for his suggestions.

Communications of every description concerning the U. S. Med. and Surg. Journal *must* be made to James Webster, the Publishing Agent, otherwise no attention will be paid to them.—Communications through the post office, must be post paid unless otherwise directed.

THE

UNITED STATES MEDICAL AND SURGICAL JOURNAL.

No. XV.

OCTOBER, 1835.

ART. I.—*Extracts from a paper on Ozæna and other diseases of the Organ of Smell, read May 5th,* 1835, *before the Medical Society of Orange County, in the State of New York,* by DR. JAMES HERON, President of the Society.

Ozæna, or the fœtid, purulent discharge from the nostril, is ordinarily termed catarrh; in its more advanced state, cancer of the nostril or throat, as it occupies principally the one or the other situation.

I have in my recollection an aged friend, who frequently complained to me of what he called catarrh, and that he was often in the night, compelled to spring up in his bed by a sense of suffocation, caused by the falling of large quantities of matter from the back part of the nostril into the throat, while he slept. He stated his conviction that it would some time or other prove fatal to him. He was found dead in his bed one morning, at a time when he was enjoying his ordinary health, and this was believed to be the most rational cause of death.

Another, who died the past season by starvation and distress, occasioned by ulceration extending to, and occupying the pharynx, so that for a considerable time before his death, he could not swallow a particle of nourishment. The termination of this case was called cancer of the throat: and the patient had had for a number of years previous, a very fœtid discharge from the nostril, accompanied with pain and soreness in the region of the frontal sinus.

And I now know a member of our profession, aged about 30 years, whom this disease has doomed and marked for destruction at no distant day.* Ulceration has entirely destroyed the soft part of the right ala of the nose, the inferior os spongiosum, the septum narium, a considerable part of the tonsil, palate, and pharynx. The stench from the ulceration is so great that no person can comfortably be near him, although he endeavors to correct it by the most powerful aromatics—deglutition is so difficult, that he scarce ever swallows anything but liquids, and these frequently pass out at the nostril. He has not for more than a year laid on his back, as the matter then passes into the fauces and endangers suffocation. For this reason he scarcely ever lies down at all, but sleeps in an easy chair with his head inclined forward on a support.

In the treatment of diseases of every day occurrence, and which run their course in a short space of time, and yield readily to known remedial agents, the occupation of the physician and surgeon becomes a matter of ordinary business, and almost certain calculation. Not so with those which come under our supervision but rarely, and which slowly and insidiously pursue a determined course, in despite of ordinary means to arrest them, and where the practitioner is compelled to the employment of steady, patient and untiring efforts to effect a cure—varying and substituting his agents as his judgment, discretion, resources and disappointments may dictate, until some happy experiment may furnish a new weapon wherewith to combat a particular disease, and effectually to eradicate it.

Such had been the inefficiency of the treatment of ozæna but a few years ago, that men so eminent as Boyer and Dr. Physick were induced to pronounce it absolutely incurable in its advanced stage. About three years since, I had a case of this disease which baffled all my resources—and when I sought for light in relation to it, by conversing with my medical friends, I was disappointed, until my attention was directed to some cases recorded in the American Journal of Medical Sciences, published in Philadelphia, which

* William L. Hortsen, M. D., died in the village of Warwick, August 10th, 1835.

were successfully treated by injecting chloride of lime in solution to the part affected. Since then I have used in all affections of this kind the diluted liquid chloride of soda, and the chloride of lime in solution indiscriminately, and with equal success—and so confident am I of their efficacy, that I believe no ordinary case of ozœna will resist their proper use. I have also found that much benefit will be derived from passing the smoke of Spanish tobacco through the diseased nostril several times a day—and that the application of olive oil to the internal surface of the nostril is necessary to prevent the exoriations which the ichorous discharge is apt to occasion, and also to prevent the hard and dry incrustations, into which the matter in passing, is apt to collect.

In the application of injections to the upper and posterior part of the nostril, some management is necessary. The injection should be made while the head is inclined forward and downward, at the same time, by inhaling the breath through the nostril the injected fluid will be brought into contact with the diseased surface, where it may be retained as long as is necessary.

I have never been able to use the injection of chloride of lime of the strength it was used by Dr. Horner in the case of Luke Johnson,* (viz. a teaspoon full to a wine glass full of water,) my experience teaches me that applications made here (as to the eye) are better when they are moderately sharp, than when they are too strong. The sensation produced on the olfactory nerve by the application of the chloride of lime or soda, is of that pungent kind frequently the consequence of a free use of mustard or horseradish—and any one can conceive how distressing it would be to use the injection beyond a bearable strength. These applications excite a free discharge of the natural healthy mucous of the follicles of the membrane of the nose, and effectually correct the fœtor of the discharge—in which particular they exceed every other application I have known to be made, and which would be sufficient inducements, if none other offered, to persevere in their use. They should be used twice a day, i. e. morning and evening.

ART. II.—*An Essay on the Coexistence of Diseases. Read before the New-York Medical and Surgial Society, at the N. Y. Dispensary, May 9th,* 1835, by JOHN WATSON, M. D., one of the Physicians of the New-York Dispensary.

1. *Remarks upon the Coexistence of Diseases.*—The scholastic proposition, that "No two things can exist at the same time and in the same place"—when limited to things only, and not applied to the qualities of things, is undoubtedly true:—and although there are, among the phenomena of nature, some facts that appear at first view, opposed to it, yet the discrepancy is only in appearance, and so far as matter is concerned, the statement is of universal application.

But the modification of it, as adapted by John Hunter, and applied by him to the individual trams of morbid action that take place in living bodies, or rather to the marbific agents that are said to produce general disease in the living system,—before receiving our acknowledgment, demands a more thorough investigation.

So far as I have been able to discover, Hunter was the first to advance the opinion that no two general diseases can affect the system at one and the same time. Among the introductory remarks to his work on the Venereal, he has a paragraph on this subject: "The venereal disease," says he, "is not only suspected to be present in many cases where the nature of the disorder is not well marked, but it is supposed that it can be combined with other diseases, such as itch and scurvy. Thus we hear of pocky itch, and scurvy and the venereal disease combined. But this supposition appears to me to be founded in error. I have never seen any such cases, nor do they seem to be consistent with the principles of morbid action in the animal economy. It appears to me *beyond a doubt* that *no two actions can take place in the same constitution or in the same part at one and the same time.* No two different fevers can exist in the same constitution, nor two local diseases in the same part at the same time."—[*Hunter on the Venereal, 4to Lond.* 1788, *p. 2d.*]

That specific diseases, at least such of them as are supposed necessarily to involve the general constitution, are not often found running their course together, will be admitted by every one; but the opinion of Hunter is not confined to this: he makes it *inconsistent with the principles of morbid action for two diseases ever to affect the constitution conjointly:* and whether such be the case or not, is the subject of the following considerations.

There have ben several since the days of Hunter, disposed to question his proposition, and the statements that they have advanced, if true, are directly in opposition to it. Yet these statements, so far as I am aware, have never been brought forward in a collective form, and they have consequently had little or no weight with the profession. Men are always more ready to receive general propositions, so long as these have a practical bearing towards the truth, than to burthen their memories with exceptions, and on this principle the physicians of the present day are more willing to admit the opinion of Hunter on this subject as one of the *laws* of morbid

* American Journal of Medical Sciences before alluded to.

action, than to accept it in a limited sense, or to acknowledge the truth of divers statements that have been recorded to the contrary.

Adams, in his work on Morbid Poisons, expressly states it as a *law*, that "Two actions cannot be carried on at the same time in the same part, or in the same constitution," and, says he, "though this law was entirely overlooked till Mr. Hunter's time, yet it is now *as well ascertained as any in pathology*."

Darwin is of the same opinion, and relates two cases in confirmation of his views. These cases, as well as the one mentioned by Mr. Hunter himself, I shall again recur to when more prepared to observe what bearing they may have upon the subject.

My worthy and esteemed preceptor, Doctor Joseph M. Smith, states, in his work on the Laws of Epidemics, "that the *operation of two specific contagions* on the system at the same time is *incompatible*,"—and in a note on this passage he says, that, "to prove satisfactorily that small pox and measles can exist together in the same subject, it is necessary to show that the patient can actually communicate both diseases to other persons—small pox to some and measles to others, and that too, without their being exposed to any other source of contagion. If two pyrexious contagions," he continues, "can operate on the system at the same time, why may not three or more?"—[161 *page*.

Now, although I agree with Doctor Smith, that, by communicating these diseases in the mode above specified, we would have proof positive of their coexistence, yet I believe that such coexistence might be proved without resorting to his criterion. Wherein consists the usefulness of symptoms and external appearances in aiding us to detect a disease, if from these appearances and symptoms, we are, after all, unable to distinguish it? And again, if we are not prepared to recognize either measles or small pox in one case, how are we to detect either of these in another, receiving it from the first? I admit, however, that in an alleged case of the coexistence of small pox and measles, we should be required to show that both affections were contagious. But if we can prove that the patient in whom they both are said to exist together, had taken one of the diseases from one person, and communicated the other disease to another person, we will go as far in proving the coexistence of the two, as if we had complied with the requirements laid down by Doctor Smith. And with respect to the question—why more than two contagions may not affect the system at once—I can only state, that the operation of two contagions on the system at one time, if it can at all be proved to take place,—is comparatively rare,—and of course the operation of more than two would be observed more rarely still,—but that it is an impossibility, has not yet been shown,—and for the present, I am not prepared to determine it.

It would be superfluous to dwell upon the existence of several local affections in the same system at the same time, or to show that it may be simultaneously affected in different parts by what Hunter calls healthy inflammation. Facts illustrating this point are of daily occurrence. For instance, no one will deny that inflammation of the abdominal or thoracic viscera may coexist with inflammation of the brain, or that gastric inflammation may be found existing in an individual at the same time affected with a cutaneous eruption. Hunter's law, if I understand it rightly, is not intended to apply to such cases, but to refer to fevers, to the febrile exanthemata, and to other specific diseases caused by the absorption of animal or vegetable poison; in a word, almost exclusively to the group of diseases recently classed by Weatherhead under the term of "Hæmapharnatici," and described by him as "originating in a miasm or poison tainting the healthy blood." I shall therefore, at once, call the attention of the Society to such cases of this description, as I have, within a few days, been able to collect among periodicals and other publications since the time of Hunter. My search has by no means been a thorough one, and I have little doubt that many others might be selected. The following, however, will, I trust, suffice to show, that the statement of Hunter, although it has a general application, is not absolutely true; and that there are so many exceptions to it, that it is unworthy of being considered one of the *laws* of morbid action. For, if I have a just idea of a law, in the sense in which it is used by philosophical writers, it is but the summary expression of immutable truths, drawn from observation. And although, for the sake of convenience, writers sometimes lay down loose general propositions, as laws, yet no statement is worthy of the name that is capable of a solitary exception.

2. *Measles and Small Pox.*—Doctor P. Russel, F. R. S., in a paper read before the Medico Chirurgical Society, March 3d, 1795, states that during the simultaneous prevalence of small pox and measles at Aleppo, he carefully attended to about three hundred patients affected with measles and small pox in succession. The first disease was not generally observed to follow the other in less than twenty days, reckoning from the eruption. But small pox commonly succeeded the measles somewhat earlier in the third week. "But several cases were met with in which the pustules of the small pox were discovered on the face before the total disappearance of the measles on the limbs: that is, on the eleventh or twelfth day."

"In the month of March," says he, "an instance occurred where both diseases were conjoined in the same patient. The subject

was a female child two years old, of a pale delicate complexion. The redness of the eyes, the coryza, and the cough which accompanied the fever, led me to expect the measles. On the fourth day eruptions of the measles were visible on the face, the neck, and the back: but at the same time a few eruptions of a different kind were interspersed on the face and neck, which, if they had been the sole eruption, I should without hesitation have declared to be the small pox. The progress of the pustules on the fifth, proved them to be variolous. Both eruptions were of a favorable kind, and distinctly pursued their regular course. On the eighth day the measles were fading fast, while the variolous pustules on the face were near their height. The pustules were not numerous, were very distinct, and ripened perfectly. The cough continued to be a troublesome symptom, especially in the second week, a diarrhœa supervened about the fourteenth day, and contributed to render the child's recovery very slow.

"In the month of April I met with a similar case. A healthy boy three years old was attacked with the usual symptoms of the eruptive fevers at that time epidemical. The cough rather served to indicate the measles. On the third day the eruptions of small pox and measles made their appearance together. The variolous pustules were of the small round kind, and came to perfect maturity: but were more numerous than in the former case. The measles were of a fainter color, and left behind them less of the branny scurf, agreeing in both circumstances with the disease then prevalent.

"On the sixteenth day of the fever a diarrhœa and tenesmus were joined to the harassing cough, and reduced the patient so low in the second week that his life was despaired of. The flux, however, leaving him towards the end of the month, he recovered."—[*Med. Chir. Trans. Vol. ii. p.* 90 *and Seq.*

Dr. Smith does not hesitate to charge Dr. Russel with want of discrimination in these two cases, and reconciles them without comment to his own views by observing, "that they were doubtless cases of small pox attended with a meteorations efflorescence." Dr. Adams, however, is not so uncharitable. "We have," says he, "two cases given us by that close observer, Dr. Russel, which, from the reputation of the author, deserve particular notice. The series and order of the symptoms are traced with such accuracy as not only to place the fact beyond a doubt, but to enable us to make remarks without conjectures, or with only such as every reader will see admissible. We shall first observe that when in the ill-built and crowded city of Aleppo, small pox and measles were at the same time epidemic for three months together, only two such cases occurred," &c. —[*Adams on Morbid Poisons*, 1807, 4*to.Lond. p.* 10.

3. *Measles and the Vaccine Disease.*—The following report of two cases is given by J. Maurice, and may be found in the London Medical and Physical Journal, Vol. ix. p. 38, for the year 1803. Addressing the editors, he goes on to say:

"As it has been a prevailing opinion among medical men that no two diseases could exist and go through their different stages in the same person at the same time, I am induced to transmit you the following.

"I was requested to inoculate a child in this town with vaccine virus on the 16th of September, at which time the measles were very prevalent here and in the neighborhood. On the third day after inoculation, this child was attacked with the usual symptoms of measles. The eruptions appearing on the sixth day after vaccination. I particularly attended to the state of the arm, but could not discern the smallest variation from its regular progress. Neither were the symptoms of rubeola in the least lessened or retarded. On the 24th another of the same family was inoculated, which was also seized with the measles. Both diseases went on regularly as in the former case, only that this child suffered much from a pneumonic affection, which can only be attributed to that disposition which measles have to produce such complaints. I have not been so particular as to state the daily progress of the diseases, because it could not tend to prove any thing more than I have already advanced.

"Wishing to ascertain what effect might be produced by inoculating others, or whether one or both diseases may be communicated, I accordingly took matter from the arms of those children, and inoculated another family, consisting of the mother and five children. The children went through the usual stages of vacciola and without one symptom of rubeola."

That Maurice did not succeed in producing measles as well as the vaccine disease, in his experiment, is no proof against the existence of measles in the individual from whom the matter was taken: for, I believe it is pretty well settled that rubeola is rarely or never reproduced by inoculation.* Besides it is not probable in all cases, where both diseases affect the same person, that there is at the same time a combination of the two kinds of morbid matter in any one vesicle or pimple, making, as it were, a tertium quid, participating in the properties of both, and at the same time not precisely the same as either. In commenting upon this experiment, Maurice enquires, "May not this be sufficient to prove

* "F. Home, en 1758, dit avoir réussi à inoculer cette maladie à l'aide du sang provenant de l'incision des taches de rougeole; mais depuis lors cette expérience, répétée par des médecins habiles de différentes nations, n'a jamais été suivie du même résultat."—*Diction de Medecine, article Rougeole.*

that every virus is suigeneris, and that the vulgar notion of scrofula being communicated by small pox inoculation is highly improbable ?"*

4. *Measles and Small Pox.*—The following cases by Tracy, I consider so satisfactory that were there no others upon record, I believe them, of themselves sufficient to settle, the question at issue. Each case had been previously exposed to measles, and both had been inoculated for the small pox. The symptoms of these diseases appeared coexisting in both—and other individuals not exposed by other means than by communication with these two cases, were afterwards affected by measles.

"In the spring of the year 1797," says Dr. Tracy, "being then engaged in inoculating for the small pox, two cases fell under my care which exhibited unequivocal evidence of the possibility of two distinct diseases arising at the same period in the human frame, and each pursuing its ordinary course as when separately existing, attended with all their usual characteristic marks; and though I am sensible that the weight of medical opinion may militate against my experience on this question, still the conclusive evidence that the facts offered has removed every doubt that previously existed in my mind on contemplating the subject, and leads me cheerfully to submit the cases to the candour of the faculty.

"Case 1st.—W. T. a young man applied for admission into my Hospital for inoculation, and mentioned at the same time his having been exposed a day or two previously, to take the measles, which excited some anxiety in his mind respecting the safety of receiving the small pox under the liability of being affected with the measles at the same period. Thinking this a good opportunity to determine whether two specific contagions could operate at the same time on the human frame, and concluding (that) no great danger would attend the experiment, I received him into the hospital, and inserted the variolous matter from a well suppurated pustule in the usual manner. The local inflammation at the part inoculated came forward at the common period with as much activity as occurred on the other patients at the same time inoculated, which was followed by precursory eruptive fever, on the eighth day from inoculation. The symptoms were mild, and continued to the tenth day, at which period a number of distinct pustules were visible round the place inoculated, and many were discoverable on the face and neck just emerging from the skin: the eruptive symptoms continued still in a moderate degree. The mild form which the variolous disease at this time assumed, greatly relieved my patient from his anxiety, arising from the fearful apprehension of being jointly attacked with two so formidable diseases as the small pox and measles at the same period. I left him in this state of tranquility, but in about four hours afterwards, I was called to visit him, and found him labouring under severe pain in the head and loins, attended with rigors, pyrexia, &c. As he had not exposed himself to take cold, or been guilty of any marked imprudence, I immediately suspected him affected with the premonitory symptoms of measles, and in conformity with this belief, adopted phlebotomy with the antiphlogistic method generally. On the next day the measly appearance made their (its) appearance on the surface, attended with cough, coryza, and all the other usual marks of this disease which progressed in the common manner to a favourable issue. During this period from the first accesion of the measly symptoms, the local inflammation at the part inoculated continued bright, and the previous pustules not only remained vissible and progressing towards maturation, but a number of additional pustules actually appeared on the lower extremities easily distinguishable by their hardness and prominency, and which maturated in the usual manner, as when separately existing, except that the suppuratory process seemed less rapid than in many other cases: thus, hand in hand, these two disorders proceeded to a favourable termination, which freed my patient from his great solicitude, and impressed me with the belief that different sensitive principles of the animal frame may be morbidly excited from different causes, at the same period, each equally productive of its peculiar form of disease.

"Case 2d.—I. S. after being exposed to the small pox in the natural way was seized at the usual period with the symptoms of the disorder, which were followed by a pustular eruption on the surface, and on the next day from their first appearance, was attacked with symptoms of a similar aspect to those which supervened in the former case, though in a more aggravated degree, which I treated as in the former instance, and which were followed by a universal measly eruption on the third day, with the usual concomitants. During this period the previous pustular eruption which was copious, remained bright and prominent, and new pustules continued to appear on the lower extremities, all of which proceeded to maturation in the usual manner, while the measles pursued their ordinary course—neither disease seeming to retard the other in its progress, but like two friendly sojourners in separate apartments of one tenement, seemed mutually disposed to pursue their different careers without officious interference or molestation to each other. This case, like the other, terminated happily—no room was left to doubt the identity of measles in either case, as neither of the subjects had been previously affected with that disorder; both had been exposed to take it, *and a considerable number of my patients at the Hospital, without having been sensibly expos-*

* See Supplement, No. 1st.

ed to the disease in any other way but from these patients, were affected at the usual time with this disorder."

The evidence adduced by the two preceding cases in supporting the affirmative of the question at issue, is to my mind sufficiently conclusive. They may be found in the Medical Repository, vol. 3rd, p. 105, they are the substance of a letter from Doctor Philemon Tracy of Norwich (Conn.) to Doctor Mitchell of this city, dated July 19th, 1799, and are quoted in the 3rd vol. of the London Medical and Physical Journal.

5. *Measles and Small Pox.*—The following case by Mr. Delagarde from the 13th vol. of the Medico Chirurgical Transactions, is somewhat similar to the preceding, and as matter of evidence, it is equally as important. After making some general remarks on the epidemic measles that prevailed at Exeter in 1824, he goes on to state the particulars of the case.

"John Brookes, a shoemaker residing at Ewing Lane, Exeter, had three children.—Their respective ages were six years, four years, and seven months. The eldest had been vaccinated a year preceding my being called in; the second a boy the subject of this case was unwell at that period, and vaccination in his case was subsequently neglected.

"The elder child was attacked with measles which on March 29th 1835 disappeared. The case was well marked, but not severe. On the same day the second child began to sicken. The catarrhal symptoms were stronger than usual."

"April 1st. The eruption appeared interspersed on the right cheek with a few minute pimples.

"2nd. Measles raspberry tinted, distinct and strong. The pimples were more numerous, and on a few there seemed small vesicles. The appearance of the face was inflammatory and singular.

"3rd. The measles turned. This day I could not personally attend. The usual pulmonary disorder was scarcely perceptible.

"4th. The brown marbled spots frequent after measles, appeared on the breast and arms. Amongst them were pustules, distinct, dimpled, enlarging, having florid bases, and becoming slightly opaque. I doubted not a combination of small pox and measles. This day I conferred with an experienced medical friend, who, on inspection, coincided in my opinion.

"5th. The pustules larger, fuller, completely opaque.

"8th. Pustules turning on the face.

"10th. Pustules turning on the extremities.

"11th. Crusts separating.

"Such was the termination of this remarkable case. By those who saw it, the genuineness of the disorders was not, nor indeed, could be suspected. I shall add however, circumstances which corroborate my opinion.

"Desirous of every test, I permitted some of the matter to be taken. A child was inoculated with it, and small pox ensued.

"On the 8th, the day on which the pustules turned, the infant after a slight indisposition was covered with the rubeolar eruption. On the 15th, having completely recovered from the measles she became very feverish. Between this and the 20th she had several convulsions. On that day small pox appeared—the infant not having been near any other child with that disorder, it is thus proved not only that the eruption was variolous, but that the fever was infectious, (contagious).

"Still the difficulty remained of accounting for its origin, since no small pox was known to prevail in the neighbourhood. The parents and neighbours could give no clue.—Soon afterwards I heard that a child had recently died of combined small pox and measles." No communication however was known to have taken place between this child and Brooke's boy, "until I discovered that they had attended the same school, a circumstance of which the friends were mutually unconscious."—[*Medico Chirurgical Transactions, vol.* 13*th, page* 166, *&c.*

6. *Measles and the Vaccine Disease.*—Two cases of measles coexisting with the vaccine disease have already been stated. The following case by M. S. Gilder, adds fresh and satisfactory evidence to show that such a coexistence of diseases may occur.

"A female infant," says he, "was vaccinated by me with two punctures in each arm, from a very healthy child fourteen months old, on the 27th of December 1821. On the following day the brother of the infant had a distinct eruption of measles which covered the whole body and exhibited a most perfect case of rubeola vulgaris—on the 30th of December the infant vaccinated on the 27th was seized also with symptoms of measles which increased on the same day, and on the third the eruption of measles was general, resembling in its appearance that of the child first attacked. A third and a fourth child successively became infected, in them also the disease went through its natural progress.—Dec. 31st, the fourth day from that on which the infant was vaccinated, the usual appearance was exhibited in both arms. January 3rd, the eighth day, a considerable accumulation of lymph had taken place in the four vesicles, the areolæ of which were not so distinct as they ordinarily are in consequence of the more prevailing and darker eruption of the measles, which disease had continued with regularity and severity. With matter procured from one of the vesicles I vaccinated on this day (the 8th,) another healthy child, aged two months, in an opposite part of the town, with a simple puncture in each arm; that in the left only succeeded, and its progress was perfect."

"On January 6th the eruption of the mea-

sles had quite faded—the four visicles were large and perfect."

"During its illness the infant had much cough and difficulty of breathing, I applied four leeches to the child, which bled very profusely; the child, in consequence, became extremely debilitated: with the assistance however of mild nourishing diet, it had by the 10th gradually recovered from the effects of the depletion. At this period the vesicles had not dried, not having been exposed to the air. On the 15th the infant in all respects surpassed my most sanguine expectations in her recovery. Perfect scabs came away from both arms, and are now in my possession, as well as one from the child of two months old which had been inoculated from it."—[*Medico Chirurg. Transac. vol.* 12*th*, *p.* 186.

7. *Syphilis and Intermittent Fever.*—The following case is related by Doctor Elihu Smith, formerly one of the physicians of the New York Hospital, and at the time, one of the editors of the New York Medical Repository.

"In the summer of 1796 a man came into the New York Hospital in a state of salivation, on enquiry we discovered that he had the venereal disease, chancres or buboes, or both, for which he had taken mercury so as to produce salivation, which was of some standing. But besides that he had syphilis and was salivated, he had an Intermittent Fever of some standing also, and which was more than commonly obstinate. He got well in the use of the ordinary remedies: but not till he had one or two relapses of the Fever.

"Quere," says the Doctor, perhaps somewhat ironically,—"Does this fact form any objection to Mr. Hunter's theory of the impossibility of different contagions displaying their effects co-ordinately in the same person? Or are we to infer from this, that the contagion of fever and of syphilis are the same? The nitric acid according to Mr. Scott and others, cures hepatic swellings, and these are often the consequences of intermittents—It also cures syphilis. Should future trials demonstrate this acid to be equally successful in the cure of intermittent, remittent, and yellow fevers, would it be fair to conclude that the immediate cause of these fevers and of syphilis, are but modifications of one common principle?"—[*N. Y. Medical Repository, vol.* 1*st*, *p.* 105—*also quoted* in *the London Medical and Physical Journal.*

8. *Measles and Hooping Cough.*—For a case of Measles complicated with Hooping cough, see Ferriar's Medical Histories and Reflections vol. 3rd, p. 217. But in this case the measles were not fairly developed, and the cough continued to be the prevailing and most enduring disease of the two. Instances similar to this are not very rare, and during the prevalence of measles in the season of 1833-4, I had some cases of the kind myself, to which I have already referred in a previous paper, (see my first Dispensary Report.)

9. *Lepra and Small Pox.—Lepra, Psoriasis and Small Pox.*—In the American Journal of Medical Sciences for February last, there are, amongst a number of others related by Dr. Pennock, two cases that prove conclusively the coexistence of Lepra and Variola; and if we are allowed to consider Psoriasis a disease essentially different from Lepra, then in the 5th case we will have an instance of three distinct diseases affecting an individual at once. As my selections are already too voluminous, and as the journal referred to, is in the hands of almost every physician among us, I shall not cite the particulars of these cases—they constitue the 4th and 5th of the article.—In the fourth case the patient was under treatment for Lepra when the small pox supervened, and with the subsidence of this last disease the other also disappeared. —The other case, that in which Lepra Psoriasis and Variola existed all at once—proved fatal—and the following are the post mortem appearances of the skin:

"The pustules of variola, as well as the patches of psoriasis, are not so elevated as during life. Upon examination of the pustules of small pox, the cutis vera was found perfectly healthy; the superposed layers described by Cutugno, were very evident, and coloured by blood from the capillary blood vessels of the skin. In the patches of psoriasis, the derma was also found in a normal condition, but the rete mucosum was exceedingly red, and the sanguineous infiltration much more copious than in the variola, giving a red tinge to two false membranes, which were separated by bloody pus."—p. 389.

10. *Small Pox and Scarlatina.*—In the London Lancet for July 4th 1835, page 446, is related a case, from Stafft's Medical Annual of the Austrian states, vol. 17th, in this patient (a boy 10 or 11 years old) the small pox appeared first, and the scarlatina on the 7th day afterwards—on the 8th day the writer states that there was no doubt as to the coexistence of the two diseases, and on the day following the patient died.*

Such are the details of the cases that I have been able to collect, after a short research, bearing upon the question. Doubtless others might have been added, had I had longer time to devote to the enquiry. But besides the preceding details, I find that many writers whose standing is altogether too respectable to allow their views to be passed by in silence, have expressed their conviction that two diseases essentially different may be found at times running their course together.

The first case that seems ever to have excited suspicion as to the truth of Hunter's alleged law, was one related by Dierembrock of measles and small pox. Dr. Adams has commented on this and attempted to show that Dierembrock's account is somewhat confused. As I have not been able to meet with it myself, I cannot speak for its correctness.

* Added since read.

Huxham in his book on Air and Epidemics alludes incidentally to the coexistence of *Small Pox and the Venereal Disease*, (see vol. 2nd p. 212)—and Withering in like manner refers to two fatal cases of *small pox complicated with scarlatina.* Speaking of scarlatina he says, "out of 139 cases of the worst kind, 33 of the patients were adult females all of whom recovered. It was particularly fatal to lying-in women; I heard of three only under these circumstances, and they all died, as likewise did the only two children I saw who had the scarlet fever and the small pox at the same time."–Withering in scarlet fever, p.25.

Among the early volumes of the Medical Repository are several papers alluding to the coexistence of diseases; and in Dr. Potter's account of the Epidemic Distempers of Baltimore in 1802, published in that periodical, he notices the coexistence of measles and gonorrhœa. "The action of the morbilous fever," he says, "produced one effect which I never saw from any other morbid action, it increased all the symptoms of gonorrhœa, and fomented that local action to a degree unknown to me."—vol. 6, p. 358.

In the same volume page 205 is a review of a work on Vaccination by Dr. J. R. Coxe of Philadelphia, in which it is stated that he has given several cases of the coexistence of *measles and cow pock*,—of *cow pock and scarlatina anginosa*, and of *small pox, measles and hooping cough.*" I regret that I have not been able to obtain this work of Dr. Coxe's nor to obtain the particulars of any of his cases.

In a subsequent number of the same volume (page 372) Dr. Younglove of New Lebanon, in a letter to Dr. Mitchell alludes to the facts mentioned by Coxe, and says "from long and diligent observation I am fully confirmed in Dr. Coxe's opinion in the premises. Many instances have occurred of my patients having at the same time the small pox and measles, the small pox and chicken pox, the small pox and the venereal disease, the small pox and the mumps, and the small pox and hooping cough: and as far as I conld see, both diseases in each case proceeded in their usual progress, without any suspension of the operation of the one by the other, as several writers have supposed. Nor did the two diseases that I know of, coalesce and form a third intermediate *something of a disease*, as Dr. Darwin ludicrously supposes (Zoon § 33, 2, 9,) though they in several cases, appeared to be in even progress; and in one instance about the year 1785, I had a patient when the measles were prevalent, who about the 13th day after inoculation, and after pretty severe symptoms, broke out with the small pox and measles both at once; but the latter appeared entirely apart, in blotches of an inch or two in diameter; after which both happily proceeded in their natural operation."

Doctor John Ferriar in his excellent paper on the "Conversion of Diseases" seems disposed to admit the doctrine of Hunter in some instances as where patients have small pox and measles in succession, although exposed at or about the same time to the influence of both. But, says he, "there are other contagious diseases which may subsist together, without affecting each other in any respect. It has never been observed in armies, that the prevalence of the venereal disease prevented attacks of dysentery, and it is known that hydrophobia which so powerfully aggitates every fibre of the system, has not produced any alteration in a virulent gonorrhœa, with which an unhappy sufferer was at the same time affected."—[*Medical Histories and Reflections, vol. 2nd, p.* 85.

11. *Scarlet Fever and the Vaccine Disease. Scarlet Fever and Measles.*—I shall now refer to what few facts I have myself observed:

It may be remembered that in my first report to the Medical Association of the N. Y. Dispensary, I alluded to a case in which scarlatina and the vaccine disease were seen coexisting, and to two others in which measles and scarlatina ran their course together.

In the early part of March 1834, the first of these occurred to me in a child about six years old—I had been attending her two brothers for several days, they were affected with scarlet fever, and had all the usual symptoms of that disease as it was then prevailing epidemically—at the same time I had charge of some small pox patients, and fearing that I might be the means of communicating that disease to my other patients, I required the mother to take such of her children as had not been vaccinated to the Dispensary; and accordingly, she had her youngest two children vaccinated. The eldest of these two, in a few days afterwards, sickened, and went through a mild but regular attack of scarlatina.

In the mean time, I had forgotten that this child had been vaccinated, until, by accident, I turned up one of her sleeves to examine the progress of the efflorescence on her extremities. The vaccine vesicle had progressed naturally and was then beginning to dry.—The redness of the skin had also for the most part disappeared. I took the vaccine physician of the Dispensary along with me to see this case as a curiosity. The child recovered without much interference, but three or four weeks afterwards I was called te see her, and found that she had œdema of her face and limbs, with some swelling of her abdomen—in short, that dropsy, one of the most common sequelæ of scarlatina, had ensued. Under a purgative course, assisted with the occasional use of warm baths, her health was soon restored. The other child that was vaccinated, was an infant, and had not the scarlet fever during the progress of the vesicle, although, if I have not forgotten, she was affected with it afterwards.

About the same time, viz: in March 1834

I was called to see a boy about 8 or 9 years old in Second street. He had been ill several days when I first saw him; he had had a cough, his face was somewhat tumefied, his eyes injected, and his whole body covered with the crescentic eruption of measles. On the following day, another physician accompanied me through my district, and this case in particular was noted by both of us as one of well characterized rubeola. The eruption over all the body was examined, and it exhibited the distinct crescentic form in almost every point, but particularly on the back and lower extremities. The child appeared to have more cerebrul oppression than is common in measles—this, at that time was the only peculiarity observable.

The next day was stormy, and as the patient lived at a great distance from me, I did not venture out to see him; but on the day following, I learnt that the child had been much worse. I found his throat swollen, and so sore that he could scarcely open his mouth —his tongue so far as it could be seen, was red and granular at the edges, and his skin was of a universal red colour, somewhat deeper than in ordinary cases of scarlatina. He was remarkably drowsy—at my visit on the subsequent day, I learnt for the first time that on the day of the storm another physician had been called in, and that he was still in attendance. I did not see this child again, —he died in a day or two afterwards. Two other children in the same house were taken with scarlatina, and these I subsequently attended. They had desquamation of the cuticle, cough, and anasarcous swellings of the legs, resulting from the fever.

About a month after meeting with the preceding case, I attended a child in a basement room in Eldridge street. It had a mild attack of measles, and soon recovered. Another child about three years old was taken ill in the upper part of the same house. I did not see this second case until the child had been sick a week,—but from the mother's description, I was induced to believe that the first attack was one of measles, and that it had become complicated with scarlet fever. The child's throat—(at first not observed to be affected) was now swollen almost even with the face, the skin was of a deep red colour, and the papillæ rough and elevated,—the case was a severe one, and terminated fatally on the following day. Not more than a week after this, an infant seven months old, a sister of the preceding, was taken ill, and went regularly through an ordinary attack of measles,—and before this child recovered another girl of the same house, about nine years old, and who had previously had measles, was taken ill, and I attended her through a genuine attack of scarlatina; she had the usual anginose symptoms, and subsequent desquamation of the cuticle, but none of the other sequelæ of this disorder. From these two last cases therefore, I was confirmed in the opinion that the fatal case was one in which both diseases had coexisted. It had been preceded by a case of measles in the same house, and was followed in one case by measles, and in the other by scarlatina. It may be enquired, why the infant of seven months, had not also this last disease? To which I can only answer, that out of upwards of sixty cases of scarlatina I have not had a single case in a child so young. Others, however, may not be so willing to admit the complicated character of this last fatal case—and as I had not charge of the child when the eruption first appeared, I shall not insist on giving it forward as a case in point. But for the other two, viz. the case in which vaccinia and scarlatina were complicated, and the case of the boy in Second-st. affected with rubeola and scarlatina at the same time, I can speak with certainty.

12. *Varioloid and Syphilis.*—About a year ago I was called to see a man named Hanford, who was complaining of pain in his back and head, and accelerated pulse, with hot skin, and the other usual symptoms of the premonitory stage of eruptive fevers. He had been vaccinated when young, but he had recently been attending a friend who died of small pox. On the following day the eruption appeared. It went on regularly, and the patient had a mild attack of modified small pox, from which, in about two weeks, he had completely recovered. He now informed me that sometime prior to his illness, he had contracted the venereal disease. I examined him, and found that he had phymosis with much smelling, and a bubo in his groin. After reducing the swelling, and getting the prepuce back, I found chancres on the corona glandis, and inner side of the prepuce. I treated him antiphlogistically at first, thinking that I might perhaps overcome the disorder without recourse to mercury: but his throat soon participated in the disease. The patient was at length put on the use of mercury, and recovered without any further difficulty.

It is not presumed, in the preceding observations and selections of cases, that every combination of specific diseases likely to occur, has been mentioned. All that we contend for, is, that combinations of the kind actually have occurred,—and theories and speculations to the contrary,—the fact is beyond a doubt. Before coming to a close, however, it is but fair to give the statements upon which the law laid by Hunter and others, is founded. And to thus have an opportunity of judging how far these statements can warrant the inference that has been drawn from them. Indeed, I am not disposed to believe that Hunter intended his law to have the universal application that some of his followers are willing to give to it, or as his own words, in some sentences, would seem to imply:—for, says he, "A man

may have the pox and the small pox at the same time; that is, parts of his body may have been contaminated by the venereal poison, and the small pox take place, and both diseases may appear together, but not in the same parts. If both were consequences of fever, and each followed the fever nearly about the same time, it would be impossible for each to have its respective eruption even in different parts at the same time."—[*On the Venereal, page* 3*d*.

If, as in the passage here stated, he admits the possibility of syphilis and variola coexisting, on what ground can he show that it is inconsistent with the principles of morbid action that itch or scurvy should be found coexisting with syphilis?

"Let me illustrate this principle still further," says Hunter, "by one of many cases which have come under my own observation. On Thursday, the 16th of March, 1775, I inoculated a gentleman's child, in whose arm it was observed, I made large punctures. On the Sunday following, he appeared to have received the infection. A small inflammation or redness appeared around each puncture, and a small tumour above the surface of the skin having been observed. On the 20th and 21st the child was feverish. But I declared that the fever was not variolous, as the inflammation had not at all advanced since the 19th. On the 22d a considerable eruption appeared, which was evidently measles. Upon this the sores on the arms appeared to go back, becoming less inflamed. On the 23d he was very full of the measles; the punctures on the arms being in the same state as on the preceding day. On the 25th the measles began to disappear. On the 26th and 27th the punctures began again to look a little red. On the 29th the inflammation increased, and there was a little matter formed. On the 30th he was seized with fever. The small pox appeared at the regular time, went through its usual course, and terminated favorably."—[*Hunter on the Venereal, p.*3.

In the example here cited, Hunter admits that on the tenth day after inoculation, the punctures again began to look red; (for, the first appearances of inflammation, that are here stated to have preceded the measles, might have been nothing more than common inflammation resulting from the cut; this opinion appears to be the more plausible when we learn that the punctures were large.) On the thirteenth day matter was observed, and the eruptive fever began on the fourteenth.

Now, it is pretty well established that the usual time for the eruptive fever to appear, is on the eighth day after inoculation. But instances are not wanting to show that, independent of the rise of any other specific action, the small pox may be delayed until the tenth, eleventh, or even the fourteenth day after inoculation. So that had the measles not shown themselves during the stage of incubation in this case, the delay in the approach of the fever would not have been considered much out of the usual course. It is evident that when the child was inoculated, its system was under the morbilous influence, and we see that the time between the decline of the measles and the advancement of the second disease, was much shorter than necessary for the small pox, as it usually occurs, to affect the system, (see the interval mentioned by Dr. Russel already quoted, the small pox generally followed the measles early in the *third* week.) This case, therefore, I would not consider one of sufficient consequence to warrant the conclusions that Hunter has drawn from it. In reality, it is as favorable to the views that I have adopted as to the statement advanced by him; for, it expressly shows that while the system is laboring under the influence of measles, it may also, at the same time, be subject to the variolous contagion. The two existing together incipiently for a time, and the general symptoms of each following in the order of its insertion.

The following cases are the two advanced by Dr. Darwin to illustrate the doctrine of Hunter, and with what suceess, is left to the reader's judgement.

"I have transcribed the particulars," says he, "from a letter of Mr. Lightwood of Yoxel, the surgeon who daily attended them, and at my request, after I had seen them, kept a journal of their cases.

"Miss H. and Miss L., two sisters, the one about four, and the other about three years old, were inoculated February 7th 1791. On the 10th there was a redness on both arms discernible by *a glass*. On the 11th their arms were so much inflamed as to leave no doubt of the infection having taken place. On the 12th, less appearance of inflammation on their arms. In the evening Miss L. had an eruption which resembled the measles. On the the 13th the eruption on Miss L. was very full on the face and breast like the measles, with considerable fever. It was now known that the measles were in a farm house in the neighborhood. Miss H's arm less inflamed than yesterday. On the 14th, Miss L.'s fever great and the eruption universal. The arms appear to have healed. Miss H.'s are somewhat redder. They were now put into separate rooms. On the 15th, Miss L.'s arms as yesterday. Eruption continues. Miss H.'s arms have varied but little. 16th, the eruptions on Miss L. are dying away; her fever gone; begins to have a little redness in one arm at the place of her inoculation. Miss H.'s arms yet redder, but she has no appearance of complaint. 20th, Miss L.'s arms have advanced slowly till this day, and now a few pustules appear. Miss H.'s arms have made little progress from the 16th to this day, and now she has some fever. 21st, Miss L. as yesterday. Miss H. has much inflammation and an increase of the red circle

on one arm to the size of half a crown, and had much fever at night, with fetid breath. 22d, Miss L.'s pustules continue advancing. Miss H.'s inflammation of her arm, and red circle increases (increasing). A few red spots appear in different parts with some degree of fever in the morning. 23d, Miss L. has a large crop of pustules. Miss H. has small pustules and great inflammation of her arms, with but one pustule likely to suppurate. After this day they gradually got well, and the pustules disappeared."—[*Zoonomia*, xxxiii., 2, 9, *Vol. I., p.* 102.

In reviewing the two preceding cases, what are we to learn? Simply this: that, of two children inoculated for small pox, one was affected with measles, and went regularly thro' this disease before the small pox was manifested,—and that, in the other case, no complication of any kind occurred. In the complicated case, after going through the measles, the small pox pustules appeared for the first, just thirteen days from the time of inoculation. And, what is worthy of remark, on this same day, the child that had not had measles, also began to sicken. If I rightly understand the writer, after the eruptive fever had continued its usual time, small pox pustules appeared at or about the same day in both cases, and from this date both appear to have progressed pari passu, or as nearly so as if there had been no complicating affection in either of the cases at the onset. I hold, therefore, that these add not the least possible weight to the proposition that Darwin was endeavoring to support.

From all that has now been shown, I trust that we have sufficient authority to state from actual cases, that the following complications may take place, viz. variola and rubeola; rubeola and vaccinia; vaccinia and scarlatina; scarlatina and rubeola; scarlatina and variola;* variola and lepra; variola and psoriasis; variola and febris intermittens; variolaid and syphilis; vaccinia and syphilis;† syphilis and febris intermittens.

Besides these, we have several other groups of specific diseases, referred to by authors, but no definite cases of which have been quoted, —as for instance, variola and syphilis; rubeola and gonorrhœa; rubeola and pertussis; rubeola, pertussis and variola; variola and varicella;‡ variola and parotitis; hydrophobia and gonorrhœa; syphilis and dysenteria.

But after all, I do not wish to maintain that an individual affected with one disease, is so susceptible to another, as he would have been prior to the commencement of the first, allowing both to be specific, and to involve to a greater or less degree the general system. But is this owing, as Hunter and his disciples state, to the *incompatibility* of different morbid actions? I hold that it is not; for, that such actions are not incompatible, has been (at least if we can place reliance in the words of men who are thought sufficiently able to judge,) clearly and unequivocally demonstrated.

How then are we to account for the fact, that these complications of specific disorders occur so rarely as to have allowed the suspicion that they could never occur at all? I am not prepared to answer this question definitely, but we may be allowed to suppose, that when the system is affected with one disease, either general or local, the consequence of morbid poison or of healthy inflammation, if sufficiently severe to involve the general health,—the sympathies of relation are excited in a peculiar train, and are consequently not so likely to be directed into a different or opposite course, by the supervention of any cause that would, under other circumstances, give rise to another disorder. But although these complications are rare, we have nevertheless seen that they may now and then occur, and the fact of their occurrence might here lead us into several serious considerations.

Amongst the first of these, we might inquire, to what extent do diseases, usually allowed to have a specific influence over the whole system, really possess that character? We find that in almost every disease of this kind, if not indeed in all of them, there is a tendency to fix the burthen of derangement on some particular tissue, or set of organs. And that by restoring these to their healthy functions, all other derangements of the system are removed at once. I would not go so far as to say that there are no diseases affecting the whole system while at the same time no one organ is more involved in the derangement than another; but I am persuaded that such diseases are rarer than many would admit. We are told of essential fevers—of fevers existing independent of local determinations, we are taught that fever is a disease of the whole system, and that no two fevers can exist together. Such is not the fact in the febrile exanthemata at least, and what are we to think of those authors who declare that every case of remittent fever is really a complication of two fevers, a common continued, and an intermittent? "La fièvre remittente enfin, est elle autre chose qu' une de ces complications, qu' un composé d'une fièvre continue et d'une fièvre intermittente? C' était l'opinion de Stoll et de Boerhaave, tres spirituellement défendue par Voullone. Je pense que nous pouvons aujourd' hui en porter la demonstration beaucoup plus loin."—[*P. F. Nepple, Fièvres Remit. et Intermit.—Paris*, 1835, 8*vo. p.* 229.

From the same premises we might further be led to the following considerations, viz:

How far diseases that are likely to coexist, may render one another milder or more severe than ordinary,—and to what extent they will modify each other's symptoms?

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* Added since read.

† See supplement No. 1st.

‡ Allowing these two to be essentially different.

How far an individual laboring under one disease, may with impunity venture to expose himself to be influenced by another?

How far a person laboring under one disease, may look to another for the means of cure?

But to resolve these questions properly, would require more time and patient investigation, than I am at leisure to give them:—and the length to which this paper has already extended, is, of itself, a sufficient reason for bringing it to a close.

Supplement.—No. 1st.—The following quotation from Rayer on Diseases of the Skin, 8vo. London, 1835, p. 450,—will prove that my remark founded on the observation of Mr. Maurice, will not apply to all cases.

"Professor Monteggie, in a paper read on the 17th of February, 1814, before the Institute of Milan, maintained that, if a syphilitic child were vaccinated, a pustule was developed which contained the two poisons. In 1821, M. G. Cerioli again advanced the same opinion. 'Catterina Celibino, two months and a half old, healthy to all appearance, was vaccinated. The vaccine pustule became perfectly well developed. On the 16th of June, 1814, ten children were vaccinated with the lymph from her arm, and with the virus from these ten, thirty other children were vaccinated. Within a few months Catterina Celibino, and five of the first vaccinated children, died. Of the thirty vaccinated in the second instance, only seven could be traced. Of these, one was seized with a peculiar disease, which he communicated to his two brothers, and another also exhibited morbid symptoms. The parents of Catterina had long labored under a syphilitic complaint which they neglected. A few days after the vaccination, the child became covered with pustules, which appeared upon the external parts of generation, about the arms, on the neck, forehead, and around the mouth. The other children vaccinated were attacked with similar pustules, ulcerations of the mouth, and morbid growths about the arms; the disease was also communicated to several nurses, who suckled these infants, and to different other children who were nursed along with them.'"

Art. III.—*On the Rise of the Datura Stramonium, in Sarcocele and Diseases of a similar character.* By Thomas T. Everitt, M. D., of Poughkeepsie, N. Y.

Sarcocele is generally regarded as a disease whose progress and advancement was only to be interrupted, and its evils avoided, by castration. Like most diseases of the glandular system, which are characterised by increase in size, and other evidences of morbid action, without acute inflammation, it has engaged the attention of the surgeon, only with a view to an operation, as a measure inseperably connected with the disease, and one that sooner or later, as circumstances dictated, must be resorted to. If attempts have been made heretofore, to retard its development, they have been unsuccessful, so far as can be ascertained; and in the treatment of it, such course in practice usually adopted, as would tend to the comfort and convenience of the patient; palliating his distress, and affording momentary relief, but nevertheless, with an assurance which experience has invariably taught, that the knife was the only sure and certain remedy, and to its power the patient must ultimately resign himself.

The partial successful treatment of two cases of sarcocele, leads the writer to hope that remedial agents may yet be found, to which enlarged and diseased glands will readily yield. And with the intention of eliciting the attention of the profession to the subject, he is induced to report the results of his efforts.

In two cases of the disease which have been subjected to the use of the stramonium, both have been materially benefitted, and in the one, the morbid action and train of disease entirely arrested; the tumour lessened in size, and most of the attendant evils removed. In connection with its use the suspensary bandage has been worn, and mild cathartics administered at intervals of eight or ten days. For the period of two months the patient made use of the ointment of stramonium of twice the usual strength, applying it plentifully to the scrotum with considerable friction. At the same time he was directed to take of the extract stramoni ¼ grain every morning and evening. For a small part of the time pills hydragie was administered, and at different times in the course of the treatment, other medicines, as iodine, &c., but none continued for any length of time, and there can be no doubt of the improvement in the case being altogether the effect of stramonium. Having much faith, therefore, in its medical properties, I would recommend its use more generally in affections of the glandular system, believing it will be found useful and efficacious.

Art. IV.—*A Case of Protracted Adhesion of a portion of the Placenta to the Neck of the Uterus, with final Sloughing and Separation.* By John A. Swett, M. D., N. Y.

Prior to his departure for Europe, Dr. Swett placed in my hands a Case Book containing a collection of observations made by him in his Dispensary practice. From this I have selected the following case. It is a singular one in showing, in the first place, the length of time that may elapse between

the birth of a child and the total separation of the placenta; in the second, the symptoms that such a preternatural adhesion may occasion; and finally, the changes that the placenta may undergo, or at least a part of it, previous to its separation.

While the case was in progress, it was not, for some time, thoroughly understood. Several physicians examined it with the Doctor, and the general impression, I think, was, that the diseased appearance was the consequence of some change of structure in the cervix uteri itself. The feeling produced by the dry slough was peculiar, and might be compared to that from a piece of dried spunge.

New-York, Sept. 29th, 1835. J. W.

Mrs. Duffie, a healthy looking Irish woman, aged 25, was visited on the 28th of May, 1834. About six months before this time, she had, after a labor of twelve hours, given birth to her first child. She was attended, as she states, by an ignorant person, by whom the soft parts were very much injured, and she has been ailing ever since. Her symptoms when first seen, and for some time previous, were the following:

Pain and tenderness in the loins, extending along the sacrum and around the hips. This she calls an aching tired feeling. It is not so severe in the morning, especially before rising, as towards night,—but the difference is not considerable. Dysuria to a great extent; tenderness, pain, and a sensation of weight about the fundament; tenderness across the abdomen, most perceptible in the epigastrium.

On examination, per vaginam, the parts about the fossa navicularis were found thickened and hard,—contracting the external orifice; the pelvis was capacious; the uterus had prolapsed, with its neck inclining towards the sacrum, and the fundus resting against the bladder.

Within a few days, although still nursing her infant, the patient had menstrated. The discharge was darker than natural, and was followed by a leucorrhoea, which is still upon her, and is attended with an offensive smell. Her general health is somewhat reduced; she is pale and feeble; appetite impaired. She is inclined to nausea, with flatulence, and sense of oppression; bowels constipated; pulse small and feeble, no febrile excitement.

She was directed Ol. Ricini 1 ℥, as a laxative; to restrict herself to farinaceous food; and to use a saturnine lotion.

June 2d. The leucorrhoeal discharge had changed its color and smell, becoming sanious and putrid. The os tincæ no longer to be felt, in consequence of a dry spungy mass of no great sensibility occupying the cervix uteri. This mass, through the speculum vaginæ, appeared black, and attached to the womb. The vagina as far as noticed, was healthy. The patient had now some fever, with occasional attacks of faintness, but her strength and spirits were not much further reduced.

June 7th. The slough was found to be confined to the anterior margin of the os tincae and cervix uteri; the mouth of the uterus apparently elongated but closed. In the course of the vagina were several small yellow elevated spots, some of which were ulcerated. The patient complained of a throbbing about the coccyx. She was directed to use a lotion of chloride of soda, with laxative medicine and farinaceous diet. For two days previous to this, she had used an injection of diluted nitric acid—using at the same time the acid internally.

July 23d. General health improved—the slough not occupying more of the healthy surface than formerly, but larger, and more projecting. Saw the patient with Doctor F. U. Johnston—concluded to do nothing further than to keep the patient on simple regimen, and to watch the natural progress of the case.

August 18th. Patient able to take exercise, and has ventured to Staten Island. For three weeks no discharge from vagina; but there is still occasional throbbing about the coccyx.

August 30th. In making an examination, found the slough entirely separated. It was easily removed by the finger. It had probably lain detached in the vagina for some time, but prevented from being discharged by the contraction of the orifice. The slough was black, dry and tough. The lips of the os tincae now appeared natural, and without tenderness—the uterus still prolapsed with the neck pressing towards the rectum. The patient of late had been overworking herself, and suffered from gastric irritation, with some febrile excitement. For the purpose of regaining her health she went for a short time to the country. During the severe period of her illness, and up to the early part of July, she had menstruated regularly, but she had an abortion on the 7th of October.

ART. V.—*Report of Dispensary and Private Practice,—(including Diseases of the Skin and Febrile Exanthemata, Diseases of the Eye and Ear, Venereal Diseases, and a few miscellaneous Cases,)—occupying a period of between three and four months, viz. from the 1st of May,* 1835, *to the 17th of August following, with references to a few Cases that occurred prior to that period. Read before the New-York Medical and Sugical Society, at the New-York Dispensary, September 29th,* 1835, by JOHN WATSON, M. D.

In the present paper I propose to give an account of such cases as have fallen under my notice, and of which I have had charge,

as well in private as in Dispensary practice, since the first of May last,—including at the same time, a notice of some cases that occurred prior to this period, but which have not been before stated to the association. To fulfil this object will require a review of about 180 cases.

It might be presumed that in an amount so great, there must be many cases of importance, and that a careful revision of the whole, would require more time than is usually devoted to our ordinary reports of practice. Owing, however, to the unsatisfactory nature of our dispensary business, the inattention to directions, and negligence on the part of patients in reporting the result of their diseases; comparatively few of these can be considered of sufficient consequence to require more than a passing notice. Prior to my resignation, I had charge of that class of Dispensary patients which includes diseases of the skin, venereal diseases, and diseases of the eye and ear. Many of my district patients may be classed under one or the other of these heads, and such as cannot be thus arranged, will be referred to, as miscellaneous cases. The following report, therefore, may be divided into four sections, viz.

Section first, diseases of the skin.
Section second, diseases of the eye and ear.
Section third, venereal diseases.
Section fourth, miscellaneous practice.

As the greater number of cases that will be hereafter noticed, were owing to causes not directly under the influence of the atmosphere, it would be useless to enter minutely into an account of the weather during the period already mentioned. I may nevertheless state, that in this period there have been no epidemic diseases prevalent in the city or its vicinity, and that all the cases of febrile exanthemata, and contagious eruptive affections, have been sparadic.

Section First.—*Diseases of the Skin.*—Among the cutaneous affections, including the eruptive fevers, I have had about seventy cases, viz.

First, *Exanthemata.* Two of scarlatina; both mild, and both did well. Two of rubeola, of similar character and result. Two of urtcaria, cured. One of roseola, cured. One of erysipelas, cured.

Second, *Papulae.* Two of lichen in adults; one cured, one improved. Two of lichen in infants,—(strophulus,)—one cured, one left under treatment.

Third, *Vesiculae.* Eight of scabies; one cured, one convalescent, the result of the others unknown. Seven of eczema; three of these were chronic, and of these there were two much improved; the result of the others not ascertained. Nine of herpes; two cured, (one of these caused in an infant by warm weather,) the result of the others not ascertained.

Fourth, *Pustulae.* One of ecthyma, cured. Five of impetigo, of which three were cured. Three of porrigo; result unknown. One of acne; result unknown. Two of sycosis, one of which was left convalescent, the others unknown. Two of variola discreta; cured. Five of variola modified; cured. Seven vaccinia; only four of these, infants, previously unaffected by the vaccine virus or by variola.

Fifth, *Tubercula.* Three of scrofula; one cured, one improved. One of peculiar character, which I could not refer to any of the given genera, the eruption having been much modified by treatment before I saw it;—uncured.

Sixth, *Hæmorrhagiae.* Four of purpura; all cured.

Remarks on the preceding Cases.

1. *Scarlatina and Rubeola.*—The few cases of scarlatina and measles presented nothing worthy of remark except that they occurred during warm weather, and that I could not discover that the patients had been exposed to the diseases in either case, by contagion. Instances of the kind, occurring as these did, during the warm season, and, as it were, unconnected with any others of the same character,—are not very rare, and are sufficient to convince us that these two, if not all the other forms of eruptive fevers, may now and then arise de novo.

2. *Urticaria.*—The treatment of this disease is generally simple. It is mostly symptomatic, and usually disappears on the restoration of the healthy functions of the stomach. In cases, however, where nettle rash has once appeared, it is very liable to return, and the patient, if found to have eaten any indigestible food, or to have the stomach in any way deranged, is almost sure to have a fresh attack of the eruption. The following case will illustrate the common character of this disease.

Mary Burns, an Irish woman, aged 68, applied at the Dispensary for the first time on the 24th of January. Her face was at the time much swelled, her arms, legs, and various parts of her body, beset with blotches, the tingling pain of which, was about insufferable. She had been troubled in this way for about six days, and during this time she had been in constant suffering. Her bowels were constipated, and she was in a high degree of excitement. She knew of no cause for the attack, except that she had suddenly removed from an open situation into a small close room heated by a stove. This she thinks was the primary cause of the affection, but it has since been aggravated by eating shellfish.

She was ordered to have pulv. rhei 20 gr. sub. mur. hydrarg. 10 gr. m. And after the operation of this, for a few days, until her bowels became regular, she took daily two

compound aloetic pills; and at the same time restricted herself to simple articles of diet. On the 25th of January she reported herself cured. But I have prescribed for this same woman, affected in the same way, since the first of May. She stated that she had had several mild returns of the disease in this interval.

Occasionally in this disease there may be a sudden retrocession of the eruption, giving rise to a train of symptoms more alarming than the eruption itself. The consecutive affections may, in some instances assume an inflammatory character: but the following case will serve to show that though they may simulate acute internal inflammation, they may nevertheless, be most effectually removed, in some cases, by treating them simply as derangements of the nervous functions.

Sarah Turnold, a widow, born in Connecticut, aged 44, has, for a long time, been troubled with nettle rash. In the early part of July I was called to see her, and found that another physician, who was still in attendance, had bled her for what appeared to be a severe attack of pleuritis consequent to a sudden retrocession of the eruption. I did not see her again till the 16th of August, at which time she had a renewal of the same series of symptoms. The eruption had been out in the form of broad elevated wheals for several days on her legs, arms, and other parts, and had suddenly receded. The former physician was again called, again bled the patient, applied a large blister over the seat of pain, and put the woman on an antimonial solution. Not finding herself relieved, in the course of the day she sent for me again. I found her complaining of acute pain in the left side of the chest, at the epigastrium, and over the region of the spleen. At first I saw no reason, from these symptoms, for changing the plan of treatment. The only symptoms leading me to doubt the existence of inflammation, were, that the temperature of the surface was not greater than natural, and that the pulse was soft and not accelerated beyond its healthy action.

Next day the blister had drawn well, but without relief; bowels not moved for two days, tongue broad, flably and coated with a thin white fur; other symptoms as before. Have pulv. rhei. gr. XX. sub. mur. hydrarg. gr. X. m., and for the present, discontinue the antimonial solution.

I did not see the patient on the third day, but on the fourth I learnt that after the operation of the cathartic, all pain had left her side and abdomen, and suddenly settled in the lumbar region and along the back. In this situation it was quite as severe as in its former site. Not the least external excitement, tongue clear and moist, (its previous state probably caused by the antimonial solution.) I now put the woman on small and repeated doses of Dover's Powder and applied a warming plaster to her back. In a day or two she was relieved and about the house.

3. *Roseola.*—The following was a well marked case of this affection.

James Lahae, 15 months old, a healthy looking child, was seen July 24th, having large red blotches, existing about twenty-four hours, on all parts of his body,—their size varying from that of a pea to that of a two-shilling piece,—most numerous on the nates and chest. The spots were round and many of them in the form of rings: bright red, with a central portion of the natural color. There were a few pimples, and only a few, on the wrists and about the chest. The child had six teeth, and was cutting others. Directed pulv. eccoprot. gr. X. for three mornings in succession. I saw the child again in about a week. The eruptions had entirely disappeared.

4. *Lichen.*—In this genus of eruptions I have no cases of interest. In one child it appeared to have been induced purely by the heat of the weather, and the case therefore might be considered one of the varieties of prickly heat, bearing the character of lichen tropicus, a name which has been improperly applied to all the modifications of this affection. In a report of cases made in August, 1834, I alluded to the disease usually called prickly heat, and expressed some difficulty in referring it to its proper genus. From cases since observed, I am convinced that it is sometimes a papular, and sometimes a vesicular eruption, most cases being of the latter kind,—and individual examples of it may be referred to the genus herpes, eczema, or lichen, according to their external appearances.

One case of lichen corresponding to the strophulus candidus of Willan, was also noticed. The case was a complicated one, and might properly be referred to under the head of cholera infantum.

One case of lichen was factitious,—induced by the irritation of some poisonous vine,—to which the boy was exposed in climbing up trees. In this instance, the papular eruption was most abundant along the shins, and inner side of the thighs. The eruption was very painful and smarting. It disappeared in the course of a few days under the use of mild laxatives and the application of alkaline lotions.

5. *Scabies.*—The only case of scabies worthy of note, was one in which the vesicles were spread in thick clusters between the fingers and along their sides, as large and as close together as the seeds of a sunflower. This case was complicated with gastric derangement and frequent vomiting. It had existed about a week, and there was a disposition to a general eruption on all parts of

the body. The patient was a young man aged 18. He was relieved by purging, and the use of saturine lotion; but I did not learn the final result of the case.

6. *Eczema.*—Three cases of this affection were chronic, the rest acute. In the treatment of chronic eczema we have to resort to various means of cure, and with all our efforts we are rarely successful in effecting a permanent cure. The disease may nevertheless be palliated, by the ordinary means for subduing chronic local inflammation. And when it occurs, as it most commonly does, on the lower extremities, these consist in attention to the general health,—abstinence from stimulating food and drink, and from severe exercise,—elevation of the limb,—topical applications, more or less stimulating, according as the patient can bear them,—and the constant use of a roller, especially when the patient is compelled to remain for any time in an erect position. The roller may be either of simple muslin or of oiled silk. If the latter be used, there should, at the same time, be a soft and thin compress of muslin, or linen, placed between the inflamed surface and the silk. The indications fulfilled by the roller, are, that it keeps the part tense, and supplies in some degree the natural tone of the integuments, which seems to be generally deficient. The veins of the leg, in this affection, are often varicose, and the roller is of essential service in unloading the distended vessels, and assisting the return of blood from the limb. The inner compress is of service in taking up the moisture that is continually oozing forth; and the oiled silk prevents the part from becoming too dry, and forming scabs over the abraded surface. When the case can bear the application of argent. nitrat., it will occasionally produce an excellent result; givieng the patient, it is true, much pain at first, but afterwards freeing him from the smarting pain, and the irriting secretion. Simple ointments are, in general, worse than useless; but where oleaginous preparations are indicated, the following may be often used with benefit:

℞ Sub. mur. hydrarg,
Sub, acetatis plumbi ãã ʒi.
Emplast. saponis ℥iv.

The soap plaster to be melted and mixed with a sufficient quantity of olive oil, to render it, when cool, about as consistent as thick cream. This preparation is of British origin, and has been used in the New-York Hospital under the direction of Doctor Stevens, in some cases of the humid tetter, with singular advantage. The Doctor directed the surface to be touched freely with lunar caustic prior to the application of the ointment.

7. *Variola—the Modifications of Variola, and Vaccinia.*—The cases of variola and its modifications, were all successful, and as some of them, at the time of their occurrence, excited much interest in my mind, I must crave the indulgence of the association while I relate them.

The first of these, met with since May, was on the 25th of June, in a boy of ten years, who had been previously vaccinated. The eruption was not very abundant, but sufficiently well characterised. The pustules were rather smaller than those of genuine variola, but not differing from them in shape or color; they appeared after three or four days of premonitory fever; began to dry about the seventh day after their first appearance; and in drying, were unattended with any suppurative fever. The eruption desiccated more rapidly than is usual for unmodified small pox, but left numerous and well-marked cicatrics.

The second case occurred on the 29th of July, in another boy, named Andrew Coulter, aged eleven, who had also been vaccinated. When first seen, his fever had continued three days. He was still under high excitement, and small red spots were beginning to show themselves about his face and temples. He took an eccoprotic powder, and was directed to keep as cool as possible.

Next day, the eruption well-marked on the face and breast; the fever abated, and the pustules (for the spots had already the pustular character,) were as large and regular as in the second day of the true variolous eruption. But they were not numerous; not more than a dozen on the face, and fewer still on the breast; on the hands and feet they threatened to become more numerous.

On the third day of the eruption, July 31st, the fever had entirely gone, and the patient made no complaint.

On the sixth day of the eruption, Aug. 3rd, the pustules began to turn on the face and breast; those on the extremities apparently at their acmé. The patient at this time suffering so little inconvenience that he was found exercising himself in mischievous tricks about the house. There was no suppurative fever subsequently, and the cicatrices were rather superficial.

Case third. Whilst the preceding case was in progress, I had a sister of the patient sent to the Dispensary for vaccination; but the vaccine physician not having fresh virus, applied matter frem a dried pustule that had been a long time standing. This attempt at vaccination led to no other result than to produce a soreness of the arm with a group of minute vesicles around the cut like a small patch of herpes.

On Sunday, August the 9th, this child (Mary A. Coulter, aged 4,) sickened. I saw the patient accidentally, and for the first time since her illness, on the 12th. The fever was still high, patient very restless, with dyspnoea and frequent vomiting. There

were some red spots about the face and neck. Although the weather was hot, the mother had covered the child with heavy bed clothes, and was even feeding her with wine and brandy toddy. This order of things was immediately reversed. I had the room ventilated, the clothing removed, and the surface of the child's body spunged with cool water. She afterwards took an eccoprotic powder, and was allowed mucilaginous and cooling drinks.

August 13th. The eruption appearing in small vesicles or pimples on the face and breast, around the temples, and on the back of the neck; a few red spots on the legs and arms.

August 15th. The eruption abundant and pustular on every part; the pustules set round with inflammation in some places, and many of them umbilicated or indented. The face much swelled, and the hands and legs were more thickly set with pustules than any other parts, except, perhaps, the cheeks. The child still restless, and had some excitement of pulse, with very hot skin. The mother, a drunken wretch, had been again plying the child with brandy and water.

The surface of the body was now anointed with olive oil, and the child left, for the most part, naked.

August 17th. Face more swelled than ever; patient unable to open her eyes; several pustules on the lids; throat clogged up and sore; some trouble in protruding the tongue.

Adgust 19th. Pustules very full on the face; some of them apparently beginning to turn; those on the extremities also full and very large, mostly round and pearly in appearance, with red bases; and some presenting the same appearance without the redness; some oval, and many of them running together and forming irregular masses. The whole integument tumid and injected.

August 20th. Drying on the face and neck; still very full on the extremities, but apparently beginning to turn on the hands and lower extremities; not more excitement than usual.

August 21st. Eruption diminishing on all parts. Previous to this date, the patient had no appetite for food. Appetite now craving; bowels moved spontaneously; pulse about 80, tongue moist and becoming clean.

August 22nd. The whole surface as if encased in a dirty brown crust; a few scattered pustules still very full and unchanged on the hands and feet; pulse 110; skin hot; appetite still great and bowels regular.

August 23d. Pulse 124; skin hot and dry, but tongue moist, and appetite craving; scabs about the face falling off.

August 24th. The pulse had sunk to 86; and after this period no further unfavorable symptoms retarded recovery. I saw the child a few days ago, and the cicatrices are deep and large, but they are not yet free from discoloration.

This child had never been properly vaccinated. The progress of the case, especially the suppurative fever, proves it to be an instance of genuine variola.

Case fourth. Whilst the case just stated was progressing, another sister, (Catharine Coulter, aged 8,) who had been previously vaccinated, was also taken ill.

On the 15th of August, she first complained of being unwell; on the 16th, according to her mother's account, she had a burning fever; and on the 17th the fever had subsided. At this date, I found about a dozen of round vesicles, having a pale turbid yellow color, on her legs and body. There were a few others at the roots of her hair about the temples. These vesicles had little if any inflammation surrounding them, and they appeared to contain, under a then pelicle, a quantity of turbid serum. They were developed much more rapidly than the pustules of variola, and even more so than those of any ordinary cases of varioloid. For a day or two afterwards, they presented no new appearance, except that they increased a little in size. By the 22d they had all dried up and disappeared; and a few days afterwards, the points at which they had arisen could scarcely be determined. During the whole time of their continuance, the child felt so little uneasiness from them that she could not be kept in the house, and was constantly playing with other children in the yard and street.

There were several other small children in the same house with the preceding cases, but all of them had been vaccinated, and, so far as I could learn, none of the others were affected.

Cases fifth and sixth. On Monday morning, July 27th, I was called to see Ellen Fagerty, aged 2 years and 8 months, who, for about 7 hours prior to my visit, had lain in continual convulsions. The spasms were of a clonic character; the intellectual functions completely suspended; the voice broken and inarticulate; the patient was continually smacking her lips together, and protruding her tongue. Temperature of skin natural; pulse could not well be counted, but was about 90.

A few days previous to the attack, she had fallen and lacerated her forehead on a nail; and in consequence of learning this, I was at first disposed to take the case for one of tetanus, the symptoms of the case justifying this supposition. But on the child's face there were six or eight small pimples; and on inquiry, I found that her elder sister, aged about 6 years, had just recovered from an eruptive fever.

I examined the cicatrices on this latter child, but they were so few and so indistinct,—only one of them over the eyebrow, and another on the arm, presenting any thing in the form of a pit, and even these two very superficial,—that I was doubtful as to whether the girl had really had small pox in any of its

forms, unless varicella is to be considered one of these. She had never been vaccinated, and she had not been ill quite two weeks when the eruptions had entirely disappeared.

The child now convulsed, had never been vaccinated. She was first observed to be unwell on the 25th. Not certian, therefore, as to the nature of the disease, I ordered the patient, on account of the convulsions, to have a stimulating enema of salt and water, had sinapisms applied to her feet, and her head moistened with an evaporating lotion.

In the afternoon the injection had operated two or three times; convulsions as severe as ever; pulse about 100; surface warm and head hotter than any other part. Have four leeches to the temples, a blister behind the neck, and a purge of calomel gr. V., pulv. rhei gr. XV.

In the evening, between 8 and 9 o'clock, leeches had drawn freely; the blister raised; purgative not yet operated; spasms less violent and not so frequent.

July 28th. Learnt that towards midnight the convulsions had ceased, and the child fell asleep. At present she is rational and answers all questions correctly. There is a copious but minute eruption of palpulæ covering the face, arms, and breast; not so copious on the body and lower extremities. Not yet satisfied as to the nature of the eruption;—it might be variola, it might be varicella;—the latter I thought the most probable. Child to be kept cool and not burthened with clothing.

July 29th. Eruption fuller on the face and now evidently pustular, but small round, and in some places acuminated. No fever.

July 30th. Still fuller and larger on the face than other parts; their genuine nature no longer questionable; they are as large as usually observed at this period of variola discreta; of light straw color, generally rounded and rising abruptly from an inflamed surface; some or them depressed in centre; in others the centre has a diaphonous appearance, like polished horn; features deformed by œdema; thickly studded with the pustules from head to foot; patient lies quietly but unable to open her eyes. Directed the mother to anoint the skin with sweet oil in all parts, and have nothing but a sheet over the patient.

July 31st. Pustules on the face in some spots aggregated together, and similar disposition to group on the hands and feet; patient quiet; bowels moved spontaneously; no desire for food or drinks.

August 1st. Very restless, and disposed to scratch the pustules on the legs and other places.

August 2d. Pustules on the face at their height; some of them have been broken; those on the back of the hands more aggregated, and more fully developed than elsewhere; great restlessness, but no cough nor difficulty of respiration; eyes open, and no inflammation on the conjunctiva; pulse 110.

August 3d. Pustules diminishing on the face; child asks for food; pustules on hands and feet as full as ever; bowels not moved within thirty-six hours; pulse about as yesterday.

August 4th. Rapidly decreasing on the face, wich is no longer tumid; declining also on most other parts; bowels free; tongue clean and moist; appetite craving. The surface until this time had been kept covered with oil. After this period the scales gradually dried and fell off. On the 6th of August, for the first time, she attempted to sit up in bed, and in a few days afterwards the sores had all cicatrized. The patient had no further difficulty, except that her bowels were constipated, and her eyes slightly inflamed. I put her on small and occasional doses of pulv. eccoprot, and she has become perfectly well, but is indelibly marked with cicatrices on all parts of her body.

This child had scarcely recovered before her sister, (Mary,) who had been first attacked, again began to droop. She had a constant fever upon her; was languid, with loss of appetite, and constipated state of her bowels. She was purged, but without relief. She had a slight cough, and on examing her chest, I discovered a dry crepitating wheeze, accompanied at the same time with a loud puerile murmur; the crepitation most distinct for about two inches square on either side of the sternum. A blister was applied to the chest, and the patient put on nauseating doses of vin. ipecacuan., and again purged once or twice. On this plan she got well in twelve or fourteen days. She never had much expectoration,—indeed, I observed none,—nor was her cough at all considerable.

I have, during the present month, (September,) vaccinated both of these children, but without any effect. The virus was genuine, for it succeeded well on an infant that had never been vaccinated before, nor affected with any form of eruption.

While Ellen Fogerty was ill, I was requested to vaccinate three children belonging to other families in the same house. Unable to procure fresh virus, I was obliged to use a scab, but did not succeed. On the 12th of August, however, I obtained fresh virus, and with this I vaccinated only one of the three children, (Charles Haggerty, aged 10 months.) The result of this was, to produce two well-formed vaccine pustules. While these were at their height the child was feverish and restless, and there were evidences of a fine miliary eruption about the face and on the arm. This I had noticed in other cases where the vaccination had been successful. It is more like a roughness from enlargement of the cutaneous follicles than from real papulae, and disappears as the pustule begins to decline.

One of the other children that I had formerly attempted to vaccinate from the scab, had, for two years, been affected with scrofu-

la, and has still open scrofulous ulceration in the knee joint. The mother, in consequence of this disease, objected to have the child vaccinated at this time. It was not done therefore. But neither this child nor the one just mentioned, has had any symptoms of variola or any other disease.

Case seventh. The other child, Wm. Edward Haggerty, aged 2 years and 10 months, a brother of the one vaccinated, would also have had the virus inserted into his arm, but his mother informed me that about seventeen months previous, he had been ill with an eruptive fever, which, at the time, was taken for small pox. The child had never been vaccinated. On examining the boy, I found his body, legs and arms studded with large cicatrices, that no one accustomed to see the marks left by small pox, could mistake. They were of different sizes, but all round, deeply set, and having their disks marked with numerous smaller holes, about the size of a puncture of a pin. The only peculiarity about them was, that they were less numerous on the face than elsewhere. Some spots, however, were seen upon the face and temples, at the roots of the hair and on the scalp. The mother stated, that at the time of the disease, his face and head were very full of pustules.

Under these circumstances, I did not hesitate to tell the mother that the boy would not be again affected. I consequently did not vaccinate him, and what was the result?

A day or two after I had vaccinated his brother, this boy became feverish, and on the 16th of August his mother thought she saw the first appearances of an eruption. On the 17th I was called, and found his face, legs, and other parts of the surface, beset with an eruption not to be distinguished from that of variola of two days standing.

August 18th. Doctor Bulkley saw this patient with me; and during the progress of the case Dr. Vandervoort and some others of my medical friends also saw him; and I believe all of them were satisfied, from the character of the old cicatrices, and the appearance of the existing eruption, that the case was a secondary attack of small pox, rendered, perhaps, milder by the previous attack. On the 19th, the face, and particularly the eyelids, much swelled and filled with pustules that are in some spots grouped; the eruption increasing on every part; most abundant on the face and hands; child restless; pulse 90.

August 20th. This being the fifth day of the eruption, the pustules were still enlarging.

August 21st. Pustules at their height on the face. They are not quite so large as ordinary in cases of variola that are in no way modified. From being accuminated at first, they have now assumed the full round form, some of them oval, and none, except where they are aggregated or broken, having an irregular shape. Many have the diaphonous appearance in the centre noticed already in a former case.

August 22d.—The seventh day of the eruption.—Pustules on the face and neck evidently declining, those on the upper extremities very full and much larger than the others; pulse 105; appetite returning; tongue slightly furred and dotted; left eye still closed by pustules on the upper lid.

August 23d. Pustules drying on all parts; the œdema of the face subsiding; pulse 108; bowels regular; tongue moist and natural.

The frequency of the pulse at this time was not connected with any other febrile appearances. On the next day this child began to sit up, and in the course of a week or so the sores had all cicatrized. He has had no further trouble, and the marks left by this last attack, on the 5th or 6th of September, were still distinguishable, by their deeper color, from the larger pits of the first.

I have related these cases thus circumstantially, because they furnished me with evidence of a fact of which I was formerly aware only on authority;—the occurrence of varioloid in cases formerly affected with small pox. And they have enabled me to determine another point, satisfactorily at least to myself, on which I previously had some doubts, or rather, on which I was of different opinion from what I am at present. I allude to the question, whether varicella is, or is not, one of the modifications of variola? Before passing an opinion on this question, let us take a review of the cases just stated.

Case first was an isolated example of varioloid, and has no bearing an the question, except so far as it illustrates the character of this disease.

Cases second, third, and fourth, all occurred in the same family; and the second, I have no doubt, communicated the disease to the two others. It was a case of varioloid or modified small pox—(the umbilicated pustular varicella of Rayer.) The third case was one of genuine variola discreta. And the appearances presented by the fourth case, tally with the symptoms of neither of the former two. Had it not been found in the same family, and about the same time, with variola, properly so called, and its semblance variolid, I should have had no hesitation in calling it an example, and a mild one, of chicken pox—(vesiculated varicella of Rayer.)

Cases fifth, sixth and seventh, constituted another group, all occurring in one house. Case fifth occurred in a child (Mary F.) that had never been vaccinated. And if there be any truth in appearances, this was a genuine example of varicella. The sixth, a younger sister of the preceding, was taken ill immediately after the other recovered, and had an attack of variola. If I have given this case a wrong name, let it be corrected from the history of the symptoms—I believe I have given them faithfully.

The last case received the disease from either the one or the other of the two former—(as matter of argument, it is no conse-

quence which of them,)—it was a case of varioloid subsequent to an attack of variola in the same person.

In the same house with these last three, a child was saved from the affections of the others, by timely vaccination.

These, then, are all the facts that bear upon the question, and I hold that they are sufficient to support us in stating, 1st, That varioliod may give rise to variola and varicella. 2nd, That varicella may give rise to variola and varioliod.

Previous to meeting with these cases, I had not paid much attention to the discussions that have been made on this question; but from what I had read and heard, I was disposed to believe that there was an essential distinction between the virus producing variola and that producing chicken pox. But I am now satisfied that how much soever these two diseases may differ in symptoms and appearances, the virus producing the one of them, has been at some time essentially the same as that producing the other. (For a more thorough investigation of this subject, see Rayer on Diseases of the Skin.)

Before concluding the subject of variola, I may mention another case, not, however, as connected with the preceding. It occurred nearly two years ago: and until meeting with Rayer's works, I had not been able to discover an account of any cases similar to it. I have related the case before verbally to the Association.

The patient was a negro man. He had never been vaccinated. After the usual eruptive fever had existed three or four days, he became covered with a variolus eruption. This continued to increase for several days; the patient's features were tumid, and his extremities and body very thickly set with the eruption; the case thus far presenting nothing singular in its progress. But at the time suppuration should have occurred, the eruption was still hard. No suppuration, in short, occurred. The large, round and elevated papula, after the ninth or tenth day, gradually began to diminish, and in a week or so afterwards, had entirely disappeared. The patient suffered nothing by this termination of his disease; but at the time I was looking for the symptoms usually said to follow the repelled eruption. This case agrees closely with the description of horn pock,—the papular varicella of Rayer, who says it has been produced by inoculating with the small pox virus, individuals that had been previously inoculated or attacked with variola.

8. *Purpura.*—Among the cases of this genus I may mention the following.

Thomas H. Tigh, an Irishman, aged 27, employed as a porter. He had been complaining for about two years with loss of appetite, or appetite depraved; nausea, and often vomiting after taking food; constipation of the bowels. He was of scrofulous diathesis, with skin thin and delicate. On the 3d of July, he had an attack of cholera morbus, which went off spontaneously, and on the next day he was covered all over with a minute petechial eruption, bearing an exact resemblance to the purpura simplex of Willan.

The spots, I believe, disappeared in a few days. I only saw the patient once afterwards, and do not know the result of his gastric affection.

Another case occurred in a Frenchman, (Peter Pay, aged 32.) He applied at the Dispensary August 10, having just returned from sea. On the inner part of his left thigh there was a large spot, eight or ten inches long, and several inches broad, of a deep claret hue. It had occurred spotaneously about five days before, and was then in process of absorption. He had similar spots around each orbit; his gums were foul and tender at the edges; no excitement; bowels habitually constipated; patient in the habit of using lavements of warm water for evacuating them. The patient had been for some time on the use of innutritious diet, and without reference to the cutaneous extravasation, the case would be considered a mild attack of scorbutus.

The next case of purpura was also in a seaman, and originated in the same way; but its nature at first was more equivocal than the preceding.

John Williams, of New-York, aged 41,—just returned from a long voyage. About the middle of May last, his body became covered with spots of dark eruption. At the same time, he had sickness of stomach, loss of appetite and tenderness of gums. I first saw him July 25th. The spots had then the appearance of the dark blotches occasionally seen in secondary syphilis. They were decidedly of a coppery tinge; and the patient acknowledged that eight or ten years ago he had had the venereal disease His features were sharp and wasted; he had a troublesome cough; and the fear of pulmonary difficulty was all that prevented me from putting him on a regular alterative course, for I had taken the blotches to be syphilitic. The speedy termination of the case, however, showed this opinion to be incorreet.

He was put on the compound decoction of sarsaparilla, and bathed the surface with a nitro muriatic lotion; besides which, he took for a few days, small and repeated doses of Dover's powder. On this plan simply, by the 7th or 8th of August, the spots had disappeared, and with them the cough had also left him. His features assumed a healthy expression, and he had no further evidence of disease about him.

The last case of purpura was in consequence of sudden suppression of the menses, and is as follows:

Susan O'Hanlin, an Irishwoman, aged 30, in consequence of some sudden agitation of mind, on the 3d of August, while engaged at washing, had a sudden suppression of the

menstrual discharge which was then upon her. She was immediately prostrated, and fainted several times. On the following day, she was bled with slight relief. She had become covered with large purple blotches, which were most numerous and extensive about her thighs and legs. She continued ill for several days, and on the 12th of August, I was called to see her. She complained of severe pain in the right side, simulating pleurisy; abdomen tender on pressure; bowels constipated; tongue natural; pulse full, but soft and not accelerated; skin moist; the purple spots still persisting, but evidently on the decline.

The patient took a dose of Castor oil, and after the operation of this, five grains of Dover's powder thrice a day, for several days in succession. At the end of the fourth or fifth day, all pain had subsided, and the spots gradually disappeared of themselves.

9. *Scrofula.*—The only case of scrofula worthy of notice, was the one to which I have already referred. It is the most striking instance I have met with for illustrating the statement, that two specific diseases are not apt to affect the system at one time. The child was a girl three or four years old, and had not been vaccinated. She had been affected with scrofulous ulcerations and swellings for two years, and though exposed to the influence of small pox, remained perfectly unaffected by it.

SECTION SECOND.—*Diseaseses of the Eye and Ear.*

I. *Diseases of the Eye.*—I have not taken a complete account of all the diseases of the eye and its appendages, occurring to me within the period included in this report; but the following list contains the most important of them.

Two cases of fistula and lachrymalis;—(in one of these cases, both eyes were affected,)—one relieved, the other declined treatment. One of tinea cilliaris; relieved. One of granulated lids. Four of acute conjunctivitis. Two of acute conjunctivitis, with profuse secretion of tears, (catarrhal ophthalmia,)—cured. One of purulent ophthalmia, (gonorrhœal,)—cured. One of pustular strumous ophthalmia; cured. Three of strumous ophthalmia, with circle of pink vessels around the corner; intolerance of light; chemosis, and copious discharge of tears; cured. Two of ulcerated cornea. One of ulcerated cornea with hernia iridis, the result of injury. Two of sclerotitis; both resulting from injury. One of cataract; relieved by operation; patient still under treatment. One of amaurosis.

Remarks upon some of the preceding Cases.

1. *Purulent Ophthalmia.*—The only case of this affection met with, was induced by gonorrhœa, and was not by any means so severe as the ordinary examples of gonorrhœal ophthamalia.

Arthur Smith, a negro, aged 21, applied at the Dispensary, July 27th, with inflammation of his eye, (the left, I believe,) existing three or four days. The cornea was buried beneath the œdematous conjunctiva, so that not more than half of it was visible. The lids were much swelled, and a copious purulent discharge was oozing from beneath them. He was freely depleted by V. S., and cupped several days in succession, purged and kept on nauseating doses of antimonial solution. After the local depletion, the inflamed organ was two or three times touched with a solution of lunar caustic, repeatedly washed with warm water, and, as a constant application, the patient used a tepid anodyne lotion. By the 10th of August, the inflammation had nearly disappeared, but the patient had still the gonorrhœa, from which, however he experienced little or no inconvenience.

2. *Hernia Iridis.*—The following case is peculiar in having so few traces of active inflammation, and in the unusually slight obstruction to the function of vision, produced by the injury.

Mary Mills, a widow, aged 34, applied June 2d, with a portion of the left iris, about as large as a hemp seed, immediately below the pupil, and towards its outer margin, protruing through the cornea. Several weeks previous, while engaged at white-washing, the woman had received a particle of lime on the cornea. About three or four days after this, according to her own account, she felt something give way at the spot where the lime had struck. And ever since, viz. for three weeks, the protrusion has existed. The iris is not discolored; there is no apparent injection of vessels. A faint and narrow nebulum surrounds the opening through the cornea, and this is the only apparent evidence that the part had ever been inflamed. Vision is slightly but not seriously impaired.

II. *Diseases of the Ear.*—Of these I have taken an account of only two cases. The first of them was an inflammation of the outer ear, thickening of the sebaceous lining, and fœted discharge from the meatus, existing several months, and probably kept up by caries of the bones beneath. The other was a case of periodical earache, existing with derangement of the digestive organs. Both occurred in females. I have not learnt the result of either case.

SECTION THIRD.—*Venereal Diseases.*

I shall not at present dwell upon the ordinary forms of these diseases, appearing in adults, but, having a few notes on them, *as they are manifested in infants*, the recital of these may not be uninteresting.

Case first. In the summer of 1833, I attended a sailor's wife, who, while pregnant, had contracted gonorrhœa from her husband. Under an ordinary course of treatment, in a few weeks, the discharge in both husband and wife had ceased, or at least, had so far diminished that they quit the use of medicine. I informed the woman of the danger to which her child would be exposed, if any symptoms of the disease were remaining at its birth. She resumed the medicine for a time, and finally informed me that she had no morbid discharge—no difficulty in micturition, nor any other symptom of the disease remaining. A month or so afterwards she was confined. I did not attend her at the time, but the husband afterwards informed me, that soon after birth, the child had severe ophthalmia, and that it had lost the sight of both eyes.

Case second. Alice Kenneda, aged nine months, was brought to the Dispensary January 2d, 1835. For four weeks after birth, she had been apparently healthy, but afterwards became covered with an eruption, which has continued ever since. The child is cachetic; the eruption has degenerated into flat extensive mucous sores; one of the eyes is turned, and the patient is subject to convulsions. The mother stated, that about six years ago, she had had the venereal disease, for which she had been put on an imperfect course of mercury. But with the exception of frequent rheumatic pains, she has never since had any other evidence of the disease about her, than as it appears in her progeny. She has had two children, the first of which died soon after birth, with an eruption on it similar to that of the present case.

I put both mother and child on a mild alterative course, but the infant slowly dwindled away, and died about the first of March.

Case third. Elizabeth Hemmans, an English woman, aged 43, had syphilitic symptoms about seven years ago. These went off without any regular treatment. But the disease soon afterwards manifested itself in a constitutional form, and was subdued by a course of mercury. The disease was not eradicated; for ever since, the patient has at intervals an eruption of pustules, surrounded by copper-colored blotches. She has also pains in her bones, and particularly in her forehead. Within this period, she has had three children, two of whom were, at birth, of a jaundiced hue, had eruptions on the skin, and survived but a few days. The third child is still living. He is a lusty little boy, enjoying tolerably good health, but, like his mother, he is cross-eyed, and subject to occasional eruptions. So far as I could observe them, the spots had the appearance of eczema, and would not have been taken as the result of hereditary syphilis.

Case fourth. P. M., four or five years ago, was a patient of the New-York Hospital, admitted for syphilis. He was apparently cured of the disease; and with the exception of occasional pains in his chest, attended with cough, and a disposition to be easily affected by changes of weather, he has been tolerably well ever since. He has been married between three and four years, and so far as I can learn, his wife has always been healthy. Their first child died soon after birth, all covered with eruptions; and the second, at present about six months old, has had two or three crops of vesicular eruption, the first of which broke out eight or ten days after the child was vaccinated. The affection of the skin is usually preceded by indisposition, which lasts a few days. The child's general health is apparently good, and at present it has none of the eruption upon it.

Case fifth. Thomas Dudley, four months old, was brought to the Dispensary, June 24th, with symptoms of hereditary syphilis. The father had had the secondary form of the disease affecting his skin at intervals, for more than three years. The mother, within same time, had had both primary and scondary sores, and was treated with sarsaparilla and mercury, without being thoroughly cured. She has had three children since her marriage, that is, since the first existence of the affection. One of these died on the day of its birth, a second before it had completed its third month,—both with the eruption on the skin. The present child has had the peculiar small, red, and scaly blotches, so often seen in infants affected with this disease. The spots have existed about a month. They are generally diffused, but most abundant about the nates and groin. The skin, where not beset with spots, has a dirty, brownish yellow tinge. Around the mouth, and especially on the lower lip, the eruption appears to be vesicular, or, at any rate, moistened; and the integuments there are puckered up, so as apparently to contract the mouth. The child is cachetic, and has a phthisicy cough. The mother, though at present free from sores, is troubled with syphilitic pains.

I put her on the use of Plummer's Pill and decoction of sarsaparilla, and the child was directed to have small and repeated doses of the hydrag. c. creta, and the frequent use of warm baths.

By the 30th of June the eruption appeared to be declining; and on the 14th of July it had nearly disappeared, and the general surface was resuming its healthy color.

Case sixth. In the month of March last, I was called to see Mrs. McCluskie, who had for some time been under treatment by another physician. Several parts of her body were set with a secondary syphilitic eruption. The spots were small and covered with minute scales, and the patient had acute iritis of the left eye. These symptoms had all appeared since her confinement, which had happened six or eight weeks previous. Her child, before the attack, had shown no marks of disease. But I now found the scaly erup-

tion extending to the infant. Its skin too, was of the dusky yellow tinge, already noticed in a previous case. The woman had not been married quite a year, and she informed me that soon after hear marrige she had a slight purulent discharge, which lasted a few days, but she was not aware of any primary sores. I afterwards questioned the father, who acknowledged that, not long before his marriage, he had been under treatment for the venereal disease; was treated by a respectable surgeon of Dublin; went through what was considered a thorough alterative course; had no sores about him when married; and had not experienced any symptoms of the disease ever since.

The mother and child were treated on nearly the same plan as case fifth, and with the same result. The eruption, however, became for a time, very abundant on the child, particularly about the nates, groins, back of the neck, and at the flexures of the knee and elbow. The cuticle on most of these places, was at one time abraded; the surface much inflamed, and the child was much exhausted by the consequent irritation. But on the alterative course, aided with anodynes, and the use of a solution of lunar caustic as a wash, for which the alkaline lotion was afterwards substituted, the eruption disappeared. It was followed by a mild attack of pneumonia, and from this also the child recovered.

Case seventh. Joseph Daily, aged 6 months, was brought to the Dispensary on the 17th of July, with syphilitic symptoms similar to those of the two former cases. The disease was inherited from the mother. The child's head was deformed; features wrinkled and withered up; swellings and eruptions generally diffused, but most abundant on the nates; eyes both inflamed. Parent and child put on the same course as the preceding cases. Result not ascertained.

Cases eighth, ninth and tenth. On the 22d of June, I was called to a family in Grand street, consisting of a woman, (Mrs. Merthrop, aged 21,) her child, a boy six months old, and a little girl aged 2 years, a niece of Mrs. M. They had all an eruption on the skin, the appearance of which led me to believe it syphilitic. The mother had small scaly spots on her neck and chest, and if I recollect rightly, it was pretty general, though not thickly set on her limbs. Her infant had an eruption about its mouth, and was covered with round discolored spots, which, at first view, might have been mistaken for water blisters recently broken, and rendered level with the skin. But on closer examination, there was no vesication to be seen. The surface of the spots was dark and studded with minute scales. The other patient, the little girl, had been ill from her birth, and had never had the use of her left eye. The surface of her body was also marked with the eruption.

The woman informed me that she had never had any primary symptoms on he private parts; that the eruption had appeared first upon her infant, who, for same days after birth, had been nursed by Mrs. M.'s sister, the mother of the little girl. This woman had for a long time labored under the venereal disease, and had been ineffectually treated for it at Bellevue. She had communicated it to her own progeny, and no doubt, the disease was also communicated to Mrs. Merthrop's child by the breast, and from him in turn it was extended to the mother. I put the latter on the use of Plummer's Pill, and the decoction. At the same time, the children took, as an alterative, the hydrargyrum cum creta. In a few weeks the mother and infant were free from all eruption, but so recently as the first of the present month, the little girl had still some of it upon her. It existed at the nates in the form of intertrigo.

In reviewing the foregoing cases, what are the inferences to be drawn from them?

First. That where a pregnant female becomes affected with gonorrhœa, the subsidance of the discharge, and the disappearance of all the other ordinary external symptoms of the disease, even for many weeks prior to the delivery, are not sufficient to assure us that the infant will not be contaminated.

Second. That when a female has the venereal disease in her system in a latent form, she may have children born with a syphilitic eruption upon them; or the eruption may break out soon after birth; or at the expiration of several weeks, or, lastly, not until some accidental disorder occurs to make it manifest.

Third. That the mother still continuing to bear children, each subsequent child will be affected with the disease in a degree milder than the former child, until finally the evidences of a syphilitic contamination, become equivocal and confused.

Fourth. That in infants the disease, though extending to other parts, is most disposed to affect the skin, and that the portions of the skin most severely affected, are at the nates, groin, the flexures of the joints, the mouth, and eyelids. The children severely affected, are generally cachectic, and the skin has a dusky, brownish yellow tinge, which, taken with the eruption, may be considered characteristic. The most common form of eruption in children consists of rounded and flattened spots of a copper or chestnut color, more or less deep. These are sometimes dry, and studded with minute scales. Or if the eruption appears near the joints, or at the folds of the skin, where one part rubs against another, the surface becomes broken and moist, sending forth a serous fluid, and presenting the usual appearances, when the spots are large, of eczema intertrigo.

Fifth. That the disease may be extended from the infant to its nurse, and produce a diffuse cutaneous eruption on the latter, without any other primary sore than an abrasion of the nipple.

Sixth. That a husband who has recently

had the venereal disease, although considering himself cured, and without any external sore about him, may nevertheless communicate the disease to his wife and offspring; and that the longer the period between the subsidance of venereal symptoms in the husband, and his communication with the female, the less will be the risk of her having the disease.

Lastly. I have reason to suspect, but do not state it as a fact, that a father, who, at some previous period, has had venereal symptoms, may communicate the disease to his offspring, without producing any external marks of its existence in his wife.

SECTION FOURTH.—*Miscellaneous Cases.*

1. *Ptyalism Spontaneous.*—Horace Smith, an Irishman, aged 30, applied on the 11th of July, with profuse salivation existing three or four days, for which he knew no cause, other than the drinking of beer on the evening of the attack. It came on suddenly while in bed. He has pains in the front teeth of the lower jaw, gums swelled and tender; the sublingual glands swelled, and their salivary surface aphthous. There is also an aphthous ulcer between the lower lip and gum. Had not been using medicine before the attack; has since taken a dose of sulph. magnes, and applied ol. terebinth to the ulcerated spots, but only with the effect of making them more painful. I gave the patient a purgative, and directed him to gargle his mouth with tincture of myrrh diluted with water. He got well in a few days.

2. *Delirium Tremens with Rheumatic Symptoms.*—John Smith, an Englishman, aged 50, a carpenter, was accustomed to drink freely of brandy, but had not of late been indulging more than usual. A few days before I saw him, he had fallen down, and though not apparently injured, continued to complain of debility; was languid, and suffered pain in attempting to move his limbs. These symptoms continued to grow worse. He finally became delirious, and on the 13th of July I was called to see him. He had not slept for two nights; had subsultus tindinum, and was at times delirious, but would answer questions put to him; no appetite; bowels constipated; tongue moist but red; skin very hot; pains in the shoulders, and swelling at one wrist. Directed him to have, tart. antimon. gr. I., pulv. ipecac. gr. X.. sub. mur. gr. X. m. After the operation of the emetic, he took a dram of tincture of opium. During the night he slept a little, but next morning he was still delirious. During the day he took three drams of tincture of opium—(a dram of the tincture in a small quantity of brandy and water at each dose.) His bowels were moved spontaneously, and at night he had a disturbed repose.

July 15th, he was feverish. He took, calomel gr. X., doven gr. XXX., in divided doses. Afterwards, sulph. magnes. ℥ I. His rest at night was disturbed, and on the 16th and 17th he was free from fever; at night taking tincture opium I dram, and during the day a small quantity of porter.

On the night of the 17th, for the first time, he slept well. And after this the delirium gradually left him. As his reason returned, the rheumatic pains again began to trouble him. He was afterwards treated for these simply, and was discharged cured July 25th.

3. *Caries of the Os Calcis.* A case of this kind occurred in a young woman, caused by a nail running into her heel. An abscess formed in eight or ten days after the injury, and caused excruciating pain—this remained several days burrowing deeply around the bone. It was opened; but at too late a period to prevent an affection of the bone.

4. *Cholera Morbus, the Effect of Medicine.* Alice Hennissy an Irish woman aged 50, being somewhat unwell, went to the Dispensary for advice—some one of the physicians ordered her an emetic. She took it, as directed,—and was purged and vomited by it to such an extent that her friends believed her about to die. By the direction of some private physician. she took something that allayed the emesis—but the diorrhœa lasted several days. On the 11th of August I saw her for the first,—she lay drawn up in bed, with her eyes glazed and nearly fixed,—she could scarcely articulate a single word, and every appearance indicated extreme exhaustion—the purging still continued with some tenesmus,—pulse could scarcely be felt,—skin cold and withered up.

I ordered her wine—warm, and as much as she would take—and of the cretaceous mixture, ℥ ss every two hours, until the purging abated. Diet of arrow-root and wine—warmth to the abdomen.

August 12th. The whole expression changed—tongue from being dry and contracted, had become moist; voice stronger, eye brighter, pulse increased in volume,—four stools in 24 hours.—Treatment continued.

For several days she continued to improve—she objected to the wine as a drink: it was changed for brandy toddy—she began to desire animal food, which was allowed her, and when I left her, she gave some promise of recovery. Dr. Main in taking charge of my District, followed up the same plan of treatment that I had pursued—but the woman's energies had been too much exhausted,—and she died some time about the first of September.

5. *Gastric Irritation with Anomalous Symptoms.* Mary O'Neil aged 29, an American woman, married, and of remarkably plethoric habit, with red hair and bright sanguineous features,—somewhat addicted to the use of strong drink, was taken ill on the 12th of June. I found her on the 13th complaining of pain in her breast and right side, slight cough, and shortness of breath. The day was very warm, and she lay on the floor sweating profusely—respiration natural, pulse not above the healthy standard,—tongue clean, bowels constipated. She was ordered sub mur. hydrag. gr. x. Pulv. rhei gr. xx. Shortly after I saw her, her stomach became irritable and she rejected the medicine. She continued to vomit up every thing taken, but had only one passage from the bowels during the two succeed-

ing days. On the 15th her skin had become cool, and covered with a clammy sweat—the integuments that had formerly been florid with arterial injection, had become tinged with venous blood, to such an extent that pressure on the arms or face, would leave a pale spot, that became purplish again in a few seconds. Pulse 120, no appetite—bowels not freely opened—cough slight—considerable pain, on pressure, in the epigastric and right hypocondric region. Besides the preceding, the patient had evident hysteric symptoms, and complained of something rising in the throat and choaking her. I took about 20 ounces of blood from her, without producing much impression on her symptoms—she next took 20 grs. of calomel, following this with castor oil.

June 16th. General symptoms as before, pulse 130—eyes injected—medicine has purged her several times—tenderness in epigastric—hiccough and continued remitting. Have sinapisms to the legs, a blister over the stomach, and effervescing mixture to allay the vomiting.

June 17th. The surface of the body has resumed its native colour and temperature, pulse 120,—pain in epigastrium diminished but not entirely gone—hiccough and occasional vomiting in attempting to swallow the mildest drinks—three offensive and very dark discharges from the bowels since yesterday,—slight symptoms of globus hystericus. Continue the effervescing mixture, and repeat the blister over the stomach, which had not been sufficiently large.

June 18th. Stomach quiet—pain in abdomen removed—pulse has fallen considerably, but is still frequent,—skin warm and moist.

June 20th. Discharged cured.

Quere.—What was the pathological condition that gave rise to the preceding train of symptoms?

Judging from the vomiting, loss of appetite, singultus, pain in epigastrium and over the region of the liver, we are led to believe that there was a highly irritable state of the stomach, and perhaps extending to other of the digestive organs. The cough was in all probability symptomatic of derangement of the liver. The state of the skin was such as we have been accustomed to see in cases of malignant cholera; and had there been much purging, we might resolve the case into an attack of common cholera morbus. From the rapidity with which the disease subsided, I do not think that inflammation had taken place in any of the chylopoietic viscera—but had the woman not been bled during the stage of congestion, it is questionable whether as reaction came on, she would not have had a genuine attack of gastric inflammation

Lastly, I might enumerate several severe, and some fatal cases of Cholera Infantum—but I have not been able to obtain the post mortem appearances in any of these—and have nothing peculiar to offer in relation either to their pathology or treatment. The summer diseases of children have not had the attention paid to them that their importance demands, and if any member of our association should give them a thorough investigation,—not from the books that have been written upon them, (for these are very few, and none of them over satisfactory)—but from cases as they occur,—he will render us an essential service, and deserve well of the profession.

We most cheerfully comply with the request of our valued friend and correspondent, in giving place to the following communication, with his suggestions, from the American Journal of the Medical sciences. Dr. Mettauer has recently been elected Professor of Surgery in the Washington Medical College, Baltimore, and we have no doubt will be of great service in promoting the interests of an institution which bids fair to advance the cause of medical science.

Ed. Med. and Surg. Jour.

ART. VI.—*On the Crusta Genu Equinæ (Sweat or Knee Scab, Mock or encircled Hoof Knees, Hangers, Dew Claws, Night Eyes, or Horse Crust,) in Epilepsy.* By JOHN P. METTAUER, M. D., of Prince Edward Co., Va.

This essay is the work of some of my leisure hours last winter, during a protracted convalescence. It was intended, chiefly, to award to my deceased parent, through the channel of a Medical Journal, the credit of having, first, so far as I know to the contrary, introduced the horse crust into regular practice, as an antispasmodic—the honor having been claimed for another, hardly in existence at the time when it was employed by my father, and of course could not have been a rival for this honor.

In communicating to the medical public our experience with a new medical agent, the wish to abridge human suffering in a most afflictive disease, and not to swell the catalogue of remedies, already too extensive, has been the governing motive.

We do not appear before our brethren as *innovators*, but as fellow laborers; tendering to the common stock the fruits of our little experience with an article, which, although confessedly new to most of the profession, has, nevertheless, been long and familiarly known to us.

The grounds upon which this new agent rests, for at least a favorable consideration of its claims upon the profession, are, its successful employment in the cure of some forty or fifty well-marked cases of epilepsy.

The substance designated by the several appellations at the head of this article, is furnished by the horse; four oval secreting surfaces, situated on the inner aspects of the extremities, near the knees, are the parts of the animal from which it is obtained. The secretion is poured out so gradually, and in such small quantities at a time, as not to be observed in its fluid, or even semi-fluid states. The crust is of variable color, as well as density; its exterior is always of a lighter appearance, and harder than the interior, which is dark and soft; it is a of lamellated and fibrous texture, and when broken, resembles dark, soft horn; its odor is very penetrating, diffusible, and peculiar; it is deciduous, and separates gradully two or three times du-

ring the year; when prematurely or forcibly removed, the surface from which it is taken sometimes bleeds a little, inflames, and becomes tender and sore.

Our investigations in relation to the peculiar function of the surfaces, or the offices they subserve in the economy of the animals themselves, do not enable us to say much, if anything on this subject. Nothing certain seems yet to have been ascertained as to their uses. Conjecture and extremely vague and loose tradition, afford the only explanations. The surfaces have been supposed to separate and eliminate from the system, a fluid possessing many of the constituents of sweat, and loaded besides with properties peculiar to itself, which, if detained, deteriorates the health of the animal. The constant and regular discharge of this fluid has been thought necessary for the perfect health of the animal, in promoting a sound state, more especially of the extremities, after-heels, hoofs, and legs, all of which have been supposed to become diseased in some way by the obstructions of the surfaces.

Emunctories, somewhat similar, exist on the inner surfaces of the extremities of the swine, near the knees, which, if long obstructed, generally result in lameness and dragging of the posterior extremities; a secretion is continually distilling from them, which, like the crust of the horse, displays the peculiar odor or scent of the animal, more particularly observable when surprised or irritated.

As a *medicinal agent*, the crust has been long known in this part of the country. How it found its way into use as a remedy, is not certainly ascertained. It is conjectured that the coincidence of the horse being observed to bite the crust, and to pass worms from the bowels soon after, suggested it as such, and the conjecture is by no means improbable, when it is remembered that this article was first employed as a vermifuge with that animal. The fœtid odor of the crust, it would seem, might naturally have suggested the idea of its possessing remediate powers, and doubtless did indicate it as a nervine and antispasmodic, after it was supposed to possess vermifuge properties.

We have long known and employed this substance as an antispasmodic; but the merit of introducing it into regular practice, is due to Dr Joseph Mettauer (the writer's father), who employed it in epilepsy so early as 1782 or 1783. During the last twenty-five years we have enjoyed many and satisfactory opportunities of using the crust as a remedy in epileptic convulsions.

In collecting the crust for medical purposes, it is necessary to attend carefully to its loosening tendency from time to time, or it may fall off and be lost. It may be made to separate a little sooner by gently soliciting, and occasionally by firm compression with a bandage. This should be suffered to remain on after the period of desquamation is near at hand, to prevent the accidental loss of the crust. After it is obtained, it should always be dried a short time in the shade, and then it may be kept for use in a close jar, to prevent, so far as possible, the escape of its volatile properties.

We have to regret our inability to furnish a correct, or even a tolerably satisfactory chemical analysis of the crust, from what has been ascertained, the urate of soda seems to be one of its principal constituents; we are inclined to believe that ammonia, in combination with perhaps the lithic acid, may also enter into its composition, from the peculiar compound odor which it often exhales, much resembling that emitted by common urine after standing some time.

Two forms for administration are only used—the powder and tincture. When the powder is to be used, it should always be freshly prepared, either by pounding and rubbing the dry crust in a mortar, or by grating it with a common nutmeg grater; this last process will be found (generally) most convenient, as it enables the practitioner to reduce it, at once, to a very fine and equable powder, even if the crust is imperfectly dried.

The tincture is prepared by simply digesting the broken or powdered crust in diluted alcohol, or common brandy, exposed to a gentle heat for eight or ten days, in the proportions of one part of the former to four of the latter.

The doses of the powder vary from two to twenty grains; it may be given diffused in any liquid which the patient fancies. With young patients it is safest to begin with the minimum, and increase very gradually to the maximum doses. Should the disease yield before the largest doses are reached, no further augmentation need be made. When the tincture is employed, from ʒ ss. to ℥ iss. are its extreme doses. Diluted with water and sugared, it may be given with very little difficulty to the youngest subjects, as it is tasteless, and in a great measure inodorous. In this form, also, the doses should be very graudually increased, to prevent, as far as possible, the danger of exciting the system too much, which might result from the menstrum, should the doses be suddenly augmented.

Possessing properties perfectly analogous to the crust, and employed with the same intention, and in nearly similar doses and forms, we will mention the parings of the hoof. In some cases it has been thought more efficacious than the crust itself. We have used it frequently in the form of tincture in the proportion of one part hoof to two of spirits, with complete success. A favorable result from the use of this remedy (which we had prescribed in a case of epilepsy), has been communicated to us since commencing this essay. Extreme doses, ʒ j. to ℥ ij.

The administration of the crust should always be preceded by a purgative or aperient. This step is designed to prepare the system for the action of the remedy, which it effects by unloading the intestines of vitiated secretions; increasing at the same time the nervous susceptibility of their mucous membranes to remediate impressions, and by determining from the head.

Aperients, or the milder purgatives, should be employed, and generally preferred in those cases of epilepsy distinguished by slight aberrations in the animal economy; in such examples the pulse, bowels, and skin are very

nearly in the condition of healthy organs; the paroxisms are short and transitory, succeeded by little or no coma, or even drowsiness. In cases marked by symptoms of greater violence, in which a decided inflammatory or congestive character predominates, cathartics should be used; to be varied in activity and strength, in proportion as the symptoms partake more or less of acute characters; these are to be repeated until a decided impression is made. Cases of this latter description sometimes require V. S. also, and when this remedy is employed, blood should be always detracted from one or both of the external jugulars, if possible. Occasionally mercurials alone, or in combination with antimonials, are requred.

In the first description, or milder cases of epilepsy, some preparations of rhubarb, or rhubarb itself, should be preferred. In the more violent cases, a combination of aloes, scammony, and jalap, has generally been found most suitable; of each from two to five grains. Calomel with tart. antim. may be added, should the biliary secretion prove very defective, in proportions of two or four grains of the former, and one-fifth to one-third of a grain of the latter. These are to be repeated daily, or once in two days, until the circulation is balanced, the encephalic congestion is in a measure dislodged, and the sympathies restored. These preparatory steps having been premised, the crust may be commenced with.

The form of preparation is to be determined by the peculiarities of constitutions, or the complications which modify the disease. Should the case occur in a constitution displaying a highly wrought sanguineous development, the crust in simple powder will be most applicable, and should be preferred.

It will be safest to begin with the remedy at night, and as soon after the disturbances of the preceding paroxysms have subsided as possible. When given at night for the first time, it is more certainly retained by the stomach, and patients, too, are less averse at this period of the day to the taking of an offensive remedy, very probably because the gastric organ is rendered less fastidious by the action of food and drinks upon it during the day.

With young subjects from six to eight years of age, two grains will, in a majority of cases, constitute the commencing dose. We have never used it with patients younger than six years, or older than thirty. Older patients, say from eight to twelve, or fifteen years of age, will bear four or five grains, or even larger doses in the commencement, and with such it may be more suddenly increased to the maximum doses, without gastric disturbances. The remedy rarely offends the stomach when the foregoing precautions are properly attended to; on the contrary, it seems rather to compose and tranquilize this organ. Three doses, in a majority of cases, are as many as will be required in the twenty-four hours. Should cases occur marked by convulsions of unusual violence, with frequent paroxysms, it may be given oftener. From many trials with this article, it has not been perceived that there is much diversity of effect when employed in large or medium doses with young subjects.

Cases requiring the tincture, differ from those already noticed, chiefly on account of the more strongly marked lymphatic developments, with which they are associated; in such examples of epilepsy, a decided hydropic diathesis not unfrequently obtains; the adipose textures generally, but more especially of the skin, are disposed to bloat a little, with universal pallidness and reduced temperature; the secretions from the skin, bowels and kidneys, are generally defective; the pulse is occasionally slow, feeble, and soft, but more frequently it is preternaturally active and corded, from the nervous mobility generally attendant upon imperfect sanguification; such patients are nearly always languid and sluggish, and often require diffusible stimuli to rouse the enfeebled energies, both of body and mind, to something like a comfortable state of excitation; with such subjects, the approach of the paroxysm is more gradual, and may, in many instances, be foreseen for hours, and sometimes days. To this complication of epilepsy, the tincture is most happily adapted, as it presents the remedy in the form best calculated to act promptly, as well as to meet the several indications of cure. It should (as advised with regard to the crust in substance,) always be commenced with at night, and in the minimum doses; from ʒ ss. to ℥ iss. may be given, properly diluted, three or four times during the day. Being less permanent in its effects, the tincture should be given more frequently than the crust in substance, especially if the symptoms are urgent: these doses may be repeated with safety as often as once in three or four hours.

Occasionally in this form or complication of epilepsy, it becomes necessary to employ tonics, either mineral or vegetable, or perhaps both, before the tincture (or powder) can be given with the least benefit. By invigorating the organic tone, upon which the normal functional actions materially depend (especially of the digesto-nutritive systems), our agent is enabled the more effectually to produce its specific remediate excitation. That debility exists in these cases, may be inferred from the general anæmial aspect of such patients, as well as from the marked benefits following the use of tonics. It is an observation worth remembering (the truth of which has been often verified in the course of our practice,) that nervines rarely benefit when the organic tone is greatly depressed; like mercurials, they are more certainly remediate, under certain circumstances of energy of the organic vitality; depressed (or

exalted,) inordinately, both fail of their remediate effects.

Should costiveness supervene (which will be often the case,) a combination of scammony, aloes, and rhubarb is to be used, in doses of from two to four grains of scammony, about the same proportion of aloes, and from four to eight grains of rhubarb, made into pills. This compound should be given at night, and the doses so managed as to elicit only one or two evacuations, the design not being to purge freely. In restoring the solubility of the bowels, we know of no combination so well suited to such cases as the one just recommended; its action is gentle, but effective, particularly in eliciting the biliary secretion, upon which circumstance the peristalic movements of the intestines are mainly dependent.

The crust, administered in either of its forms, should be suspended during the employment of aperients or cathartics; and should not be resumed, until, at least, the active cathartic movements subside. To correct the acidity which is occasionally present in this form of epilepsy, it has been found necessary to employ alkaline absorbents; and for this purpose a weak lixivium of hickory, or grape-vine ashes, has seemed to answer best: it should be prepared by mixing one heaping tablespoonful of the ashes in a quart of water; of the clear liquid, from ℥ss. to ℥j. may be taken two or three times daily, after eating, or as often as may be found necessary, without irritating the bowels, which it will sometimes do if continued too long.

In both modifications of the disease, the diet should be particularly attended to during the whole course of the treatment, and indeed for some time after the cure may be supposed to have been effected. In the sanguineous variety it should be decidedly abstemious; animal or oily substances are to be inhibited: cooked farinaceous articles; some of the soft pulpy fruits; molasses; and occasionally, thin animal broths will be found most suitable; very little food of any kind should be taken into the stomach after 2 o'clock P. M. The epileptic patient should always retire to bed with the stomach nearly empty.

In the lymphatic complication, some latitude in diet may be allowed; that is, animal substances, moderately coagulated, and of a purely muscular character, may (after the bowels are *regulated*,) be used in small quantities; should acidity abound, or a tendency to it in the stomach be discovered, the use of animal food is not only allowable, but particularly applicable.

As auxiliary means in the cure, the earliest attention should be given to uniformity of temperature; the skin should be well protected against the unequal action of the cold, during every stage of the treatment, and for this purpose the wearing of flannel next the skin should be directed. Thus protected, under all circumstances of climate and exposure, the individual may (as it is requisite he should do,) indulge in moderate exercise, and even pursue many of his ordinary avocations, with comparative safety. This suggestion will not be regarded as supererogatory, when it is recollected that epileptic attacks often originate in a want or neglect of comfortable clothing; and every practitioner much conversant with the disease must have witnessed relapses from exposure to the causes of catarrh.

The remedy which we have been considering should be discontinued or suspended upon the accession, and during the continuance of any new or acute diseases; and when resumed, should be commenced with in medium doses.

Employed in either of its forms, the crust should be continued perseveringly, until a cure is effected, or a satisfactory trial of its powers has been made. In no diseases which "flesh is heir to," is it more important to inculcate patience during treatment than in epilepsy, and the failures of medical practitioners in contending with it, are to be attributed to the disregard of this admonition, rather than to the incurable nature of the disease; we might mention, also, a want of confidence in remedies, among medical men, as an obstacle in the way of satisfactory trials. In every successful case our remedy should be continued some time after the convulsions have ceased to return; the patient cannot be considered cured until the general health too is restored, even if the convulsions have long subsided.

It is not pretended that the crust will prove remediate in every case of epilepsy, nor even in all such examples as are idiopathic; some of these may be so strongly engrafted upon the system, from long continuance of the disease, as to have become completely constitutional and fixed, and necessarily irremediable. In the cases connected with organic lesions of the skull or brain, (could they possibly be distinguished,) we should never advise the crust; but as it must be confessed that such cases cannot be discriminated, it will be safest in every instance to give the remedy a fair trial, (more especially as it is not likely to aggravate the incurable cases,) and such has uniformly been our custom.

In obstinate cases the crust should be continued for more than a year before it is to be discarded, or the case abandoned as incurable; both forms should always be employed and used alternately.

The crust in form of tincture is also a valuable nervine and antispasmodic in hysteric convulsions, and indeed in hysteria generally. In that variety, connected with or proceeding from uterine irregularities incident to sterile married (or unmarried) females, it will be particularly serviceable; with such the paroxysms most strikingly resemble epilepsy.

The singular efficacy of the crust in the

treatment of epilepsy, its mild and peculiar qualities, taken in connection with the violent characters of the disease, have suggested the following pathological views and rationale of the action of the crust.

Epilepsy originates generally in infancy, and is to be esteemed rather a state of quiescent, than active disease, in which all the essential properties exist, the convulsions only marking that stage which should be regarded as its most active, or the spasmodic stage.

In the quiescent, as well as the actively spasmodic stages, irritation seems to obtain, and doubtless constitutes the pathological condition of the textures involved; it is not only the primary pathological condition of the tissue, but exists in different degrees in every stage of epilepsy, from the quiescent to the convulsive, and it is from this also that the morbid susceptibility results; it originates primarily in, and is chiefly confined to, the sentient extremities of the gastro-intestinal and encephalic nerves, in their motory relations with the muscles; it may result from, or be connected with, certain congenital organizations, peculiar to large heads, with or without precocity of intellect; or gastro-intestinal irritation, from the presence of worms, crudities, &c., or from detention, or possibly all may be present and necessary to complete the epileptic liability. That a remarkable irritative excitability of mind and body, can be distinguished in a large majority of epileptics, both before and after the convulsions, will be conceded by all who are conversant with the disease. This irritation may also be the cause of those extraordinary developments of the brain and intellectual faculties in infancy and childhood. Once impressed, it is kept up and perpetuated by the numerous and diversified irritating causes incessantly acting upon infantile systems, and occurring while the textures are unfolding and organizing their respective vitalities; it may in some degree become incorporated with the structures themselves, as one of their properties

Instituted in either of the nervous extremities, the irritation (or convulsive susceptibility) is extended to the other, thus completing the epileptic liability, or the passive stage of the disease. Why the irritation of the passive stage invites, and subjects the system to active spasmodic movements, cannot be satisfactorily explained, unless we are permitted to suppose that the peculiar or motive nervous tissue in which it originates, and the excitation from which it seems to result, may impart to it this character or tendency. Originating in the nerves, the convulsive movements are extended to the muscles by the operation of new or irritating causes.

The epileptic susceptibility in a majority of cases, is first to be traced in the nerves of the gestro-intestinal mucous membranes; and is manifested by the early and frequent production of convulsions from ingesta, crudities, worms, &c.

As the intellectual organizations become more fully developed, the susceptibility may also be perceived in them, and now it is that mental and moral cause may become the instruments of epileptic convulsions.

According to the foregoing views, epilepsy consists of two stages, the passive, (or what has generally been regarded the predisposing,) and the active, or convulsive, stages; they differ only in the degrees of violence and extent of the irritation, which is to be regarded as a unit. In the passive stage, the irritation seems to be confined chiefly to the sentient extremity, while the intermediate prolongations of the nerves are only invaded by a less degree, or the predisposing irritation; in the convulsive, all the organs and textures usually involved are equally irritated and excited. "Convulsions are not the disease, they are only symptoms of disease." In epilepsy they are not to be regarded as the disease itself, but the convulsive stage of it.

From the numerous post obit reports of cerebral lesions and morbid appearances connected with epilepsy, it is not by any means established that the disease results from such local affections. Esquirol himself, although enjoying the most favorable opportunities for investigating the subject, has not been willing to refer the disease to an appreciable or definite cause, or to deduce the pathological conditions of the structures from the records of morbid anatomy. Lesions without epilepsy, similar to those met with in epileptic bodies, have been discovered in the brain, according to the researches and reports of Wepfer and Lorey, from which it may fairly be inferred that they are not invariable concomitants, as cause and effect. Such lesions are to be regarded "rather as the consequences of epilepsy than its causes." Our conviction is, that convulsive irritation of the sentient extremities, as well as the intermediate prolongations of the gestro-intestinal and encephalic nerves in their motive relations, generally induced by the action of occasional irritants upon the infantile constitution, is the essential pathological condition upon which epilepsy depends, in a very large majority, if not in all of the cases.

The action of the crust in arresting and curing epileptic irritation, doubtless commences in the sentient extremities of the nerves of the gastro-intestinal mucous membranes; the remediate excitation it induces, differs essentially from irritation; it is the action of a nervine stimulant, exciting the irritated organism equally and pleasantly; the remedy may be regarded as a nervine roborant; the action is also antispasmodic, and approximates in its nature to the movements of health; and if the remedy be continued, it generally becomes the predominant excitation. Being the predominant action in the sentient extremities of the gastro-in-

testinal nerves, the brain is soon brought into sympathy, which reflecting back upon these textures, a corresponding action, not only fixes it in them as determined and established, but also in every other similar texture. In this, as in all other cases of remediate medication, the action begins in the part to which the agent is first applied, and the brain reflecting it back upon the organs first excited, or such others as may stand more particularly related to it, by natural or acquired sympathetic ties, determines and fixes the location of it. The primary excitations and the textures, whether in the establishment of diseased, remediate, or healthy actions, determine their character, while the brain fixes their locations. Morbid excitations do not always continue in their primary seats, but are directed and determined occasionally by the brain to other parts which chance to be more strongly predisposed, and consequently more intimately connected with, and influenced by it. Remediate impressions are also liable to a similar transfer, and cases have occurred in which such excitations have been determined and translated to the primary seats of irritation, greatly to the aggravation of the disease.

The action thus set up by the operation of the crust, and continued by re-applications of the remedy, becomes more and more firmly fixed and established by the associations which it is continually and progressively forming in the system; at length becoming predominant, it merges, or is lost in the actions of health. In this way we would explain the operation of remedies generally; when failures result, remediate agents either have not been appropriately selected, or regularly and faithfully employed, or the primary irritation has been of such a violent nature, or so firmly engrafted in the textures and organs, as to be immoveable, and consequently irremediable, under any system or course of medication.

ART. VII.—*The Pathology of Phlegmasia Dolens.* By SAMUEL K. JENNINGS, M. D., Professor of Materia Medica, Therapeutics, Hygeine and Medical Jurisprudence, in the Washington Medical College of Baltimore.

The pathology of phlegmasia dolens still remaining in an unsettled state, a few observations on this painful affection, accompanied with something additional to the common method of treatment, may be acceptable to the readers of the United States Medical and Surgical Journal.

The supposition that it is produced by a translation of the milk from the breasts to the affected limb, which was formerly entertained by many of the most distinguished French and German writers on the subject, is no longer thought to be worthy of respect.

Doctor White, of Manchester, considered the disease to be consequent on a peculiar pressure made by the child's head against the brim of the pelvis, in the time of parturition. This opinion, although far from being satisfactory, is nevertheless entitled to respect, since it was the first advance towards a theory which could merit attention.

Dr. Davis ascribed it to a remora of the blood, returning from the extremity of the affected limb, and a consequent inflammation of one or more large veins. This opinion is in accordance with the theory of Velpeau, &c. But

Dr. Dewees has made it sufficiently evident that the disease is not phlebitis.

Drs. Trye, Ferriar, and Hull, with much unanimity, considered the disease to be seated in "the lymphatic glands." It is probable they were looking towards the extreme capillary structure of the lymphatic system. They do not appear to have varied materially from the opinions of Drs. Denman and Latham.

Drs. Dewees, Houston and Eberle, seem to be very nearly in consent with the last named authors. They believe "the whole system of lymphatic vessels of the affected limb, is engorged and distended with lymph, at the same time that some effusion may occur in the subcutaneous and intermuscular texture."

Dr. Houston says, "it may occur primarily in one or more glands, or it may have its origin in a principal lymphatic trunk, and thence extend to the glands." That a gland or lymphatic trunk may be bruised by the child's head in its passage through the pelvis, so as to set up this peculiar kind of inflammation;—That exposure to cold, or damp air, or putting on damp clothing, may produce a similar effect;—Also, that the absorption or transmission of some acrimonious matter, may serve to induce the disease;—That in every instance it is preceded by one or other of the foregoing incidents, as its exciting cause. That the disease exists primarily in the glands and their communicating trunks, he thinks is made certain by "the uniform occurrence of pain and uneasiness about the passage of the round ligament in the groin, and down the inside of the thigh," antecedent to the swelling, or other affection of the limb. That the color of the affected limb, proves an engorgement of the lymphatics; whereas a congestion of the blood-vessels, as in ordinary inflammation, would assume a red and not a white color.

And that the state of the pulse and tongue, —the character of the fever, &c., proves the existence of an irritation, such as ought to be looked for, when there is great distension of the lymphatics throughout their utmost ramifications, making pressure upon the immensity of nervous fibrils, by which they are surrounded.

The manner of its termination is considered to favor this conclusion, since it is more uniform and less fatal than an equal extent

of inflammation consequent upon a congestion of the blood vessels; and it commences with a diminution of pain in the iliac and inguinal regions, shewing the seat of the disease to be in the lymphatic system, and especially in the conglobate glands.

Having thus briefly stated the opinions of the most respectable writers on the pathology of this disease, it will be sufficient for my purpose, to add, that all maintain it to be inflammatory, and in the treatment of it, recommend blood-letting, general and local:—general till the force of the pulse is sufficiently diminished;—afterwards leeching in a dispersed manner, every day, or every second day, as there may be occasion, having respect to the pain, heat and elastic feel of the swelling. In the mean time, suitable auxiliaries are employed, say cathartics, diaphoretics, and topical applications, such as vapor, generated by wrapping heated bricks in cloths moistened with vinegar, and embrocations of beeve's gall in brandy, rum or whiskey;—and ultimately, when convalescence is beginning to appear, appropriate bandaging.

In the winter of 1822, in the time of snow and ice, in stepping into my gig, my foot slipped, and my leg passed down with a very severe friction, against the stirrup. My boot and thick winter clothing, protected the skin from being broken, and the contusion at the first, gave but little pain. The sensation was rather a numbness than a pain, but was peculiarly continuous, in the range of the lymphatics. For a day or two, I paid it little attention,—but on the third day it became exceedingly painful, and began to swell, without any visible discoloration. On passing the fingers over the inner side of the leg and thigh, as far as the contusion extended, a very distinct inequality could be felt, which was more perceptible and much more painful than, at points supposed to correspond with the anastomoses, or successive plexuses of the lymphatics.

In deliberating on the treatment requisite in the case, it occurred to me to apply strips of emplast. adhesiv., spread with unguent. hydrag., so as to extend over the whole length of the injury. The application had a very happy effect. In subsequent reflections on this case and its treatment, I was pleased with a supposed analogy between it and phlegmasia dolens, and determined to test the practice on the first instance that might be entrusted to my care. It was not long till an opportunity offered, and the practice met my most sanguine expectation, and I have continued it in every case that has occurred in my business since that time. In my own case, after applying the strips, a bandage was applied, moderately tight, which was quite comfortable. In the cases of phlegmasia, however, I have not found it convenient to use tight bandages, in any case. And for the last five or six years, after applying the strips, I have wrapped the limb in neatly fitted pieces of oiled silk, with a bandage over all, to fit the dressing closely to the whole surface of the limb, but not so tight as to produce pain. The perpetual moisture maintained by this mode of dressing, seems to be particularly useful.

Should this mode of treatment prove to be generally beneficial, will it not strengthen the received conjectures respecting the pathology of this singular disease?

When it is considered, that the subjects of this affection are generally such as are of a leucophlegmatic temperament—women of indolent disposition or sedentary habits. And when we add to the account the ill effect, which inevitable and continual pressure must have, on all the abdominal visceras as certainly as on the conglobate glands, ought we not to suspect a morbid condition of the functions, which in such instances must continue, for a longer or shorter period after parturition, to participate in the production of this disease?

Believing this to be truly an important item in its pathology, I have almost invariably advised submuriat. of hydrag. with pulv. ipecacuan. a. a. grs. 1 to 5, as a daily aperient, when admissible, regulating its repetitions according to circumstances. And so soon as the submuriate with its auxiliary the mercurial strips have had time to make the intended impression, that is, so soon as there is an approximation to ptyalism, the improvement begins to be obvious.

If this practice is predicated on the true pathology of the affection, phlegmasia dolens is a mere appendage or symptom, indicative of a peculiarly diseased state of the abdominal viscera; and the swollen and painful condition of the limb concerned, is consecutive upon some contingency in respect of its lymphatic vessels. What that contingency is, still remains a subject of inquiry for the profession.

This view is the more plausible, because, the affection of the limb seldom occurs without there having been previous inconvenience indicative of visceral disease; and not till some days after parturition; and, according to my observation, frequently not until there are hopeful appearances of recovery from threatened puerperal fever.

The inflammatory character of the affection, and the depletion which is deemed necessary in its treatment by the most judicious physicians, afford additional evidence of the corrrectness of the opinion, which I have formed of its origin.

If we may be permitted to indulge in the conjecture, we will contemplate the lymphatic vessels concerned in any instance, to have become irritable, partly by the pressure made by the fœtus, antecedent to parturition, but probably more by the passage of the child through the pelvis, which last might produce no permanent inconvenience in any case in which the intestines are not previously irritable.

The lymphatic structure being thus made susceptible of irritation, and the blood-making function being imperfectly performed, whilst yet the pallor continues, as the patient begins to be repleted, that is, as an apparent convalescence commences, although the circulation is not as forcible as in health, still it soon transcends the ability of the crippled lymphatic, which becoming distended, is thrown into a state of irritation, so that the condition of things is analogous to that which attends an ordinary inflammation of the blood vessels.

This speculation has been cherished, in the hope that it may become auxiliary to a better understanding of the true pathology of this disease. Moreover, it may subserve to invite a more particular attention to the viscera, during gestation, and immediataly after parturition. Careful observation and suitable instruction pending these very interesting circumstances, may be of great utility to those females who shall confide their destinies to the judgment of the profession, and eventually greatly diminish the suffering and dangers too often incident to the mothers of mankind.

Having given my conjecture respecting the probable combination of circumstances, which produce phlegmasia dolens, I must beg permission to add another, which is worthy of notice, and may possibly be useful. After nearly forty years' experience and observation, it is my settled belief, that puerperal suffering and its subsequent dangers would be greatly diminished. if pregnant women were more generally informed of the importance of guarding against constipation; of avoiding too much sitting; of varying their attitudes often enough; and during the last three months, of reclining a sufficient portion of their time, so as to prevent continual pressure of any one portion of the intestines and take the weight of the fœtus from the brim of the pelvis, at suitable intervals. Inattention to these things, ten times more frequently than any mismanagement of the nurse, is the cause of the ills attendant upon child bed.

Art. VIII.—*The Management of Sore Legs.* By James H. Miller, M. D., Professor of Anatomy, Physiology and Pathology in the Washington Medical College of Baltimore.

The generally acknowledged difficulties we encounter in the management of sore legs, and the too frequently unsatisfactory results of our best concerted plans of treatment, it is hoped will justify a narrative of some experience enjoyed in the Baltimore Alms House. Ulcerated legs is perhaps the most prolific source of inmates to all our public charities. The inquiry obtrudes itself with no inconsiderable solicitude upon the officers who dispense common charity, Why so many in the enjoyment of general health should be cast and compelled to remain dependent upon public bounty through indefinitely long portions of life, when afflicted with sore legs only? Could these ulcers be readily healed, thousands might annually be returned to the active duties of society, and the community be relieved from the heavy burden of their support. Hoping to be enabled to achieve something towards this desired end, and being familiar with the fact that most surprising cures are sometimes effected by happy hits of bold empyricism, it was resolved to institute more careful inquiries into the œtiology of these ulcers than it was supposed had yet been done. An accidental opportunity for post mortem examination presented a new view of the pathology of one of the species of sore legs, gave a clue to farther exploration, and prompted to the adoption of perhaps a novel method of treatment. If the views to be presented shall prove to be old, we can only say, they are new to us. If they shall be found to be useful, others are welcome to all their advantage.

Arbuckle, a school-master from necessity, being incapable of procuring a livelihood by more athletic means, in consequence of a congenital malfumation of both legs and feet, was readmitted an inmate of our Surgical Ward, which he had previously occupied, for the relief of sore legs, anasarca, ascites, &c. The ulcers, he stated, were of many years' duration, and although they had often been apparently healed, they could never have been sound, for they would "break out" on the slightest provocation, and were always long in healing. Since he had become dropsical the sores had become more inveterate, and oocasionally assumed a gangrenous condition. After various events and diversified treatment, topical and general, of the legs, and equal attention bestowed upon his dropsy, and after being several times seemingly almost restored to health by repeated paracentesis and other means, he ultimately died. Dr. Tysen, then a student of the house, made, after the usual autopsia, a prepraatioion of the lower extremities, and placed it in the Museum of the Institution, where it yet remains. Attention was particularly arrested by exostosis occupying or superinduced upon those portions of the tibia that had been the sites of the ulcers.

Grasping the fact thus presented, and believing it not to be solitary, inquiry was pushed to the ascertainment that in many of the numerous cases under our care there existed a similar condition. Inferring that the exostosis, if it were not the original, might be a continuing cause of the sore, we determined to try the experiment of a removal of one of those excrescences. For this purpose we selected a young Irishman, who had been admitted with intermittent fever and sore legs. The fever had been subdued by appropriate treatment, yet he was still confined, in

consequence of the disability of the leg. The sore, he stated, had been produced by injuries inflicted in "napping stones upon turnpike roads, about six years ago," and fearing that he might remain an invalid in the Poor-house for life, he willingly consented to endure any operation, however severe. Accordingly an incision about six inches in length was made through the centre of the ulcer in the direction of the tibia and down the exostosis: the soft, red, fungous structure was carefully dissected from the irregular surface of the bone on either side, far enough to expose the whole exostosis. Finding the bony excressence very hard, furrows or groves were cut with the tuphin and saw, to facilitate the chipping by means of the chisel and mallet, which were next used after the manner of stone cutters, and continued until the whole was entirely "smoothed off." The soft parts were then laid back upon the natural bone, and secured in situ by adhesive strips, lint and the common dressings. Two days afterwards the first dressings were removed and substituted by an emolient cataplasm. The bread-and-milk poultice was removed from time to time until the inflammation was changed into a liberal suppuration of well-conditioned pus. In twelve days the limb was sound and the patient reported well. He worked on the farm until he had compensated for his treatment, was then discharged, and has not been heard of since.

The flattering result of this case encouraged us to progress, and our perseverance has been crowned with satisfaction.

Prosecuting the researches, we soon learned that many of the cases which, upon first observation, were thought to be exostosis, were diseased condition of the periostium alone, or connected with disease of the bone or other parts. Sometimes the periostium is very greatly thickened; sometimes detached with a fluid intervening; and at others it is highly inflamed and very sensitive.

A white woman upwards of 60 years of age, had been confined to bed for years by an ulcer which had put at defiance all the remedies of private and public practice. The sore was situate immediately above the inner ankle; was about three inches in diameter; the margin was swollen and very painful; the bottom of the ulcer was smooth and more calous; on pressure with the finger or probe, there was evident fluctuation.

An incision made longitudinally through the elastic membrane, was followed by a free discharge of a whey-like fluid. The membrane was found to be the periostium detached from the bone and more than a quarter of an inch in thickness; the bone was sound and of natural form. Shortly after this puncture, new granulations arose from the bone, the diseased periostium receded and passed off in shreds, the whole ulcerated surface began to wear a healthy aspect, and in less than a fortnight cicatrization was entire; her constitution seemed to undergo a rejuvinscence, and notwithstanding her age and past sufferings, in a few weeks she was able to perform the duties of a house-servant.

Severe as the operations certainly are, and cruel as they may seem, so very manifest are their advantages, that most of our sore-leg patients desire to have them performed, and it is sometimes difficult to make them understand that every sore upon the leg does not arise from the same cause, and will not admit of like treatment. In truth it is but recently that we could lay claim to much more knowledge upon this subject than our patients, and even yet we are little more than beginning to learn to discriminate accurately between all the varieties of sore legs. We think, however, that we can point out the characteristics of the erysipelatous, erythematous, phlegmonous, phlegmonoid, phlegmasia dolens, scrofulous, carious, exostatic, periostatic, necrotic, osteo-sarcomatous, nodulous, varicose ecchimosea, œdematous and gangrenous. Formidable as this list may be, we believe that we could furnish cases illustrative of each and all.

REVIEWS.

We have lying before us, four inaugural dissertations, by pupils of the Faculty of Medicine of Strasbourg. We cannot but regret, as we turn over their pages, how painfully the liberality of foreign universities contrasts with the penuriousness of our own. Here are the results of youthful zeal and industry, neatly printed at the expense of the College, for distribution among the friends of the candidates, as evidences of their acquirements, and often for nobler ends. Many of the most interesting facts and ingenious disquisitions in our science, have been issued from the colleges of Europe, in the form of inaugural dissertations. Among us, on the contrary, after a hasty examination of the pupil, upon a thesis which the professor has oftenest *never perused*, the MSS. is cast aside to be forgotten forever! From such a course, what can be expected? In this respect, as

in others, the good old times are changed, and not for the better. The first of these quarto pamphlets is a

Art. I.—*Dissertation on the Use of Tartar Emetic, in large Doses, in the Treatment of Acute Pneumonia*, by C. F. Ferrit. 1833.

Owing to the labors of Rasori, Tommasini, and other Italian physicians, and of Cartwright in this country, the dread which once prevailed of giving large doses of tartarized antimony, has much diminished. Drachm and scruple doses, they have not hesitated to administer at very short intervals of time, and beneficially, so for as the malady is concerned. Nay, upon its absorption do they depend for its beneficial effects. They make it, throughout the whole progress of the disease, the principal, if not their only dependence. Ounces even, are often consumed in the treatment of a single case, and that, say they, without producing too abundant emesis, catharsis, nor too much sweating; lessening the necessity for bleeding, if not doing it entirely away. This practice in pneumonia, meets with few advocates among ourselves, and this fact it is, which renders this testimony to its safety and utility of greater interest to us. Laennec first used it in France. The readers of his immortal work upon the Diseases of the Chest, and mediate auscultation, know how highly he has eulogized it. To that volume we shall refer for his manner of giving it, which our author has also fully detailed. When it begins to do good, we may observe, the same dose is for some time persevered in, and then very gradually decreased as the malady declines, until its entire disappearance; nor, because the first exhibition appears to increase the severity of the symptoms, are we to be discouraged and suspend its use. We are to increase the dose even, until the tempest begins to lull. Persons will indeed be found, in whom the smallest doses, though combined with opiates, produce abundant evacuations and cannot be borne. But this, says M. Laennec, is attributable rather to the inexperience and timidity of the physician, than to a defect in the plan of treatment. The pneumonites which occur during severe fevers, and the cutaneous exanthemata, are not suited to this mode of cure. The author next introduces two cases in detail, as treated by himself at the Hospital of Besancon, of which he was a pupil. In one, sanguineous depletion had, as late as the third day, produced no beneficial effects, after which tartar emetic, in doses of, as we understand it, six grains every hour, was given. On the tenth all the symptoms of pneumonia had disappeared. In the second case, for the first three days the antimony exceedingly aggravated the symptoms, but by perseverance, its toleration was established. He next offers an able enumeration of the usual phenomena, which this remedy produces. They are briefly, first, nausea, vomiting, alvine discharges, malaise, agitation, and often an exasperation of the disease. These disappear, debility ensues, with pallor of the skin and diapheresis, the pulse sinks, pain subsides, respiration becomes less hurried, and the cough more moist. The sputa become mucous and are no longer bloody, dullness of the chest and the râle crepitant disappears, the surest indications of recovery. Next to pneumonia, articular rheumatism is best treated by antimony. Erythematous, and sometimes pustular angina, may be induced in the throat by the use of the medicine: the occurrence is rare and unimportant. Rejecting the Rasorian doctrine of contro-stimulation, M. F. passes next in review the theories on its modus agendi of Teallier, that it acts by its depressing power on the nervous system; of Laennec, that it acts directly on the pulmonary parenchyma, and increases its interstital absorption; of Barbier and Rayer, that it is merely a revulsive; and with this corollary, he concludes his essay. "In pneumonia attended with an adynamic condition of system, wherein blood-letting cannot be employed; in cases where the best directed antiphlogistic regimen has been unsuccessfully urged to the utmost extent compatible with prudence, its happiest effects are to be seen."

Art. II.—*An Essay on Tubercular Pulmonary Phthisis, compared, as it exists in man, with the disease in the other vertebratæ of the first two classes of the animal kingdom.* By A. Richard. 1833. pp. 49.

This, as its title indicates, is less a monograph on phthisis, than a comparison between its effects on man and on certain animals, between the anatomical dispositions of whose organs, their textures and functions in general, the greatest analogy prevails. Of the diseases by which both are affected, phthisis is by far the most fatal. It has spread, in every age, with the sagacity and skill of the most able physicians, and from the descriptions with which antiquity has supplied us, is evidently not more destructive now than in the remotest ages. Authors are not agreed as to its species; its characters, and causes, direct and indirect, as detailed by the author, we need not recapitulate. The only novel idea which we observe is that phthisis may be propagated by using the milk of phthisical cows. With the symptoms of consumption, all are familiar; we are told that life may be protracted for forty years, (Lieutaud); and that tubercles have existed during a whole life without the presence of symptoms. The diagnosis is often obscure, and the stethoscope is perhaps the most certain guide to our opinion; the sputa &c., are all occasionally fallacious. Death,—to the friends of the sufferer, the welcome liberator, as we all know, sooner or later steps in to destroy the pleasing illusions of that hope which "springs

eternal in the hectic breast." Such was, such is,—shall we say such ever shall be, the dire prognosis? The autopsy and treatment we pass over.

Among the causes which operate to render cattle liable to this malady, which are inactive in a man, is domestication. Shamefully does man abuse the creatures which are given him for his pleasure and his service! Changes of climate, close and unwholesome dwellings, irritating and innutritious aliment, and undue toil, are the four great causes of disease among domestic animals. How just is this observation of the author; "the unthinking suppose that an animal is a machine, which requires only a little food to live on unharmed for an indefinite time. Little do they dream that, gifted with an organization as perfect as their own, it requires, like them, to eat, to rest, and to be cared for." Phthisical animals cough, emaciate, their skin is dry, and the hair falls off: in short, their aspect much resembles that of consumptive human beings. It attacks every age and sex. Percussion and auscultation in the horse give the same results as in man; death follows, and autopsy detects similar lesions. Of the treatment it is not for us to speak.

In a detailed account of tubercular phthisis in the different orders of animals, we have an excellent picture of its occurrence in a monkey. Carniverous animals, and the hog, are less liable to it than other animals; the horse, the ox and cow, have it in the highest degree of calcareous deposition in the pulmonary tissue; sheep are particularly subject to it, and tubercles exist in almost every other cachexy to which the above animals are subject. The author says that almost every milch cow in Paris becomes phthisical, because the milkers, to increase the flow of milk, unduly stimulate the lymphatic system. Parrots, the gallinaceæ, the palmipedes, are very subject to tubercles. It is well known that in the experiments of M. Flurens, young chickens and ducks, exposed to slow cold, had phthisis; thence he concludes that cold is one of the principal causes of phthisis. The author deems it contagious.

Art. II.—*An Essay on Retention of Urine, caused by Paralysis of the Bladder.* By P. L. Bonlay. 1833.

A concise and modest thesis, which, however, does not contain much that is novel. To excite the contraction of the viscus, after catheterism, the author speaks of having seen much benefit from the introduction of a seton into the hypogastrium, according to the advice of M. Roux, and of the application of several moxæ, at the base of the vertebral column. M. Larrey advises this method, as having never failed him in his long practice. A case cited is curious. Mrs. R. aetat 55, is attacked with retention, for which catheterism is several times performed, and remedies used. After three days of medication, in the middle of the night, *the bladder suddenly filled to such a degree as to occupy half the abdomen;* excessive pain was felt, the pulse became small, the face and lips pale, and the limbs cold. On the introduction of the catheter, a great deal of urine, mixed with *dark and very fetid blood*, flowed. For four days means were incessantly employed to restrain the hemorrhage, and at length with success. The patient recovered.

Art. IV.—*Considerations on a particular Disease of the Eyes, &c.* By I. G. Pfister. 1833.

This is by far the most interesting of the works under review. In the first part, the author details the case, which is an instructive one. In the second part, he offers an analysis of its causes and symptoms; and in the third, he treats of the action of the remedy with which the case was cured. We offer on this occasion only an abridged statement of the case.

Mr. G. P. healthy, save an irritability of the digestive apparatus, is struck several blows on the right eye with a stick, followed by injection of the conjunctiva, photopsia, copious lachrymation, and lancinating pain in the eyeball. Nothing energetic was done for his relief. In eight days the patient lost the power of distinguishing even large objects, and the iris scarcely acted in any light. Two years afterwards, Mr. G. P. set off for the university of W. in Br. to continue his studies. Diarrhœa and disorder of the digestive organs set in, and the old headaches returned. Application to study during the next winter, made matters worse. Dreadful palpitations and hemicrania, dyspnœa, despondency and debility arose, and the frontal vessels of the right side enlarged to the size of quills. Slight relief having been obtained, he a third time recommenced his studies. A sense of pressure now began to affect the left side; objects seen by the left eye became wrapped in a nebulous obscurity. Still the student persevered. In January, 1828, after a night of frightful headache, the patient began to see lightnings each time he winked; when he attempted to write, he saw, at the tip of his pen, a spot of fire like the flame of a wax candle. He now discontinued every exertion of the organ, yet the flame did not disappear. The pupil was now almost permanently contracted; respiration was impeded; the heart beat with violence, and at every fifth beat there was an intermission followed by tumultuous pulsations—there was dyspepsia, flatulence and constipation. Some feeble depletory measures were used for the next six weeks; the symptoms were ameliorated, and the eye, during the time, *appeared to be re-established.* The fiery spot now became composed of several luminous spots, which soon disappeared, and were replaced by small bullæ, which were stationary. Their

number progressively increased, and were next complicated, when the patient looked at the sky, with a glittering flash always seen in the same direction, and followed by the appearance of the bullæ. Being now blooded, he found the blood dark and aqueous, and abandoned it and other antiphlogistic measures. A strict attention to a regimen barely sufficient to sustain life, for several weeks, effected a slight amelioration in the state of the digestion, but none in regard to the vascular excitement, whilst the eye became gradually worse. A fatal issue was now apprehended. The occular illusions were excessive, an immense ball of fire, whence rays proceeded in every direction, appeared before him each time that he looked at a luminous body. When a light was suddenly extinguished before him, he beheld a space as red as blood, filled with small brilliant stars. Large black bands appeared to him to pass from house to house, like beams, as he went along in the streets at night. Appearances of two large figures of eight shaped black masses, and of a small black wheel, offering many very delicate spokes, presented themselves during the exacerbations of the evil; vacillating flames, black spots, or thick fogs covered every object on which he looked, and for days together he saw only one half of the horizon. The most painful mental despondency accompanied these spectra, a few only of the most remarkable, of many described with uncommon power and minuteness, being here related.

The patient now resolved to trust his case to the salutary action of cherry laurel water, said by many to be extremely happy in its effects in analogous cases.* In a week his daily dose was 1oz. and a half. He soon experienced the magical effects of this remedy, and in fifteen days was in a fair way of being cured. Headaches, pulsations, palpitations, nausæ, spots, all diminished—disappeared, and in three months the cure was complete, without any relapse. The digestive organs regained their activity also, and testified to the entire recovery of the patient.

Such is a brief outline of a case that occupies twelve quarto pages. We leave our readers now to draw their own conclusions as to its nature, and shall proceed to the second part of the essay in our next number.

MEDICAL INTELLIGENCE.

1. Singular Trial for Manslaughter.—*Supreme Court, Haddam, Conn., Monday, Sept.* 7, 1835.—Anna Maria Crook was last week put upon trial for causing the death of her sister-in-law, Anne Crook, at the house of their father, on the 29th of May last, by striking her a violent blow on the pit of the stomach. The circumstances connected with the alleged manslaughter are understood to be as follows: Old Crook and the accused had some altercation, and he undertook to put her out of the house; his daughter, (the deceased,) interfered to assist her father, and the prisoner struck and knocked her over. The deceased was own sister to the husband of the prisoner, and the latter is a young and very beautiful woman. The trial is of importance as showing the difficulty of distinguishing between the symptoms produced by disease and those caused by a blow in cases where death ultimately occurs. The first witness examined was

Cornelius Brainard, 3d.—I was passing Crook's house about half an hour before sundown, and when between twenty and thirty rods of the house, I heard the cry of murder distinctly, and the noise was continued. I saw Maria, the prisoner, come out of the house. When I came up, Jonathan Crook, (father of the deceased, and father-in-law of the prisoner,) was at the door, and I asked him what was the matter, but got no answer—it appeared that Crook pushed her—prisoner picked up something and threw it violently at the old man. He said he'd be d—d if he didn't learn her better than to throw a hammer at him. Prisoner said she would learn him better than to put her out of the house, as she had as good a right to be there as he. Crook and prisoner stood by the east door, and had some conversation, but I can't repeat the language. As I turned to go away, Crook begged me to tell Orren (prisoner's husband) to come down.

Cross-examined.—I am not certain a hammer was thrown—was about a rod off—saw prisoner out twice—did not see her *come* out but once—door open all the time.

Abraham Brainard.—I saw Anne Crook (deceased) come to the door, and ask her father to come away, for she (the prisoner) would kill him. The old man stood in the door and the prisoner outside. This was after the hammer had been thrown. The de-

* We can find no notice of the use of the padus lauracerasus, in analogous affections of the eye, in the article in the Dictre de Materia Med, by Merat and Desens. Paris, 1834.

ceased opened the west door at the time this was said and went directly back. Prisoner went in shortly after, and then I heard a scream—couldn't tell whether a female voice or not—heard only one scream, and heard no other noise at the time.

Betsey Ann Bailey.—Saw the deceased, sun half an hour high, on the bed in great distress—asked her what was the matter? Said Maria struck her on the stomach with her fist, was going to strike her with a hammer, but her father kept it off—felt a large bunch on her stomach—said Maria had owed her a spite three or four days. I said I hoped she'd get over it—she said she never should—had got her death wound, and then fainted—saw her about an hour afterwards, pale and deathlike—next morning in the same condition.

Cross-examined.—Bunch near the breast bone—about the size of a large walnut each way—very hard—she had on no board—felt outside of her dress—corsets not laced very tight—I unlaced it some—felt before I unlaced. She was in the act of fainting when I left the room.

Hezekiah Brainard.—I went to Crook's—Anne was on bed—said Maria had killed her—had struck her—I asked her where—she did not speak, but put her hand to the pit of her stomach.

Ada Bailey.—I was in the front of my house when I heard a noise—left my cow, stepped into the street and heard the cry of murder twice. Maria came out of Crook's house by the front door, jumped off the wall, and ran towards my house crying—she seemed much affected. I asked her what was the matter? She said old Crook, her father-in-law, had put her out of doors twice, and struck her on the arm with a stick of wood. She had on a dark calico dress, no shoes, dress torn open to the belt, no handkerchief, no dress. She showed me the mark of the blow on her arm. She asked me if she might remain in my house till her husband came. Some one of our people asked Hezekiah Brainard, who then came in, whether the deceased was badly hurt; he replied that she would not live an hour. Prisoner then caught my arm and said, what will I do? it can't be that what I have done has caused her death—I only shoved her.

Dr. Catlin.—I was called on the morning of the 30th May—the deceased had great difficulty in breathing, particularly in inspiration—she raised her arms, and during expiration, her hands came down near the stomach—this was an involuntary action. I could not hold her hand to feel her pulse—I spoke to her, but she could not answer—I should think she had her reason partially—her feet and extremities were rather cool, but not very cold—I considered it an unusual case—I endeavored first to examine the wound on her stomach—the symptoms were not such as I should have expected from a blow on the pit of the stomach—spasmodic action different from common hysterics. I felt no tumor at the pit of the stomach—she became more quiet and I left her about twelve—saw her the next day about sunrise, difficulty of breathing increased—I administered anodynes, and in the forenoon she became more rational—saw her again in the afternoon—her appearance changed, hands easy, and symptoms of death increased—I stayed two or three hours and left her alive—difficult to feel her pulse at first, but action of pulse nearly natural—Prisoner was there and whenever I wanted any thing she was ready to furnish it. I can more readily account for the death of the deceased on the principle of violence than on the disposition of disease—there was no mark on the flesh, except something that looked like a scratch of a pin—there might have been a blow to produce a palsy of the lungs, perhaps without any external mark of violence—I have never known such a set of symptoms throughout, either in a case of disease or violence.

Dr. Woodward.—I made a slight examination of the deceased—she was feeble and near the close of life—was unable to speak or swallow—strong pulse—heat at the surface not up to the natural degree—respiration very laborious—did not respire more than once where she ought to do six or seven times. I made no examination of the surface except a superficial one, just past my hand over—examined a portion of the lungs and found nothing peculiar about them—no indication of disease. Blows on the chest will produce concussion and derange the functions of the organs. I should think a blow in the chest, or the regions of the chest might be made that would destroy life without external marks of violence. It is a difficult question to answer whether the symptoms were produced by disease or otherwise. They were not the symptoms which I should expect from disease, although some of them were such as usually do appear—I think this might possibly arise from contusion—I think cases occur in which this is done—the effect is to destroy the nervous energy—some medicines will produce nearly the same effects. In this case the lungs performed their functions with much difficulty.

Cross examined.—A blow given in the pit of the stomach would most readily destroy life. The lips of the patient were pale and of a deadly hue—if the blows were given through any soft substance, it would not be likely to leave any mark. The lungs were engorged—pneumonia produces this effect upon the lungs and similar symptoms—in pneumonia the disease is often very suddenly developed. The deceased did not appear to me to have all the symptoms of pneumonia—if I had not heard of her receving violence it would have been very difficult to determine the cause of death. If the blow had been in the pit of the stomach the parts would have

been more affected—more evidence of concussion would have been visible here, than if below the pit of the stomach—if below the pit of the stomach the viscera would have furnished internal evidence of violence.

Dr. Hutchinson.—I made no examination but of the surface of the body—discovered nothing but a discoloration say three inches in diameter, on the breast, directly over the lungs; within, this discoloration looked as if not made recently, not like a scratch—a slight depression there. The next day I went with the jury of inquest; I first opened the cavity of the abdomen, examined the viscera of the abdomen, and could discover nothing of injury or disease—every thing natural nothing showing inflammation or contusion; then opened the cavity of the chest, found there the usual color of the living membrane—near the color of the peach bloom, confined to that part which lined the cavity of the chest, and that part over the lungs—considerable fluid in each cavity; This with a spoon I dipped into a cup; in each cavity rather more than two-thirds of a tea cup of bloody serum; a third cavity contains the heart—in that (the pericardium) there was a little over a table spoonful; the lungs were engorged with black blood, almost the entire substance; the only part not engorged was near the trachea, where the wind pipe branches off; the membrane covering the lungs was not affected; the partition membrane of the chest was inflamed; no marks of inflammation about the lungs.

Cross-examined—Did not think the discoloration and depression depended on the same cause. Inflammation of the lungs, generally speaking, affects the pleura more or less.

Elizabeth Clark—I am a sister of the deceased, I was with her on the 29th, nearly all day; we went to Middletown that day; I know nothing but her health was good.

Cross-examined—We walked about a mile, and rode the rest of the way to Middletown in a cart; we started about 7 in the morning and returned at 5 in the afternoon; prisoner, deceased, and myself were together after our return; saw my father drink once; he bought liquor at Middletown and brought it home.

Martha Brainard.—I heard a cry of murder—went out of doors, and again heard the cry; told H. Brainard to go and see what was the matter. I went up and saw the prisoner in great distress—said she had done nothing but pushed her; I told her I thought the deceased had got her death wound; I was at Crook's house in the morning—asked prisoner where Anne was; she said she had gone to Middletown, and she hoped to God she would never come back

Cross-examined.—Never heard her threaten deceased before; heard the cry of murder; saw prisoner jump from the wall; saw her when she came after her husband, when I had the conversation with her.

Lyman Bailey.—I went to Durham on Monday morning, and found the prisoner at Sevethell's tavern. I told her I had come to carry her back to Haddam; she said, very well, she had done nothing to make her ashamed to return.

Cross-examined.—Prisoner was going to New York to see her friends. I asked her how she came to do this; she said she was in a squabble with her father, when Anne clenched her by the hair, and she put her hand out to push her away, and shoved her; she didn't know whether she fell or not; she said she was always very friendly to Anne; she was sorry she left Haddam, and would not, if she had not been advised to go; there was considerable excitement in the neighborhood, and she was recommended to go.

James Cone.—I am the keeper of the goal. Sometime in the course of the day on which the prisoner was committed, she said she might have been the cause of killing Anne—if so, she, was sorry; thought that the effect of the push might have thrown her against the bed and killed her; before and after this, she denied having struck or pushed her.

Here the testimony in behalf of the prosecution was closed, and the defendants witnesses were introduced.

Dr. Wright.—In case of death occasioned by severe affection of the lungs, I should think it impossible for the attending physician to determine what was the cause. There were some peculiarities attending this case. It is unusual that there should be an entire loss of the voice, although it might occur in disease of the lungs. I should not suppose a blow below the breast bone would produce an immediate effect on the lungs. The excitement of passion might produce it.

Cross-examined.—Cases in which no marks are apparent, are those for the most part in which death takes place immediately. A blow upon the pit of the stomach would not effect the lungs—I should not expect it to affect the lungs without injuring the viscera.

Dr. Warner.—If I had been called to the patient, I should not have loooked for external violence, unless I had heard something from abroad. A physician might judge from many circumstances at the bed side of the patient which cannot be detailed. I have had in this county some singular cases of diseases of the lungs. They were pronounced pneumonia—little cough, and tolerably regular pulse. A blow over the viscera would not be likely to affect the lungs, unless over the pit of the stomach. If the blow produced instant death, there would probably be no discoloration. In a case of this kind, there is about an equal chance whether discoloration is produced or not. I think I should have pronounced this case lung fever, if I had known nothing of the complaint except from the symptoms—symptoms unusual both in reference to disease and wound.

Dr. Miner.—I concur generally with Dr. Wright. I have seen cases of fever which bore a pretty strong analogy to this; I should not have supposed this to be a case of vio-

lence if I had heard nothing. It would be very difficult to judge of the complaint from the symptoms.

Hezekiah Brainard.—Was about 20 rods off when I heard screaming last time.

Dr. Wright.—As we opened the chest of the deceased, the first thing discovered was bloody serum. The lungs were engorged with blood—under the breast bone, the mediastrum was highly inflamed. I discovered a discoloration on the breast bone—cannot say whether the inflamed part of the mediastrum was directly under the discolored.

After a few enquiries of different witnesses, by which nothing relevant was elicited, the testimony was closed.

The counsel for the prosecution managed the case with much fairness. On the part of the prisoner, it was contended, and established, that the deceased could not have been injured when Cornelius Brainard came to the house, and that almost immediately after he left, the prisoner was forcibly expelled the house and did not return—that Crook commenced the contest, and that if the deceased was injured in the struggle, the conduct of the prisoner was justifiable on the principle of self-defence and to retain possession of the house.

The jury retired after an able and impressive charge from the Judge, and brought in a verdict of *Not Guilty.* N. Y. Transcript.

2. Officious Interference.—Several circumstances have come to our knowledge which have induced us to republish the following extracts from Percival's Medical Ethics. We have no desire to wound the feelings or throw a shade over the character of any man, but when we see the rights and feelings of a practitioner invaded by another, we feel justified, as public sentinels, to give due notice of names and facts, and to hold up the perpetrator to the merited rebuke of the profession. We trust this notice and extracts will save further necessity for comment.

Eds.

"*Officious interference, in a case under the charge of another, should be carefully avoided. No meddling inquiries should be made concerning the patient; no unnecessary hints given relative to the nature or treatment of his disorder; nor any selfish conduct pursued, that may directly or indirectly tend to diminish the trust reposed in the physician or surgeon employed.* Yet though the character of a professional busy-body, whether from thoughtlessness or craft, is highly reprehensible, there are occasions which not only justify but require a spirited interposition. *When artful ignorance grossly imposes on credulity; when neglect puts to hazard an important life; or rashness threatens it with still more imminent danger; a medical neighbor, friend, or relative, apprised of such facts, will justly regard his interference as a duty. But he ought to be careful, that the information on which he acts, is well founded; that his motives are pure and honorable; and that his judgment of the measures pursued is built on experience and practical knowledge, not on speculative or theoretical differences of opinion.* The particular circumstances of the case will suggest the most proper mode of conduct. In general, however, a personal and confidential application to the gentlemen of the faculty concerned, should be the first step taken, and afterwards, if necessary, the transaction may be communicated to the patient or to his family."

"'Physicians, considered as a body of men, who live by medicine as a profession, have an interest separate and distinct from that of their art. In pursuit of this interest some have acted with candor, with honor, and with the ingenuous and liberal manners of gentlemen. Conscious of their own worth, they disdained all artificial colorings, and depended for success on their real merit. *But such men are not the most numerous in any profession.* Some impelled by necessity, some stimulated by vanity, and others anxious to conceal conscious ignorance, *have had recourse to various mean and unworthy arts,* to raise their importance among the *ignorant, who are always the most numerous part of mankind.*'"

"*Punctuality* should be observed in the visits of the faculty, when they are to hold consultation together. But as this may not always be practicable, the physician or surgeon, who first arrives at the place of appointment, should wait five minutes for his associate, before his introduction to the patient, that the unnecessary repetition of questions may be avoided: no visits should be made but in concert, or by mutual agreement; no statement or discussion of the case should take place before the patient or his friends, except in the presence of each of the attending gentlemen of the faculty, and by common consent: and no *prognostications* should be delivered, which are not the result of previous deliberation and concurrence."

3. Boylston Medical Prize Questions.—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.—John C. Warren, M. D., Rufus Wyman, M. D., George C. Shattock, M. D., Jacob Bigelow, M. D., Walter Channing, M. D., John B. Brown, M. D., George Hayward, M. D., John Randall, M. D., and Enoch Hale, Jr. M. D.

At the annual meeting of the committee, held on Wednesday, August 6th, 1835, a premium of fifty dollars, or a gold medal of that value, was awarded to Luther V. Bell, M. D. of Derry, N. H., for a dissertation on the fol-

lowing question :—"What diet can be selected, which will insure the greatest probable health and strength to the laborer in the climate of New England; quantity and quality, and the time and manner of taking it, to be considered."

Another premium of the same value was awarded to Usher Parsons, M. D., of Providence, R. I., for a dissertation on this question—"What are the diagnostic marks of cancer of the breast; and is this disease curable?"

The following prize questions for the year 1836, are now before the public, viz.

"1st. How far are the external means of exploring the condition of the internal organs to be considered useful and important in medical practice?"

"2d. To what extent is an active medical practice useful in the common continued fever of this country?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M. D., Boston, on or before the first Wednesday of April, 1836.

The following questions are now offered for the year 1837, viz.

"1st. What is the nature of Neuralgia, and what is the best mode of treating it?"

"2d. To what extent, and in what places, has intermittent fever been indigenous in N. England?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1837.

The author of the successful dissertation on either of the above subjects, will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

GEORGE HAYWARD, Sec'y.

Boston, August 22, 1835.

Boston Med. and Surg. Jour.

4. Cholera in France.—Our last medical advices from France, speak of the gradual spread and devastations of the cholera in the towns and villages in the South; but at Marseilles and Toulon, it was subsiding. There were 1260 deaths out of 1373 cases, in the latter place—a most fearful mortality indeed. Wherever there is the most suffering and danger, owing either to the scarcity of physicians or the inexperience of those on the spot, the government, acting upon the broad spirit of benevolence, are continually sending young and active medical men to render assistance. Ib.

5. Smallpox in Germany.—From the last annual report of the Hospital of La Charité, Berlin, we learn that the number of patients treated in the establishment for small pox was 96; of which 81 were cured, 11 died, and 4 remained. The proportion of deaths to the cases was therefore as 11 : 96, or 1 in 8.72. Ib.

6. Physicians in Prussia.—There are said to be wealthy provinces in that country, where the ratio of physicians to the population, is only one to seven thousand: and in Bohemia, only one to sixty thousand inhabitants. Those German students of medicine who are competent to sustain the rigorous State examinations established by law, which are wholly independent of academical qualifications, engross a prodigous field of practice. Ib.

7. Missionary Physicians.—The mission to the Sandwich Islands has requested the prudential committee to send out two physicians. Under the auspices of the Society, we believe several talented professional gentlemen have already been sent to various parts of the heathen world. This ceriainly bespeaks a spirit of Christian benevolence and kind-hearted philanthropy, deserving the highest possible commendation. Ib.

8. Cancerous Contraction.—The body of a young woman is said to have been lately opened at a hospital in Paris, in the intestines of which no less than 617 cherry-stones were found, confined by a cancerous contraction. Ib.

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THE

UNITED STATES MEDICAL AND SURGICAL JOURNAL.

No. XVI.

NOVEMBER, 1835.

From the frequent inquiries made by the medical profession respecting the origin, organization, transactions, &c., of the Medical Society of the State of New-York, we have been induced, at the strong solicitation of many of our friends, to give a condensed history of that institution, with a synopsis of its transactions since its origin in 1806, to the present time. We have been greatly surprised to find that the profession in our own state should be so little informed in relation to the proceedings of this institution, and we can only attribute it to the limited circulation of its "Transactions;" presuming such to be the fact, we would respectfully suggest to the members of the Society, the propriety of adopting some more effective mode of circulation. Perhaps the plan now pursued by the Edinburgh Medico-Chirurgical Society, and noticed particularly, in our fourth number, page 126, might be deemed the best.

The synopsis we are about to give of our State Medical Society, will doubtless be regarded as an interesting historical record of the various officers, members, and the principal transactions of that institution. In the latter will be found many valuable practical facts from some of the most distinguished men who from time to time have adorned our profession and our State, and many of whom, now mingled with the dead, are cherished in remembrance for the high moral, intellectual and social virtues which distinguished them when living. *Eds.*

ART. I.—*An Account of the origin of the Law, "to incorporate Medical Societies for the purpose of regulating the Practice of Physic and Surgery in this State;" passed 4th April,* 1806. By JOHN STEARNS, M. D., of New-York.

The influence which Medical Societies have had upon the profession, and the general misapprehension of their origin, impart to this topic an interest which I trust will not be deemed inappropriate. This interest is enhanced by the consideration, that the time will soon elapse when those who were concerned in originating this law will have passed the confines of time, without having left a single record of the fact, by which the numerous errors which have obtained publicity in our scientific journals might be corrected, and justice rendered to whom it is due.

From these publications, I shall select the following paragraph from a biographical notice of Dr. Bruce, in the first volume of Silliman's Journal of Science—"Previous to the year 1805, the practice of physic in the state of New-York was regulated by no public authority, and of course, was not in the happiest condition to promote the respectability and usefulness of the profession. To remove as far as possible the existing circumstances, Dr. Bruce became an active agent, and in conjunction with Dr. Romayne and other medical gentlemen of New-York, succeeded in establishing the state and county medical societies, under the sanction of the legislature. This act may be considered among the first efforts made in this country to reduce medicine to a regular science, by investing the privileges of medical men in the body of the members of the profession."—The President of the New-York county medical society, in his inaugural address for 1824, also states, "that this is the parent society, from

which the other institutions of a similar character throughout the state have emanated."

Without multiplying similar quotations to evince the tenor of public opinion, I take this occasion explicitly to state, that neither Dr. Bruce nor Dr. Romayne, nor this "medical society," nor any physician then resident in the city of New-York, had any knowledge of the political arrangements which led to the formation of this law, or the most remote agency in procuring its passage through the legislature. These measures were commenced exclusively in the county of Saratoga, with a view to redeem the profession from that degradation and contempt to which it had been reduced by ignorance, professional broils, and the grossest empiricism.

Those who witnessed the original and progressive settlement of the northern and western sections of this state since the year 1790, will recognise the mania that infatuated the emigrants from the east, and the ambitious projects formed by those who assumed the title of doctor. Many who had never read a volume in medicine, were suddenly introduced to an extensive practice and to a reputation of such imposing authority, as to control the opinions of their superiors in science, and to prescribe rules of practice for their government. Consultations were generally distinguished for gross controversies at the bedside of the patient, whose health and life were often immolated to the ignorance, prejudices or discordant theories of the contending physicians. Their skill was generally graduated by their ability to magnify the cures they had made. Gratifying indeed would it be, at this enlightened period, to be able to bear testimony to the total extinction of this relic of quackery, and to the abolition of that still more ridiculous and growing imposture, that indignity of our profession, which by the sign of a common vender, converts the medical office, designed for the cure of all diseases, into a private infirmary for curing those only which belong to a particular organ. But so great has been the change in public opinion, that empirics now seldom boast of their intuitive knowledge, their magic incantations, or their initiation into the mysteries of Indian practice; but are compelled to assume the appearance of learning, and to affix to their names the fictitious appendage of M. D.—a proof that scientific physicians will always be patronized as the public mind becomes enlightened. The ignorance of the practitioners had so obscured the science of medicine at the period referred to, that reflecting physicians united in the necessity of adopting vigorous measures for a radical reform.

In 1796 a series of numbers were accordingly published in the newspapers of Saratoga, which directed the attention of the profession to the subject of instituting medical societies, and ultimately led to the formation of a society in that county, consisting of twenty-one physicians. But so discordant were its materials, and so incompetent to sustain the character of a scientific institution, that the year of its formation became the period of its dissolution. This want of success did not prevent the renewal of future efforts.

In November 1805, another meeting was held, at which committees were appointed, and a resolution passed to invite the co-operation of the physicians of the adjoining counties of Washington and Montgomery. The following is a copy of the printed circular issued on that occasion.

"*Ballston, November* 7, 1805.

"Sir,—At a meeting of physicians of the county of Saratoga, convened this day at the court-house in Ballston, for the purpose of devising means to improve the practice of medicine, we were appointed a committee to impart the object and wishes of that meeting to our professional brethren in the counties of Washington and Montgomery. In that capacity, we beg leave to recommend to your earnest attention the necessity of adopting some vigorous measures for the suppression of empiricism, and the encouragement or regular practitioners. The evil calls loudly for the united efforts of all who sincerely wish to remove from that valuable science, the imputation of quackery; under which, from the ignorance of some of its professors, it not unjustly labors. The wish of the meeting is, to procure from the legislature of the state their sanction to a medical society; and we request your attendance at the court-house in Ballston, on the 16th of January 1806, at ten o'clock A. M., either in person or by a committee of your county, for the purpose of adopting the best means for obtaining an act of incorporation. We remain, &c.

"Wm. Patrick,
John Stearns,
Grant Powell,
Committee of Correspondence."

Pursuant to the notice in this circular, a delegation from these counties attended the adjourned meeting at the same place, on the 16th of January 1806. A memorial to the legislature was then reported, adopted, and signed, and a committee of three, consisting of Dr. Asa Fitch, of Washington, Dr. John Stearns, of Saratoga, and Alexander Sheldon, of Montgomery, were appointed to carry the same into effect.

The committee from Saratoga and Montgomery attended the ensuing session of the legislature, and fortunately for the cause of science, the latter gentleman, Dr. Alexander Sheldon, was elected speaker of the house. Although the meeting at Saratoga did not contemplate the extension of the law beyond the limits of these three counties, the committee assumed the responsibility of making it general, and of extending its privileges to every county in the state.

Accompanied with this explanatory view

of the subject, they presented the memorial to the house of Assembly on the 25th of February 1806, who referred it to a committee, consisting of William Livingston and Isaac Sargeant of Washington, Gurdon Huntington of Otsego, John Ely of Greene, and Joel Frost of Westchester. The majority of this committee being medical men, favorably received the proposed plan for a general law to extend the act of incorporation through the state, which they finally matured and reported to the house. The powerful opposition to this bill threatened its early and prompt rejection by a large majority. The speaker, the committee, and several other members gave it a very able and vigorous support. But notwithstanding all the exertions and political influence of its friends, the danger to which the tranquility of the state would be exposed by the incorporation of forty distinct associations of physicians, was so magnified by the opposition, and the impression thereby made upon the house was so great, that but feeble hopes were entertained of its success.

At this critical juncture, when a decisive vote against the bill was every moment expected to be taken, the late honorable William W. Van Ness rose its most eloquent and powerful advocate. And perhaps the preeminent powers of his parliamentary eloquence were never exerted with better effect. He refuted the arguments of the opposition, portrayed the benefits to the profession and to the public in such glowing colors, and with so much energy and zeal, that the opposition became feeble, the friends to the bill increased, and from that moment the successful issue was rendered certain. To his memory do the profession owe a monument of marble, with their gratitude deeply engraven upon its tablet.

On the first Tuesday of July, 1806, three months after the passage of the law, about twenty societies were organised pursuant to its provisions, and within two years scarcely a county in the state, of any considerable population, was without a duly organised medical society.

N. Y. Med. and Surg. Jour. 1828.

ART. II.—*The Transactions of the Society at its first meeting in Albany, 3d February,* 1807.

"The statute enacted on the 4th of April 1806, by the honorable the legislature of this state, to incorporate Medical Societies, for the purpose of regulating the practice of physic and surgery, may be considered as among the first efforts made in this country, to give to the Medical Profession an honorable station in the community.

By investing the privileges of medical men, in corporate communities formed of the members of that profession, the public may be freed from many impositions, and the usefulness and importance of the healing art will be extended. The history of all the learned professions, imperiously proves this fact, that no one of those professions has ever become respectable or extensively useful to mankind, that was not under the restraint of the great body of its own members. Mankind have in all ages and in all communities been too often deceived by men, who pretended to professional merit, and who by mean practices on the ignorance, follies, and caprices of individuals, have gained an artificial importance in society.

This is more especially the case in the medical profession. Hence the importance of the law, placing the regulation thereof under incoporated Medical Societies. The advantages to the community in placing the regulation of the medical profession under the direction of its own members, is already sufficiently manifested, by the promotion of medical education, the encouragements given to physical enquiries and observation, and the diminished influence of pretenders to the healing art, throughout the state."

The Medical Society of the state was duly organized on the first Tuesday in February 1807, when the following members were chosen officers.

William M'Clelland, President. Alexander Sheldon, Vice President. Moses Willard, Treasurer. John Stearns, Secretary. John M. Mann, Columbia; William Wheeler, Dutchess; Lyman Cook, Westchester; Moses Willard, Rensselaer; Caleb Samson, Oneida; Censors. David R. Arnell, Orange; John Ely, Greene; Westell Willoughby, jun. Herkimer; Alexander Sheldon, Montgomery; John M. Mann, Columbia; Committee of Correspondence.

The society enacted certain bye-laws, and agreed to apply to the Legislature to divide the members of the society into classes, and to make some provision for the support of the society. They examined and licensed some candidates for the practice of physic and surgery.

At this early period of the establishment of the society, it was considered proper to extend its usefulness in promoting medical inquires in the different counties in the state. Accordingly each member of the society was directed to present a geological and topographical description of the county in which he might practice, and also a history of such diseases as might prevail in his particular place of residence: and that each member should give an account of any remarkable case that might occur in his practice, together with its treatment, at the anniversary meetings of the society.

The society then adjourned to meet on the first Tuesday in February, 1808.

Art. III.—*Second Meeting, Albany, February*, 1808.

1. *Officers and Members present.*—Drs. Wm. M'Clelland, from the county of Albany, President. Alexander Sheldon, Montgomery, Vice President. John Stearns, Saratoga, Secretary. Lyman Cook, Westchester; Jesse Shepherd, Schoharie; David R. Arnell, Orange; James G. Graham, Ulster; John Ely, Greene; Westell Willoughby, Herkimer; Reuben Hart, Ontario; John H. Frisbee, Onondaga; Nicholas Romayne, New-York; Andrew Proudfit, Rensselaer; Horatio Powell, Clinton; Tracy Robinson, Chenango; Jonathan Bush, Lewis; Alexander Morse, Essex.

The Society then proceeded to arrange its members into four classes, according to the four great senatorial districts of the state, pursuant to law, whereupon it appeared that in the Southern district, the county of New-York, was drawn into the third class, Nicholas Romayne, member. Westchester, 2d class, Lyman Cook Member.

Middle District. Greene, 4th, John Ely, member. Columbia, 2d, John M. Mann. Dutchess, 4th, William Wheeler. Ulster, 2d, James G. Graham. Delaware, 3d, Thomas B. Whitmarsh. Orange, 3d, David R. Arnell.

Western District. Oneida, 1st, Caleb Samson. Madison, 2d, James Morse. Herkimer, 2d, Westell Willoughby. Orange, 3d, John H. Frisbee. Cayuga, 1st, Barnabas Smith. Jefferson, 4th, Hugh Henderson. Chenango, 2d, Tracy Robinson. Ontario, 4th, Reuben Hart. Lewis, 4th, Jonathan Bush. Otsego, 1st, Gurdon Huntington.

Eastern District. Essex, 4th, Alexander Morse. Schoharie, 4th, Jesse Shepherd. Saratoga, 1st, John Stearns. Clinton, 2d, Horatio Powell. Albany, 1st, William M'Clelland. Montgomery, 3d, Alexander Sheldon. Washington, 2d, ——. Rensselaer, 3d, Andrew Proudfit.

2. *Election of Officers for* 1809.—The Society proceeded to the anniversary election agreeably to law, when it appeared that,

Dr. Nicholas Romayne was elected President. Dr. Alexander Sheldon, Vice-President. Dr. John Stearns, Secretary. Dr. James G. Graham, Treasurer. Dr. Lyman Cook, Dr. John M. Mann, Dr. William Wheeler, Dr. David R Arnell, Dr. Westell Willoughby, Censors. Dr. John Ely, Dr. Alexander Sheldon, Dr. Jesse Shepherd, Dr. Reuben Hart, Dr. Barnabas Smith, Committee of Correspondence.

3. *Prize Questions.*—The society taking into consideration the importance of promoting philosophical and medical enquiries, which might be interesting to the public, deemed it expedient for that purpose to adopt prize questions, when the following were agreed to, and directed to be published.

1st. A medal, value fifty dollars, for the best dissertation on the topography, geology, and mineralogy of any county in the state, together with an account of the prevalent diseases in such county.

2d. A medal, value twenty-five dollars, for the second best dissertation on the same subject.

3d. A medal, value twenty-five dollars, for the best dissertation on the causes and best method of preventing and of curing the typhus mitior, or low nervous fever, which prevails in the different counties of the state.

Drs. Sheldon, Graham and Wheeler, who were appointed a committee to determine the most eligible mode of adjudging the preceding prize questions, reported—That it be the duty of the President, Vice-President, Secretary, Treasurer and Censors, to select from the communications, six of the best dissertations on each question, which shall be presented to the society for final adjudication.

Thereupon the said report was approved.

4. *Geological Descriptions, &c.*—The following members in pursuance of the bye-laws, reported a topographical and geological description of their respective counties, together with the diseases prevalent in the same, viz. Dr. Alexander Sheldon, Montgomery, Dr. David R. Arnell, Orange, Dr. William Wheeler, Dutchess, Dr. John Stearns Saratoga, Dr. Hugh Henderson, Jefferson, Dr. Horatio Powell, Clinton, and Dr. Lyman Cook, of Westchester. Dr. Westell Willoughby communicated a case of hydrophobia, and Dr. Moses Willard a case of ascites successfully treated.

5. *Amendment to Bye-Laws.*—The following ordinance was reported to the society by Dr. Arnell, Dr. Willoughby and Dr. Hart, as an amendment to the existing bye-laws.

Be it ordained by the Medical Society of the State of New-York, that seven members of the society be competent to form a quorum, and to transact the business of the society until the first Tuesday in February next.

Whereupon the said ordinance was adopted.

6. *College of Physicians, New-York.*—The Society having considered, that the population of the county of New-York was more than the average population of two other counties in the state; and that it might be interesting to the furthering the views of this society, in promoting medical education, that the College of Physicians and Surgeons in the city of New-York, should be represented in this society, and have the privileges of a county Medical Society. Whereupon it was ordained, that this society consent to receive a representative from the College of Physicians and Surgeons in the city of New-York. And that the said College should have all the

other rights and privileges of a county Medical Society, if the honorable the Legislature deem the same expedient.

7. *Honorary Members and Presidents of County Societies.*—The following gentlemen were elected honorary members of this society. Benjamin Rush, M. D., Philadelphia, Pennsylvania. Nathan Smith, M. D., Dartmouth College, New-Hampshire. Dr. John Pomeroy, Burlington, Vermont. Dr. John Miller, Onondaga, New-York. Dr. Moses Willard, Albany, New-York.

And it was further ordained that all members of the first class, who may not be reelected by their respective county societies, shall be honorary members of this society.

And it was also further ordained that all the Presidents of the different county societies, and also those members of the Legislature who are members of any county society in the state, shall be ex-officio honorary members.

ART. IV.—*Third Meeting, Albany, February,* 1809.

1. *Officers and Members present.*—Drs. Nicholas Romayne, New-York, President. Alexander Sheldon, Montgomery, Vice-President. John Stearns, Saratoga, Secretary. William Wheeler, Dutchess; Lyman Cook, Westchester; John M. Mann, Columbia; David R. Arnell, Orange; John Ely, Greene; Andrew Proudfit, Rensselaer; Westell Willoughby, Herkimer; Jesse Shepherd, Schoharie; Henry H. Sherwood, Jefferson, *vice* Hugh Henderson, deceased; Walter Colter, Onondaga, *vice* John H. Frisbie, resigned; Abraham Allen, Washington, *vice* Philip Smith, deceased; Amos G. Hull, Oneida, *vice* Caleb Samson, whose time had expired; Alexander Morse, Essex.

2. *Two Prizes, Application to the Legislature, and Small Pox.*—Two prize dissertations on the typhus mitior, and one on the topography, geoloy, mineralogy and natural history of New-York, were presented to the Society and committed to Drs. Wheeler, Proudfit and Stearns.

Drs. Sheldon, Arnell, Mann, and Shepherd were appointed a committee to consider and prepare an application to the Legislature for aid to promote the science and practice of medicine in this state.

Drs. Romayne, Mann and Colter, were appointed a committee to petition the Legislature for a law to prohibit the inoculation of small pox in this state.

3. *Death of Dr. Henderson.*—The Society being informed of the death of Dr. Hugh Henderson, of Jefferson county,

Resolved, to wear the customary mourning for a month, as testimony of respect to his memory.

Pursuant to the bye-laws, and by permission obtained of the Legislature, the President delivered his Anniversary Address in the Assembly Chamber.

4. *Election of Officers for* 1810.—The Society proceeded to elect their officers for the year ensuing, when Nicholas Romanye, M. D., was chosen President. Alexander Sheldon, Vice-President. Andrew Proudfit, Treasurer, John Stearns, Secretary. Lyman Cook, John M. Mann, Wm. Wheeler, David R. Arnell, Westell Willoughby, Censors. Nicholas Romanye, John Ely, Amos G. Hull, Jesse Shepherd, Abraham Allen, Reuben Hart, Henry H. Sherwood, Committee of Correspondence.

Drs. Shepherd, Proudfit, and Arnell, were appointed a committee to present the thanks of the Society to the President, for his Anniversary Address, and to request a copy for publication.

5. *Honorary Members.*—Dr. Abraham Allen nominated the Rev. Alexander Proudfit, A. M. of Salem, in the county of Washington; and the President nominated John Warren, M. D. Professor of Anatomy and Surgery in the University of Cambridge, to become honorary members of this Society.

6. *Dr. Morse.*—Dr. Morse read a dissertation on the topography, mineralogy, and diseases of the county of Essex.

7. *Anniversary Address by the President, Dr. Romayne.*—It being the first we find published, and so well adapted to the occasion, that we insert it entire.

In obedience to the ordinances of this Society, it is made my duty at this time to address you.

The statute "enacted on the 4th of April, 1806, *to incorporate Medical Societies for the purpose of regulating the Practice of Physic and Surgery,*" marks a new era in the progress of science in the State. The Legislature has evinced a confidence in the Medical Profession, that the powers with which it is invested will be exercised with moderation and justice, and that new efforts will be made to promote the knowledge of the healing art, and to extend its usefulness.

The history of all the learned professions proves, that none of them becomes extensively useful or respectable, except under the immediate restraint of its own members. It is the well-informed physician or surgeon who must be the proper judge of the nature and extent of the medical profession, and of the qualifications and fitness of those who can be entrusted to exercise the same with safety and advantage to the public. It is such characters alone who are capable of guarding the

community against that propensity of the human mind to credulity and the marvellous, which subjects a portion of mankind to the empire of ignorant and enthusiastic pretenders.

People in general must always be imperfectly informed in that special body of useful knowledge which distinguishes any one of the learned professions. If men are most liable to error and deception in their opinions on medical subjects, it must be considered that the healing art embraces an extensive range of objects, and that to comprehend its principles requires a more sound appeal to the understanding and judgment than is commonly possessed.

Every community does honor to itself which treats with liberality men conspicuous in the learned professions, for their genius and talents. It is only among an illiterate people that they become the objects of jealously and persecution. Where ignorance and prejudice abound, there empiricism is maintained; and as the genial influence of science and human improvement prevail, quackery and every kind of imposition diminish.

The successful practice of rational medicine is so much connected with an improved state of society, that physicians are interested in becoming the patrons of the arts and sciences, and all the various branches of education. The success which has attended the exertions of medical men in these particulars, especially in France, England and Germany, is conspicuous, and has been honorably acknowledged by those nations.

You, gentlemen, in the early establishment of this Society, have manifested a laudable disposition to favor the progress of science. The members of this institution have been directed by the bye-laws to scientific researches. Literary premiums have been offered for the last year to invite investigations on the topography, geology, and mineralogy of the different counties of this Commonwealth, and on the nature and cure of those malignant fevers, which have often had such fatal effects on our people; nor have the good effects of these exertions of this Society been unpromising or unworthy of notice. Some communications have already been made, which, when the circumstances of this Society will permit them to be presented to the public, may not be found uninteresting to the legislator, the patriot, or the friend of science.

The Society will no doubt continue to encourage such extensive researches and investigations, as by their happy result may add to the growing importance of the State. In a new and interesting country, the resources and riches of which are not yet unfolded, and the effects of its varied climate on the human constitution, as yet but imperfectly examined, ample rewards must attend the labors of ingenious men, if judiciously directed.

The science of medicine embraces the study and knowledge of nature, and of those arts which are conducive to the subsistence, comfort, and convenience of man. To fulfil our duties to the public, the Society will consider it useful to examine the various vegetable productions of the state, to ascertain their medicinal powers, or useful qualities, and to examine the fitness of the soil and climate for the reception of exotic plants. The territories of the United States, extending from the borders of Canada to the northern boundaries of Mexico, contain such variety of soil and climate, as seem calculated for the cultivation of all the medicinal plants, and for the support of the different species of animals which inhabit the globe. It is not many years since indigo, rice, and cotton plants, were introduced into the southern states, and the merino sheep, lately brought from Spain, promise to furnish clothing and afford wealth to our people: Nor will you be inattentive to encourage an examination of the mineral productions of the country, as a source from which many active medicines may be obtained, and as furnishing important requisites for public defence and national independence.

The waters of the ocean, which wash the Southern District of the state, are as strongly impregnated with sea salt as those of the Bay of Biscay, from which such quantities of salt are made in France. By establishing saltworks on Long-Island, sufficient quantities of salt might be made to supply the United States.

The late worthy Mr. Solomon Simpson, of the city of New-York, possessed valuable specimens of silver ores from the mines in the county of Westchester. In the Middle District of the state there are several valuable mines. Besides those of iron, there are mines of magnese, and from the specimens which have been obtained, probably also of antimony.

The Eastern District not only furnishes great quantities of iron ore, but the mineral springs with which it abounds, prove the existence of subterraneous bodies, which are constantly subject to chemical changes.

In the Western District, the valuable Saline Springs evince the probable existence of large bodies of solid salt at no great distance from the surface of the earth, as the waters seem equally impregnated with salt in dry or rainy seasons. Valuable iron ores, and large bodies of plaster of paris, or sulphate of lime, are found in this district. The Sulphur Springs, near the Seneca Lake, show the probable existence of massses of that mineral substance in the bowels of the earth. In these waters, the sulphur is kept in solution by a portion of compound salt, and an extra portion of sulphuric acid which abounds in the depositions of the sulphur.

The coal mines, which exist at Louisburgh, and Rhode-Island, in Pennsylvania, and Virginia, render it probable that there are connecting strata of coal through this common-

wealth, and which may be the subject of future discovery.

The ingenious and observing in the medical profession will not be inattentive to those facts, which may contribute to elucidate the origin, nature and cure of those malignant fevers which have raged as pestilence in many parts of the state, and for which, experience has yet afforded no settled mode of cure.

While the subjects for medical and scientific research, are thus extensive: it must afford you, gentlemen, much satisfaction to reflect on the progress of professional knowledge in the public seminaries of the United States. In the colleges and academies of the University of this state, the number of students of medicine exceed one hundred. In the University of Cambridge, in Massachusetts, the students pursuing medical studies are sixty. At Dartmouth College in New-Hampshire, the medical students are upwards of seventy, and in the University of Pennsylvania, there are upwards of three hundred; besides the students in the Medical College of Maryland. Professor Silliman, of Yale College, has now a class of one hundred students attending his instructions on chemistry.

Though the nations of Europe are engaged in sanguinary wars, yet at no period have her philosophers been more successful in brilliant discoveries. During the last year, Mr. Davy, the Professor of Chemistry, in the Royal Institution at London, pursuing a train of ingenious investigations, has made some of the most important discoveries of which modern times can boast, or which have been presented to the world since the days of Sir Isaac Newton.

This indefatigable inquirer found, by a series of experiments on the alkalies, potash and soda, that they were convertible by certain processes into metalic substances and which he called potassium and sodaium, and of which these alkalies are the bases.

In examining the properties of these new metals, Mr. Davy experienced difficulties from their violent attraction, for the constituent parts of almost all substances. If, however, covered with a thin transparent film of newly distilled naptha, by which they are defended from the air, their physical qualities can be accurately examined. The metal of potash resembles mercury in its appearance. At the temperature of sixty degrees, it is less fluid than mercury; at one hundred degrees, its fluidity is perfect; at fifty degrees it is malleable, and at thirty-two degrees it is crystallized.

The experiments of Mr. Davy have been repeated by the French Philosophers with perfect success. Struck with the wonderful discoveries of this gentleman, the Emperor of France has awarded him a munificent present.

The discoveries of Mr. Davy have invited with success, the attention of the Swedish chemists. The French and English chemists have also discovered metals of lime, barytes and of magnesia. They have also succeeded in proving the metallic nature of ammonia, and rendered it probable that the very air we breathe contains metal in a gaseous form.

Though these brilliant discoveries have been made by the philosophers of Europe, yet the lovers of science and the arts in the United States have not been inattentive to a variety of useful improvements and interesting discoveries. Such, indeed, is the progress of our people in agriculture, manufactures, and the useful arts, as to invite the respect of the civilized world.

ART. V.—*Fourth Meeting. Albany, February*, 1810.

1. *Officers and Members present.*—Dr. Nicholas Romayne, President, New-York. Dr. Alexander Sheldon, Vice-President, Montgomery. Dr. Andrew Proudfit, Treasurer, Rensselaer. Dr. John Stearns, Secretary, Saratoga. Dr. Westell Willoughby, Censor, Herkimer. Dr. Alexander Morse, Essex; Dr. John Ely, Greene.

The following members presented their credentials, which were approved, and they accordingly took their seats.

Dr. William Wilson, Columbia. Dr. Henry White, Westchester; Dr. Leer Ward, Genessee; Dr. Asa B. Sizer, Madison; Dr. Benjamin Bevier, Ulster; Dr. Henry I. Hoornbeck, Orange; Dr. Oliver C. Comstock, Seneca; Dr. John Sofford, Lewis; Dr. Oliver Davidson, Clinton; Dr. William M'Clelland, Albany; Dr. Abraham Allen, Washington.

2. *Dr. Hosack's Botanic Garden and Report thereon.*—A memorial from the Medical Society of the county of New-York, to the Legislature, recommended by the Corporation of the city of New-York, and the Governors of the New-York Hospital, for the purchase of Dr. Hosack's Botanic Garden, was presented to the Society and referred to Drs. Sheldon, Ely, and Ward.

Dr. Sheldon, from the committee to whom was referred the memorials for the purchase of Dr. Hosack's Botanic Garden, reported the following resolution:—That the Medical Society of the State of New-York do unite with the Medical Society of the county of New-York, the Corporation of the city of New-York, and the Governors of the New-York Hospital, in soliciting the honorable the Legislature to purchase the Botanic establishment of Dr. Hosack, if consistent with the funds of the state, or otherwise, to grant a lottery for that purpose. And that the establishment, if purchased, be so managed under the direction of the Legislature, as may be most convenient to the diffusion of medical science.

Whereupon it was resolved, that the said resolution be engrossed on the aforesaid memorial, and signed by the President and Secretary.*

3. *Honorary Members.*—John Warren, M. D. Professor of Anatomy and Surgery in the University of Cambridge, Massachusetts, and the Rev. Alexander Proudfit, A. M., of Salem, Washington county, having been duly proposed, were unanimously elected honorary members of the Society.

4. *Election of Officers for* 1811.—The Society proceeded to the annual election of officers, when, Dr. Nicholas Romayne was chosen President. Dr. Alexander Sheldon, Vice-President. Dr. Andrew Proudfit, Treasurer. Dr. John Stearns, Secretary. Drs. Westell Willoughby, jun., William M'Clelland, William Wilson, Abraham Allen, and Joseph White, Censors. Drs. Nicholas Romayne, Alexander Sheldon, Andrew Proudfit, John Stearns, Henry H. Sherwood, Oliver C. Comstock, John Sofford, and Henry White, Committee of Correspondence.

5. *Militia Law.*—Dr. Sheldon, from the committee to whom were referred the communications from the County Medical Societies of New-York, Saratoga, and Montgomery, reported the following resolution :—That the section of the Militia Law which compels physicians and surgeons to do military duty, is contrary to their ancient rights and privileges, and that a committee be appointed to wait upon Dr. Mitchell, and other members of the Legislature, to represent the same, and to request their friendly aid to effect the repeal of the said section. Whereupon, Drs. Stearns, Comstock, and Romayne, were appointed a committee for that purpose.

6. *Communications read.*—Dr. Stearns read a communication on a case of catalepsy, successfully treated.

Dr. Hoornbeck read a communication on the topography and medical history of the county of Orange.

The Secretary read a communication on the like subjects, respecting the county of Ontario, from Dr. Hart.

7. *County Medical Schools.*—The committee to whom was referred the subject of the County Medical Schools, reported, that, whereas, the Medical Society of the State feel solicitous to promote the respectability and usefulness of the several County Medcal Societies, by inviting them to promote a general diffusion of medical knowledge, therefore, it was

Resolved, That each County Medical Society do appoint two or more discreet lecturers, whose duty it shall be to give such instruction to medical students as the encouragement they may receive will justify. And that they may be requested to communicate to the Committee of Correspondence of this Society, special accounts of their success, for the information of this and the county societies.

8. *Honorary Members.*—Dr. Samuel L. Mitchell, Professor of Natural History and Botany, in the University of this State, and Dr. Hosack, Professor of Materia Medica and Botany, in Columbia College, were nominated honorary members of this Society.

9. *Admitted to Practice.*—Drs. Quackenbos and Burrill, of the county of New-York, and Dr. Manney, of the county of Dutchess, having produced satisfactory testimony of their medical studies, and proficiency in the medical knowledge, were admitted to the privileges of physicians and surgeons in the state.

10. *Extracts of two Communications made to County Medical Societies.*—"The Medical Society of the State of New-York view with much satisfaction the organization of several medical societies of the counties, by virtue of the law of the 4th of April, 1806, for regulating the practice of physic and surgery; and they entertain no doubt but due exertions will be made by every incorporated medical society, to satisfy the just expectations of the Legislature and of the public respecting these institutions.

This law not only contemplates the establishment of such regulations, in the practice of physic and surgery, as may give respect to the medical profession, and promote the public good; but also such as tends to improve our knowledge of the healing art, and encourage professional education. The Society do not doubt, but that the powers with which the county medical societies are invested, will be exercised with moderation, and that nothing will be done to give offence to the public: they will recollect that *medicine* has been justly considered one of the liberal professions, and that this character can be supported only when it is exercised on principles just and liberal."

"Whatever relates to the causes, the nature and the cure of diseases, will obviously claim the attention of every medical society; and they will no doubt invite their respective members to the due exercise of their professional duties, as well as to those observations which may contribute to extend the usefulness and add to the importance of the profession."

* In pursuance of the preceding recommendations Dr. Hosack's Botanic garden was purchased by the Legislature at seventy three thousand dollars—that being the amount of which it was estimated by three respectable commissioners in the city of New York. It was subsequently ceded to Columbia College, on condition that a College edifice should be erected on the ground within ten years. This condition was afterwards revoked.

The Property at this time is said to be worth more than one hundred thousand dollars, and we understand that it is the intention of the Trustees of Columbia College to erect on the spot a splendid College Building.—*Eds. U. S. Journal.*

"The Medical Society of the State deem it their duty again to invite the medical societies of the counties to grant every encouragement to promote the diffusion of medical knowledge."

11. *Anniversary Address by the President, Dr. Romayne,—Extracts from.*—"Settled in the different counties of this extensive state, enjoying domestic comforts, and the advantages to be derived from professional employments, you subject yourselves to inconveniences; you submit to the loss of private emoluments, to meet at this place, in social harmony and concert, to exercise the duties confided to you by law; to superintend the regulation of the medical profession in the state, and to favor the diffusion of knowledge in the healing art."

"Mankind are not fitted suddenly, but by slow degrees, for the privileges of self government; and the perfection of human regulations must be the result of experience and reflection. It is not twenty years since a law was first enacted to authorise the magistrates to require qualifications from those whom they might privilege to practice physic and surgery throughout the state. The professional rights and immunities which are now invested in the incorporated medical societies, will, no doubt, be exercised with circumspection, and in the progress of their transactions, will manifest those useful regulations which may be conclusive of the justice and policy of their establishments.

"The duties, however, of this Society, when considered in all the various relations of the county societies and community at large, are highly important. To execute them happily and with most advantage to the public, must require from you much circumspection and serious reflection; and it will be a subject for your consideration, whether this Society may not be usefully aided in its deliberations by the salutary counsels of some of those gentlemen who are most conspicuous in the state for their liberality and medical knowledge."

"In the progress of the proceedings of this Society, some attention has been paid to devise means for the prevention of those frauds which are often practised on the community by ignorant and designing pretenders in medicine. But this subject, when attentively considered, has always been involved in difficulties so extensive, that a remedy has hardly been found for the evil."

"It may be remarked, that physicians have not been sufficiently attentive in correcting certain opinions, which commonly prevail in communities, respecting specific virtues and an universal remedy. With little trouble or address, it would be easy to satisfy the meanest capacities, that such is the difference of constitutions and habits among men, that what would be useful to one person, might be prejudicial to another; that what would be proper in one stage of a disease, might have deleterious effects in another; that the best and most valuable medicines only prove remedies when they are administered properly, and under favorable circumstances; and that the knowledge of their successful application must be acquired from accurate conceptions of the philosophy of the human body, of the laws of health, and of morbid actions under disease. As the progress of medical knowledge is most evident, our ideas of specific remedies, and of their fallacy, become more correct; and it is fact, generally admitted, that the efficacy of all secret medicines, and their wonderful powers, are lost, as soon as the nature of the article be made public."

"Medicine has long been considered one of the liberal professions, in which services were to be compensated by the munificence of the public, not by arbitrary exactions or legal demands, which, in the professions, are always odious to the people. It was by conduct truly liberal, that, in early ages, the medical character was often considered in an exalted point of view. In the scriptures, the character of the physician is often mentioned with respectful consideration. Hippocrates rejected all the wealth and honor which the Persian Monarch had to bestow, and refused his medical aid, because he was the enemy of his countrymen, the Greeks. In Modern Europe, wherever the medical profession is respectable, professional services are liberally rewarded by voluntary compensations.

"Hitherto, in the United States, the medical profession has been placed on the footing of the mechanic arts; and the courts of justice have allowed compensations for medical services, upon the common principles of a quantum meruit. But it would be injustice in us to suppose, that our countrymen, who are so conspicuous for their liberality and enlightened views, who form now one of the richest communities in the civilized world, would be wanting in justice to the medical profession, if the principles upon which compensation should be expected, were explained or generally understood. Changes from former habits can only be gradually effected; but that justice which the profession has a right to demand, it is confidently hoped, will in time be liberally yielded."

"While your attention may be directed to whatever will, in the remotest degree, improve the medical profession, and extend its usefulness, there is one subject which seriously calls for your deliberations. A fever of a most malignant nature, appeared a year or two ago in Connecticut, in the winter season, and proved fatal to many respectable citizens. The reports respecting its nature, makes it a disease probably different from the yellow fever, or the common putrid or nervous fevers of the country. This spotted fever, as it is called, has appeared within a few months, in some parts of the county of Orange, and has in many instances proved

fatal. It may appear in other parts of the state. In your present session, you will doubtless set on foot such inquiry respecting the nature and successful treatment of this disease, as may merit the attention of the public. You have already offered premiums to promote medical researches. Though the funds of the Society be limited, and arise from the voluntary contributions of its members, yet, on the present occasion it must redound to the honor of this Institution, to offer a prize medal for the best dissertation on the nature and cure of this malignant spotted fever.

"It is by such acts of disinterested benevolence and humanity, that the members of this Institution will obtain the respect of their countrymen, and receive the high rewards which await the merciful and the just. It is by your generous efforts to arrest the tide of pestilence, and relieve the bed of sorrow, that you will merit the blessings of those who are ready to perish."

ART. VI.—*Fifth Meeting. Albany, February,* 1811.

1. *Officers and Members present.*—Dr. John Stearns, Secretary. Drs. William Wilson, William M'Clelland, Abraham Allen, and Westell Willoughby, Censors. Dr. Benjamin R. Bevier, Ulster; Dr. Henry H. Sherwood, Jefferson; Dr. Asa B. Sizer, Madison. Dr. Moses Willard, Honorary Member.

The following new members presented their credentials, which were approved, and they accordingly took their seats:

Dr. John R. B. Rodgers, New-York; Dr. Eli Burritt, Rensselaer; Dr. Anthony Davis, Orange; Dr. Asahel E. Paine, Delaware; Dr. William Patrick, jun., Saratoga; Dr. James L. Van Kleek, Dutchess; Dr. Jeremiah D. Fowler, Westchester.

The President of the Society being absent, Dr. William M'Clelland was called to the Chair.

2. *Honorary Members.*—Drs. Samuel L. Mitchell and David Hosack, having been duly proposed, were elected honorary members of the Society.

3. *Prize Medal.*—The prize medal for "the best dissertation on the topography, geology, mineralogy and medical history of any county in the State of New-York," was adjudged to Dr. Stearns, of Saratoga.

4. *Respect to the Memory of Dr. Wheeler.*—On motion, it was *Resolved*, That the members of this Society wear crape around the left arm for thirty days, as a testimony of respect for their deceased brother, Dr. William Wheeler of Dutchess.

5. *Election of Officers for* 1812.—The Society proceeded to the annual election of officers, when the following gentlemen were chosen: Dr. William Wilson, President. Dr. Westell Willoughby, Vice-President. Dr. Asa B. Sizer, Treasurer. Dr. Benjamin R. Bevier, Secretary. Drs. John R. B. Rodgers, New-York, William M'Clelland, Albany, William Patrick, jun. Saratoga, Eli Burritt, Rensselaer, and Jesse Shepherd, Schoharie, Censors.

Drs. William Wilson, Columbia, Asa B. Sizer, Madison, John R. B. Rodgers, New-York, Eli Burritt, Rensselaer, John Ely, Greene, Henry H. Sherwood, Jefferson, and Jesse Shepherd, Schoharie, Committee of Correspondence.

6. *Petition to the Legislature.*—Dr. Rodgers, from the Committee appointed to enquire into the expediency of petitioning the Legislature for a fund, and for other purposes, reported a draft of a memorial praying for aid, and sundry amendments to the law which was approved of, and ordered to be left to the care of Dr. John Stearns; and his exertions and influence requested in and with the Legislature, for the passage of a law conformable thereto.

7. *Honorary Members, and Thanks to Dr. Stearns.*—Drs. Nicholas Romayne and John Stearns were proposed honorary members of the society.

On motion, it was *Resolved*, That the thanks of the Society be presented to Dr. John Stearns, for his faithful services as Secretary.

8. *Dr. Willard's Dissertation.*—Dr. Moses Willard read and presented to the Society a dissertation on typhus mitior.

On motion, it was *Resolved*, That the thanks of the Society be presented to Dr. Willard, for his dissertation.

9. *Anniversary Address of the President, Dr. Romayne,—Extracts from.*—"As the patrons of the healing art; as my fellow members of this Medical Society, ardent to fulfil the duties confided to you by law; I entreat your indulgence, while I lay before you some reflections connected with the former and present condition of the medical profession in this state; that where errors prevail, your exertions may be employed to eradicate or correct them; and that not unmindful of your obligations to the public, and the confidence reposed in you, you may cherish what is just, and patronise what contributes to public benefit."

"It would be painful to intrude on your notice, the humble condition of medicine which seems to have existed for more than a century after the first settlement of this state. It could only consist of a statement of the arts and intrigues by which the practitioners of physic succeeded in advancing their private interest and professional emoluments.

"The state of humiliation in which the

profession of medicine existed in the city of New-York so late as the middle of the last century, has not escaped notice in the periodical publications of that time. In the 12th number of the Independent Reflector, published in the city of New-York, on the 15th of February, 1753, 'on the importance of the practice of physic, and the dismal havoc made by quacks and pretenders,' it is observed, 'that there is no city in the world, not larger than New-York, (containing then about ten thousand inhabitants,) that abounds with so many doctors: they could boast of more than forty gentlemen of the faculty, the greatest part of whom were mere pretenders to a profession of which they were entirely ignorant; and convincing proofs of their incapacity were exemplified in their iniquitous practices. The advertisements they published proved them ignorant of the very names of their drugs. Ignorant as boys in the lowest class in a reading school of even the little art of spelling.' The writer states his proofs of their being low-lived empirics, and then says, 'How few of the profession can even support a conversation upon the most common subjects of physic, without betraying their natural stupidity and ignorance; yet so strangely absurd is our conduct, that the meanest quack among them, insinuates himself into a subsistence. How many of the lives of the good people of this city, must annually fall a sacrifice to those pests of society! While we are tenacious of our property, and justly glory in laws wisely calculated for the preservation of our possessions, how preposterous is our conduct in trusting our persons to quacks and licensed assassins. By the law of the land, a person is guilty of murder for killing a man by throwing a stone from a house into the street where people usually pass, though there be no evidence of malice prepense. And shall an illiterate mountebank, who deals out destruction, escape with impunity, and be permitted to fall on the bereaved widow and orphan with an exorbitant bill of fees, to deprive them of the only solace they have left them?'"

"Though the medical history of our state, for a long period after the first settlement, can only be viewed by professional men with painful reflections, yet soon after the middle of the last century, various causes began, and others have continued since, to operate in meliorating the condition of the practitioners of medicine.

"The war which effected the conquest of Canada was, perhaps, the first circumstance which materially improved the condition of medicine in this state. The English army employed for that purpose, left Europe accompanied by a highly respectable medical staff, most of whom landed in the city of New-York, and continued some years in the neighboring territories, affording opportunities to many young Americans of attending the military hospitals, and receiving such professional instruction as gave them afterwards consideration with the public. The physicians and surgeons of the Anglo-American army, gained the confidence of the public by their superior deportment and professional information. The military establishments in this state, after the Canadian war, required medical and surgical attendants; so that the people had the benefit of their professional advice. In this manner a new order of medical men was introduced into the community.

"About the middle of the last century, also, King's College was established in the city of New-York, and some years after, able professors were invited from Europe to fill the literary department of that institution. This had a happy effect on the sentiments of the community respecting general literature, and favored the progress of scientific improvements.

"The regulating of the medical profession has always been an object of attention in all wise governments: if it were only to designate the distinctions arising from examination, and to confer legal protection, without penalties or forfeitures.

"Before the American revolution, laws were enacted to regulate the practice of physic in the city of New-York.

"These improvements were followed by the establishment of a medical school in King's College, about the year 1766. In the year 1774, when I commenced the study of medicine, about 25 persons attended the anatomical lectures, some of whom were students from the West Indies. This school, however, did not flouish in a manner corresponding with the respectability and learning of some of the professors. The conduct of the governors of the college, it was said, was injurious to this medical establishment. Much opposition also existed among some inhabitants, and even many of the profession, to a medical seminary. I cannot but gratefully remember the early lessons in the healing art which I received from the professors of this establishment, and from other distinguished physicians in the city of New-York.*

"Perhaps a more rapid change has seldom taken place in favor of literature and the medical profession in any community, than was experienced in the city and state of New-York, from about the middle of the last century, to the beginning of the American war, comprehending a period of about twenty years.

"The seat of the American revolutionary war being much confined to this state, afforded opportunities for medical information in the military hospitals. In this manner, professional improvement may be said to have become more generally diffused through the state, than at any former period.

* Drs. Samuel Clossy, Peter Middleton and John Jones Professors; William Farquhar and William Bruce, physicians.

"After the conclusion of the war which established the independence of the state, attempts were made to arrange a medical school in Columbia College;* but these failed of success, and were connected with circumstances of so much mismanagement as greatly to affect the feelings of the citizens, and produced what has been called the *Doctors' Mob;* which laid for three days all authority prostrate in the city, and subjected several medical gentlemen to insult. This unfortunate event tended to degrade the medical character in the public mind, and not only to retard the progress of the science, but to excite unpleasant sentiments in the people, with respect to the profession. While medicine was about reverting to a humble state in the city of New-York, it was in some measure upheld by some young Physicians and Surgeons, who were induced to form a private Society for the improvement of Medical Science, and for favouring instruction in those branches of knowledge connected therewith; and the Almshouse and public goals were made subservient to the purposes of affording practical Information to Students.

"The Medical Department of the public establishments in the city of New-York, had usually been farmed out to the lowest bidder, and had always been granted to persons of little Professional Information.

"Upon a representation to the Magistrates of the city, about the year 1787, they established at the public expense, an apothecary's shop, and accepted the professional services for the sick poor, of Dr. William Moore, Dr. Nicholas Romayne, Dr. Benjamin Kissam, Dr. Wright Post, and Dr. Valentine Seaman.—These gentlemen afforded their gratuitous attendance for some years, and formed the first practical establishment as a Hospital and Dispensary under the Corporation of the city, which existed in the State. The Students had not only an opportunity of visiting the sick, and attending to the Reports and Prescriptions, but also of hearing Lectures on most branches of Medicine; and with such success, that in the year 1790, upwards of 50 Students attended the instruction thus afforded.

"This private association induced the Legislature to pass an act in 1791, to establish a college of Physicians and Surgeons for the sole purpose of promoting medical Science. The Regents of the University, however, at that time declined executing the Charter, and by an arrangement made with the Trustees of Columbia College, a third opportunity was afforded that establishment to become a seat of medical learning. The private teachers introduced 60 Medical Students to that College; which being reported to the Legislature, a grant of about 30,000 dollars was made to its Trustees for the purpose of enlarging the College buildings, and furthering the objects of education.

"The Trustees of Columbia college, having obtained a number of Students, paying fees, and a grant of money from the public, proceeded to make such appointments, as in the opinion of the students were highly unsatisfactory, and which caused the greatest part of them to abandon the college, and erase their names from its register. This circumstance contributed greatly to augment the number of Students at the medical school in Philadelphia.

"The sick poor of the metropolis had for a century or more been attended by practitioners of physic in the manner already stated. The senior practitioners of the city had long viewed this subject with cold indifference; but as soon as the magistrates had employed men of fair pretensions to medical reputation to attend the sick under the public charge, their sensibility became wonderfully affected.

"The passions of envy and jealousy which sometimes excite men to actions worthy of a purer origin, induced these practitioners to exert themselves to establish a Dispensary, and to carry into effect the establishment of the New York Hospital. Both of which Institutions now do honour to the city of New-York, as well as to those gentlemen under whose superintendence they are placed

"Among the causes which had contributed to improve the condition of Medicine in the state towards the close of the last century, it becomes me to mention a periodical publication, the Medical Repository. This work was commenced in the year 1797; a quarterly pamphlet has regularly made its appearance from the time of its first publication, so as to bring the 14th volume almost to a close. This publication is a compendium of domestic information respecting Medical, Physical and Scientific researches, deserving a place in every private and public library."

"The most important event to improve the condition of Medicine in this State, is connected with the establishment of this Society, by virtue of an act passed the 4th day of April, 1806. This law was enacted at the solicitation of our professional brethren in the counties of Washington, Saratoga and Montgomery who will always merit the respect and attention of this Society. May the establishment of this Institution form an era in the history of the State, from which we may hereafter trace the successful progress of Medical Science."

"I cannot close this address, without expressing to you my obligations for the unmerited attentions you have permitted me to experience; and while I respectfully offer the sentiments of esteem which I shall continue to entertain for my fellow members, I fondly cherish the pleasing expectation that the society will continue to exist as an Institution creditable to the state, and highly honourable to the medical profession."

* Formerly King's College.

ART. VII.—*Sixth Meeting. Albany, February,* 1812.

1. *Officers and Members present.*—Dr. Westell Willoughby, Vice-President. Dr. Benjamin R. Bevier, Secretary. Dr. Asa B. Sizer, Treasurer. Drs. John R. B. Rodgers, William Patrick, Eli Burrit, and Abraham Allen, Censors.

The minutes of the last meeting were read and approved.

The following new members exhibited their credentials and took their seats :—Dr. Gain Robinson, Ontario ; Dr. Amos Hamlin, Greene ; Dr. William A. Reed, Montgomery. Dr. Daniel I. Toll, Schenectady ; Dr. John Stearns, Albany ; Dr. Jesse Shepherd, Schoharie.

2. *Memory of Dr. M'Clelland, and Honorary Members.—Resolved,* That the members wear crape on the left arm for thirty days, in testimony of respect for the memory of their deceased brother, Dr. WILLIAM M'CLELLAND, late of Albany.

Dr. Willoughby proposed Lyman Spalding, M. D. Professor of Anatomy and Surgery at the Medical Institution of Fairfield, in the county of Herkimer, and George Cheyne Shattuck, M. D. Professor of the Institutes of Medicine at the same institution, as honorary Members of this Society.

Nicholas Romeyn, M. D. of the city of New York, and John Stearns, M. D. of the city of Albany, having been duly proposed at the last annual meeting, were elected honorary Members.

3. *Election of Officers for* 1813.—The following members were chosen :—Dr. John R. B. Rodgers, President. Westell Willoughby, Vice-President. John Stearns, Secretary.—Asa B. Sizer, Treasurer. Drs. John Stearns, Ely Burrit, William Patrick, Jesse Shepherd and Benjamin R. Bevier, Censors. Drs. John R. B. Rodgers, John Stearns, William Wilson, Abraham Allen, Benjamin R. Bevier, Gain Robinson, and Asa B. Sizer, Committee of Correspondence.

4. *Licensed to Practice.*—The following young gentlemen have been licensed by the society :—Johnathan Sowle, John Statts, Seymour Carpenter, John Cheesman, Samuel M'Cauley, John G. Vought, John H. Sackett, Daniel Tilden, Ebenezer B. Morehouse.

5. *Anniversary Address by the President Dr. Wilson.*—We find nothing of importance in this address, either to Analyze or extract from it. The principle topics on which it dwells have been ably given in the former addresses.

ART. VIII.—*Seventh Meeting. Albany, February* 1813.

1. *Officers and Members present.*—John R. B. Rodgers, President. Drs. William Reed, Amos Hamlin, Asahel E. Payne, Joseph D. Fowler, John Stearns, and Jesse Shepherd.

The following new members presented their credentials and took their seats in the Society.

Drs. Joseph White, of Otsego ; James L. Van Kleek, Dutchess ; Levi Ward, Genessee ; Elihu Hedges, Orange ; and Elijah Porter, Saratoga.

2. *Papers Read, presented &c.*—Dr. Hamlin presented the By-Laws of the County of Greene, and also read a topographical description of that county, with a history of the diseases of the same.

The thanks of the Society were given to Dr. Hamlin for his communication, and a copy of the same was requested to be deposited with the Secretary.

Communications from Dr. Willoughby and Dr. Stearns, on the prevailing epidemic, were read by the Secretary. The thanks of the Society were presented to those gentlemen for their communications, and copies of the same were requested for publication.

A communication from Dr. Sizer, on the late earthquake in the county of Madison and its victnity, was read by the President.

Dr. Arnell, President of the Medical Society of the county of Orange, presented to the Society several copies of an address which he delivered before the Society of that county. The thanks of the Society were presented to Dr. Arnell for these copies.

3. *Election of Officers for* 1814.—When the following members were chosen :—John R. B. Rodgers, M. D. President. Joseph White, M. D. Vice-President. John Stearns, M. D. Secretary. James L. Van Kleeck, M. D. Treasurer. Drs. Eli Burrit, William Reed, Jesse Shepherd, John Stearns and Elihu Hedges, Censors. Drs. John R. B. Rodgers, Joseph White, William Wilson, James L. Van Kleeck, Levi Ward, Westell Willoughby, and Asahel E. Payne, Committee of Correspondence. Nicholas Romayne, M. D., and Samuel Bard, M. D., Permanent Members. Lyman Spalding, M. D., and George Cheyne Shattuck, M. D., Honorary Members.

4. *Anniversary Address by the President, Dr. Rodgers. Extracts from.*—"The diseases of our country, generally, may be divided into those which obtain in the more northern part of the United States, which partake of the inflammatory type of the *synochal* form in the beginning, and of the *typhus* type in their termination ; and secondly, of those

which are of the order of *intermittents* proper, or are of that grade of *remitting* fevers which takes place of the *intermittents* of southern climates. The *first* obtain in and about the latitude of our own State, and the *second* in the more southern portion of the United States, and that part of our country in the neighbonrhood of lakes in our northern States. The first set of diseases arise from a change made in the balance of the system from the operations of heat and cold, moisture or dryness of the atmosphere on the *solida viva* of our bodies; and are indepedent of, or do not arise from, any change of the chemical qualities of the atmosphere. The second arise from a change made in the qualities of the air, or the production of New materials in the atmosphere, arising from the application of long continued heat on animal and vegetable matter in a state of decomposition. With the production of these new materials in the air, an effect is also produced on the human body by long continued heat; and the body is thus fitted to be operated on by the noxious air. And if heat of sufficient grade and length of continuance, with moisture, be applied to dead animal or vegetable matter, even in northern latitudes, the same effect will be produced from the same cause as in southern climates. This accounts for the production of malignant fevers in our own country.

"For two years past the general type of our fevers in this State, and to the eastward of us, has been more anomalous than in former years. The summer of 1811, though not hot generally, yet had some portions of it extremely and almost intensely so; and when sudden transitions take place in the atmosphere, especially of an extreme in either way, the consequence will be, that though the excitement of the system may be great, yet the excitability will be soon worn down, so as that the diseases which follow will take on the appearance of great violence at first, and induce the physician to suppose that the system could suffer great depletion for a long time with impunity; when, in fact, this great action runs its course very soon, and ends in a state of debility.

"This is precisely the case in excessively hot countries, where their epidemics invade with great violence, and terminate with as great rapidity. The exertions of the physician, therefore, in such cases, should be as active, as prompt, and decisive, as possible. If these diseases are taken at their first invasion, and the most active evacuants promptly used, the patient very often as quickly recovers; but if there is any temporizing, the patient as quickly dies; "*cito mors venit aut victoria lœta.*" The diseases of the summer and autumn of 1811, had the impress of the heat and alternations of the weather. In the summer the diseases of children were severer than usual; *cholera* in grown people was more frequent, and oftener fatal than ordinary. In those parts of the country, where, from the proximity to marshes and ponds of water, intermittents were common in the autumn, remitting fevers took place of the usual intermittents, and the latter did not yield to the common remedies. The alternations in the weather disposed the congestions in the viscera, and therefore the fevers of the autumn would not yield without the use of mercury, either by itself, or combined with antimonial preparations. Congestions in the liver were frequent. In the congestions produced by the alternations of the weather we see an analogy with the cold fit of intermitting fevers, which is the period of disease in which congestions are formed in the liver or other viscera; and the more frequent formation of them that season than usual, can only be accounted for from the state of the weather, and the reasons we have before mentioned.—The weather was mild in the whole of November and the beginning of December; but the Hudson river was soon shut up. In January, 1812, we experienced, for a short time, more intense cold than we had felt for many years. This extreme cold, like the intense heat of the preceding summer (1811), was of but short continuance. To this succeeded a milder state of weather, which though not very cold, yet did not relax as much as is frequently the case even in very cold winters.—There seemed to be a uniform continuance of a much lesser degree of cold, and the uniformity of the interior cold had a worse effect than the occasional occurrence of a much lower state of the thermometer. The diseases of this winter and spring were *catarrh*, with *pneumonia*, which ran on to *pneumonia notha*. This epidemic constitution of the air varied in different places, according to a variety of atmosphere arising from different local situations, and according to the habits of the patients. In Westchester county, for instance, and those parts of our country where the elevation of the ground gave greater coldness of air with less moisture, the disease was more purely inflammatory, and invaded the chest; but where, from the influence of the ocean a greater degree of moisture was given to the air, the disease was catarrhal, and often mixed with acute rheumatism; and towards the spring, and in *March* and *April*, in some cases, appeared with scarlatinous affections of the surface, and complaints of the throat in the form of *scarlatina anginosa*. In the latter situation of ground and atmosphere, the pneumonic symptoms soon became *peripneumonia notha*.

"In this season we find a similarity to the account given by Sydenham of the epidemic of 1665. Whether these physical occurrences in the atmosphere, by consequence, produced that kind of fever which quickly ran through the *synochal* form, and so soon became *typhus*, or whether there was an occult, and to us unknown quality in the air which disposed to disease, we will not say; but we may be permitted to quote Sydenham,

who says, when treating of the epidemic constitution of the years 1665 and 1666, at London, that "the preceding winter having been extremely cold, and accompanied with a continued frost till spring, which went off suddenly towards the end of *March*, that is, in the beginning of the year 1665, and then arose *peripneumonies*, *pleurisies*, *quinsies*, and other inflammatory diseases, which quickly made great devastation; *and with these there also appeared a continual epidemic fever, of a very different kind from those of the foregoing constitution*, which usually seized scarce any body at that time of the year." The fever which then occurred in Sydenham's time, was in most of its symptoms very much like the disease which prevailed so much the latter part of last winter and through the whole of the spring, till the coming of warm weather, and which has appeared in so many parts of our country, and created lately so much alarm in this city.

"In some parts of our country the measles appeared in the winter of 1811–12, as in *Albany* and *Philadelphia;* but I do not recollect of their appearing at that time in New-York and its vicinity; and in Albany and Philadelphia they did not extend, and the cases were very few and sparse. This circumstance respecting measles demands our attention; it is singular, and not according to our experience in the propagation of this disease. Measles are known to invade or be epidemic every *seventh* or *ninth year*, and to be personally communicable or infectious; a disease of *specific contagion*, and supposed very easily taken. Now the communication between New York and the cities before mentioned was so constant and great, that one is surprised that the disease was not taken from one place to the other, or that it did not soon extend over *Albany* after its first appearance, for it never was epidemic *there* in the winter of 1811–12. We can account for this fact only from the existence of that state of the atmosphere which Sydenham calls *Epidemic*, and which determined to a certain state of the system, at the same time preventing the invasion of other diseases.

"We know from the history of epidemics in our own country, and the relation of them in others, that an epidemic swallows up or converts all other complaints into itself: so in this instance the atmosphere was more favourable to the production of another morbid state than that which disposed to measles. It might, perhaps, be said, that it is part of the constitution of measles to invade at a determinate period, and that the period had not yet come round. Epidemic constitutions or *dispositions* of the atmosphere seem to run into each other. This appears in the relation which Sydenham gives in his epidemics, in the account we have just given of the diseases of 1811–12, and in the history of the disease called *Spotted Fever* in our own country. In this last, scarlatina anginosa and cynanche maligna were connected with pneumonia notha, or ran into it. Within the year past, in our state, the disease precisely in the form of *spotted fever* has not appeared; though we believe that the complaint prevalent in this neighbourhood, and in the adjacent counties, is only a variety of this disease, not marked with such eruptions on the skin as were said to exist in the first cases which occurred in the eastern states. The disease in the form of *pneumonia typhoides* has occurred in the city of New York, in several instances, as appears by the obituary of that city for the year 1812. And here let us remark the impropriety of prescribing for a disease by its name and not according to its symptoms.

"In the history of this complaint we can readily acknowledge the truth of the different statements of different physicians who have seen it in different places and in different states of progress, from scarlatina to cynanche maligna, and mixed with pneumonia and typhus. Much candour appears in the whole account of the different writers on this disease. We are particularly indebted to the ability and zeal of Dr. North, for his publication on it.

"The following are among the general facts shown in the histosy of this disease by Dr. North, and apply to the disease which has created so much alarm.

"1st. That there was no morbid secretion either as a necessary cause, or a produced effect.

"2d. That there was an epidemic without any suspicion of personal contagion either in its first appearance or after continuance, and that no idea was entertained of its being brought or carried from any one place to another.

"3. That it was violent in its access, and rapid in its operation and termination, though sometimes insidiously, and without great action of the arterial system. It showed a similarity in these points to the *pestis* of Cullen, and the malignant fever which has occasionally afflicted so many places of our country in our autumnal months.

"4th. The *spotted fever* appeared after cold and moisture united, and disappeared when warm weather came on.

"5th. Its fatal termination, sometimes in a sudden oppression of the breast and lungs, appeared like the disease, so little known, called *Angina Pectoris*.

"6th. It appeared much connected with *scarlatina*, and to assume the form of a disease I would call *Scarlatina Pneumoides;* and when not appearing with any affection of the skin, should be denominated *Pneumonia Typhoides*.

"We see then that there are diseases peculiar to each season of the year, (independently of miasmata or contagion) as *influenza* in the winter and spring, *scarlatina* in the winter and spring, *scarlatina* in the spring, *malignant fever* in the last of summer and the

beginning of autumn, and the disease called *spotted fever* in the winter and spring.

"The epidemic constitution of the atmosphere spoken of by Sydenham has been evident in the diseases of the time we have been considering; and the anomaly of these diseases, when compared with former years, is only to be accounted for by referring to such a state of atmosphere.

"In the treatment of these complaints it has been seen that the rapidity of their progress showed that they were derived from a morbid state of the air: they did not appear to arise from any specific contagion; for all febrile diseases which are derived from specific contagion are longer and slower in their progress, and are distinctly and definitely marked in their stages and in the time they run; and the final departure or disappearance of the latter cannot be predicted by the changes of the atmosphere as the former.

"Diseases of specific contagion are reproduced at all seasons, in all climates, in all conditions, in all ages, and in all states of the system: they are the effect of secreted poison on or in some part of the system, and can never be produced till this poison is secreted. Thus *small-pox* can never be communicated during what is called the eruptive fever, and not before pustules have appeared on the surface, and some material formed therein. Nor can *measles* be produced till after the eruption has appeared on the surface. *Pertussis*, which is said to be a disease of specific contagion, cannot be given before a whitish secretion takes place from the bronchial vessels of the patient, in which resides the poison of the disease. It is supposed, on this principle, that in *pestis* the disease is not personally communicable till pestilential matter is secreted either in the axilliary or inguinal glands, or till some tumour is formed in some other part, the effect of the fever.

"The irregular and anomalous febrile disposition of the autumn of 1811, and winter and spring of 1812, gave way to the coming on of warm weather, and were succeeded by the usual diseases of the summer; these, however, were milder, generally, the last season than the preceding, except that *diarrhœa infantilis* was severe for a short time in the latter part of the summer. Our country, generally, experienced an uncommon degree of health. We did not hear of malignant or pestilential fever in a single city in the United States, with the exception of New-Orleans and Savannah, where a few cases occurred, as in almost every year.

"In the last autumn catarrh has been prevalent, and whooping-cough and measles frequent in New-York and its neighbourhood. Neither of these have been violent, and the measles have been less so than usual. This last, when it comes on in the beginning of winter, is generally severe, and frequently produces then fatal affections of the chest.—It is sometimes very malignant.

"The mortal morbillous fever of December, 1808, and the beginning of the year 1809, is well remembered by the physicians of New-York. From present appearances we may hope that it will be more mild than in former years.

"In our bills of mortality we find phthisis pulmonalis more frequent than formerly. The modern mode of dressing, particularly among young females, has been blamed by some as a great cause of this mischief; but the state of atmosphere, and the greater variations of weather than formerly, have given a greater force to pulmonic complaints.

"Let us turn our attention to the advantages we derive from our schools of instruction, and the means we have of removing or preventing disease. Even the calamity of war repairs some of its own breaches, and heals some of its own wounds, by affording the best opportunities of making experienced physicians and skilful surgeons. It compels them, and all our citizens, to draw forth the internal resources of our country, as well for defence as for our domestic comfort and personal health. It was the revolutionary war that made *ammonia* so favourite and successful a remedy in *typhus* and *pneumonia notha*. In the military hospitals Dr. Rush taught the free application of blisters in fever, and the bold use of opium and calomel. War always makes the practice of physic and surgery more *simple*, more *energetic*, more *successful*, *Pringle*, *Huck*, *Monro*, and *Cleghorn*, have only given us their army and hospital experience, and we all know the advantage they have been to us."

"Among the occurrences of the last year deeply interesting to our profession, is the decease of Dr. Edward Miller, one of the editors of the Medical Repository. In the death of this distinguished physician the republic of letters generally, and our profession particularly, has lost one of its brightest ornaments. To the polish of great urbanity, of personal manners he added expanded benevolence of heart; and with an extensive knowledge in general science, and a fine belles lettres taste, he united a deep erudition and a profound research in our profession; talents seldom meeting in the same person. His extensive foreign correspondence made him soon familiar with all improvements abroad; and his sound judgment enabled him to adapt them to the circumstances of his own country. Having been educated in the same school with him, his companion in youth, and in more mature age his associate and colleague in office for several years, an opportunity has been given me to appreciate and revere his worth. His Memoir on Fever, first published in an official letter to Governor Lewis in 1804, and since added to his edition of Thomas's Practice of Physic, is a lasting monument of his clear discrimination and forcible reasoning."

5. *Dr. Willoughby on Epidemic.*—We have

an epidemic at this time prevailing, which has proved uncommonly mortal in this as well as some of the neighboring counties. The complaint is somewhat peculiar; has by many been called spotted fever, by others peripneumony, peripneumony notha, malignant pleurisy, &c. &c. If I were to give it a name, I would call it *peripneumonia innominata;* for I am certain that the complaint, as it has appeared in this county, has no place in nosology; and those physicians who have been anxious to give the disease a name, and prescribe accordingly, have too frequently lost their patients.

There is no age exempt from the complaint; but it appears very different in the child from what it does in the adult, and is more easily managed in the former than in the latter. It makes its attack without any known predisposition: the patient is suddenly seized with pain in the head and back, sometimes so severe as to produce almost instantaneous delirium, succeeded by chills, alternating with hot fits, and almost always accompanied with sickness at the stomach and vomiting. The matter discharged from the stomach appears to be principally bile, and the quantity many times is immense. This bilious vomiting is more frequently the case with children than with adults, but is more or less so in both. The pulse is small, quick and floating; respiration hurried, and sometimes from the commencement a defluxion and expectoration of bloody mucous from the lungs; but more generally the cough and expectoration does not take place until the pain in the head and back is abated, which generally takes place within twenty-four or forty-eight hours. The tongue, for the most part, is moist, and covered with a very thick yellow coat; it is, however, sometimes very dry from the commencement, and rough, accompanied with very great thirst. There is more or less pain in the region of the liver generally; and the immense quantity of bile which is discharged in the course of the complaint, and the uncommon yellowness of the skin, shows conclusively the liver to be, in some measure, the seat of the complaint; and even the matter thrown from the lungs, independent of the bloody appearance, resembles the bile from the stomach. There is not that acute pain in the sides, or about the chest, which we see in pleurisy or peripneumony. The skin in adults is generally moist, and there is a disposition to diarrhœa: not so in children; their surface is generally dry, and their bowels confined; the countenance flushed and erysipelatous. It is evidently a disease producing very unequal excitement; while the heart and arteries are labouring excessively, there is usually a torpor, and, very frequently, a coldness of the surface; and while the countenance is many times flushed, there is a death like coldness of the extremities.

"From the difficulty of respiration, cough, and expectoration of blood, most physicians have at first considered the complaint to be peripneumonia, and treated it as such; their patients soon falling victims to the depleting plan; where they were bled copiously, they seldom lived over the fifth day, sometimes dying much sooner, and highly putrid. From one error many physicians were led into another equally fatal to their patients. Quitting the depleting plan, they instantly commenced the highly stimulating one from the very accession of the complaint, and the only difference to their patients was, that they died much sooner under the use of heat, brandy, laudanum, &c. than under the use of the lancet.

"The successful method of treating the complaint is between the two extremes. Bleeding is sometimes, though seldom, necessary; and if resorted to, must be on the first or second day of the attack. The blood drawn very seldom shows the inflammatory buff which we always find in active inflammation. Emetics, epispasties, warm applications to the extremities, diluents, and demulcents, have had the happiest effect; and indeed, where this plan has been seasonably adopted, and persisted in, there has not been one lost. Gentle anodynes after the emetics have always had a good effect. After the patients become convalescent a mild invigorating plan becomes necessary. They generally become convalescent before the ninth day from the attack.

"Thus sir, I have, in a hurried manner, given you but a very imperfect history of the prevailing epidemic; but imperfect as it is, could every physician have seen as much previous to being called upon to treat the complaint, it would have saved many lives. I have treated thirty or forty patients as above, and have lost but one."

Art. IX.—*Eighth Meeting.—Albany, February,* 1814.

1. *Officers and Members present.*—Dr. John R. B. Rodgers, President. Dr. Joseph White, Vice-President. Dr. James L. Van Kleeck, Treasurer. Drs. Elihu Hedges, Jeremiah D. Fowler, Westell Willoughby, jr., Eli Burrit, Amos Hamlin, Asahel E. Payne, William H. Reed, and Elijah Porter.

The following gentlemen presented their credentials from their respective county societies, and were duly admitted as delegates.

Drs. Westel Willoughby, jun., Herkimer; Henry Mitchell, Chenango; Erastus Humphrey, Onondago; Asa Stower, Warren; Jonathan Moshier, Washington; Nathaniel Jacobs, Ontario; Paul Hutchinson, Jefferson; Amos G. Hull, Oneida; James Low, Albany; Alexander Morse, Essex; Thomas Broadhead Columbia.

The minutes of the last anniversary meeting were read and approved.

2. *Papers Read, Presented, &c.*—Dr. Valentine Seaman's Treatise on Mineral Waters, and his Eulogium on the Character of the late Professor Miller, were, in behalf of the author, presented to the Society by the President.

Dr. Henry Mitchell read a Treatise on the Diseases and Topography of the County of Chenango.

Dr. Shadrach Ricketson read a dissertation on fever.

Dr. James Low read a case in which a great number of hydatids were discharged through an incision above the right ilium.—He also read a case of Petechiæ sine febre; and, a case of Tetanus cured by soda.

Dr. Jacobs read a case of a Wounded Lymphatic.

The thanks of the Society were returned to those gentlemen for their communications.

3. *Permanent Members.*—Drs. William Wilson and John Stearns were elected permanent members of this Society.

4. *Election of Officers for* 1815.—The Society then proceeded to the choice of officers, and the following gentlemen were elected, viz. Dr. John R. B. Rodgers, President. Joseph White, Vice President. Eli Burrit, Secretary. J. Livingston Van Kleeck, Treasurer.—Eli Burrit, Westel Willoughby, jr. James Low, Elihu Hedges, and William H. Reed, Censors. John R. B. Rodgers, Joseph White, Westel Willoughby, J. Livingston Van Kleeck, Nathaniel Jacobs, Elihu Hedges, and Amos G. Hull, Committee of Correspondence.

Drs. Willoughby, White, and Low were appointed a committee to examine what alterations, if any, shall be deemed necessary in the law regulating the practice of Physic in the State of New-York.

5. *Anniversary Address of the President, Dr. Rodgers,—Extracts from.*—"By the favour and blessing of Heaven, we have not had malignant fever in any of our large cities during the last summer and autumn, except New-Orleans.

"In the treatment of our diseases, it is found that the patient has borne larger doses of cathartic remedies than former practice administered, and that mercury, in large doses, with active cathartic medicines, was of service, not only in the beginning of fever, but in its progress, and in such stages and cases as might have deterred the more inexperienced. And this remark of the use of cathartics applies not only to fevers particularly, but to many other complaints, and to the practice of physic generally.

"The opinion of debility being the cause of so many febrile diseases, or the immediate speedy effect of so many, has produced a practice founded on that idea, and cathartics have been withheld, or sparingly used, from the fear of inducing debility; experience proves the propriety of using them freely and constantly. The intestinal canal is the common sewer of the body, and it must be kept washed out and clean.

"All matter and fluids excreted from any gland or organ is effete; and so long as it is prevented from passing from the body by its natural outlet, it is kept as an *extraneous body*, and under the influence of heat and moisture, is rendered putrid, and made to throw off some kind of air, or gaseous fluid, producing a bad effect on the part in which it is contained, and operating from it to the rest of the system. This is a source of irritation, and increased action on and in the vessels and nerves of the part and system.

"From this reasoning we might conclude it proper to use cathartics, not only in the beginning of disease, to unload the whole intestinal canal, and to emulge all the glands connected with that part of the body, but to continue their use, so as to prevent any improper accumulation of irritating matter, or to discharge it as soon as collected or formed. This very matter, which ought to be thrown out of the body, by being kept there lessens the sensibility of the part, and thus makes it necessary to use more active remedies, and larger doses than would be necessary in ordinary health, or in the beginning of disease; and this torpor is not only in the stomach and bowels, but extends itself in a very great degree to the liver. This great gland is always affected by what produces much effect on the stomach and bowels, and whenever this viscus is primarily affected, they will soon themselves be effected.

"In the febrile affections of last year, and in that which is called the winter fever of Sydenham, the liver has been very torpid, and required to be roused to action, by the use of brisk cathartics. Costiveness will naturally be produced when the febrile state is determined to the skin or kidneys: when a person sweats, he will cease to purge. In scarlatina, and all the exanthemata, costiveness is produced when the skin is affected. In scarlatina, it is observed, that its febrile state is more apt to change the nature of the contents of the bowels, and to produce more fœtor, than in typhus. The use of cathartics not only removes this depraved and diseased state of the bowels, but prevents those dropsical swellings which are apt to follow this disease.

"I here make a distinction between laxatives and cathartics; between those remedies which only irritate and act on the intestines, so as to make them pass off their fluid contents, without completely unloading them, and those which discharge their scybalous contents.

"In the modern use of cathartics, a less number of articles than formerly is given; and indeed one great improvement in the modern practice is, its greater simplicity."

"Among the events of the last year, deeply

interesting to science and humanity, we have to record the death of the illustrious Rush, of Philadelphia. That distinguished man was dear to the physicians of this country, for most of them had seen him in his professorial chair, and had received instructions from him. Few medical philosophers lived so universally respected and beloved, and died so universally lamented. His reputation as a finished scholar, a polished gentleman, a profound and learned physician, placed him at the very head of our profession. He was not only deeply learned, and in an eminent degree practically experienced in the profession of medicine, and the application of remedies to the human body; but he was an acute metaphysician, and applied the knowledge of the human mind to its influence on disease in the body. His book on the mind, and his other various writings, show great depth of thought, on all the subjects of which he treats; joined with a remarkable facility of passing from one department of learning to another, yet possessing an acurate knowledge of the whole. He dug deep in the mine of knowledge, and brought up the choicest and richest stores; he did not, however, merely show the naked ore, or the rough stone to the enquiring scholar; he also reduced, formed, and exhibited the shining metal, and produced from the rugged rock the polished diamond. He informed the mind in the first principles of medicine. He taught the student to theorise and compare opinions; he unfolded the laws of the animal economy, and the operation of remedies on the human body; he showed the application of these latter to the state of disease in all its forms and varieties; and exemplified all these topics, not only by analogy and reasoning, but by a prodigious assemblage of practical facts, drawn from the experience and attentive observation of a long life sedulously employed in a remarkably extensive and successful practice, and stored in a memory uncommonly retentive.

"Few men ever shone more as a clinical practitioner than Dr. Rush: indeed, it is at the bed-side that the great and good physician truly shines: not only should he have the ability to discover the prominent symptoms of disease, a promptness in applying an appropriate and immediate remedy, but the kindness and mildness of the friend should be blended with the benignity of the Christian. These did appear in Dr. Rush in an eminent degree.

"The consideration he was held in, placed him in the most distinguished situations. He was a member of that ever-memorable and illustrious Congress which declared the Independence of the United States, in July, 1776; and he followed the fortunes of his country in the Revolutionary War. In the spring of 1777, he was appointed Physician General of the middle district of the United States, In this station he continued until the British were driven out of Philadelphia, in the summer of 1778, when he returned to his private practice in his native city. Dr. Rush was the first to introduce the Cullenian system into this country. He afterwards improved on the theories of that great man, by uniting them with the views of the ingenious Darwin.

"Dr. Rush was among the first to give a currency to the bold and succesful use of calomel in our country. He introduced the use of ammonia in fevers; and overcame the prejudices which many had against blisters in typhus.

"In the propogation of his professional opinions, he had the zeal and ardour of a reformer; but he had also the liberality of conscious rectitude and of a believer in the truth He never accused his adversaries of dishonest intentions or impure motives; and yet he was assailed with every weapon that could be directed against his fortress of truth. These, however, were unavailing, and he lived to see his opinions govern, and his practice guide, the far greater number of the physicians of the United States. We have before said that he was the uniform and open friend and professor of religion; its duties entered into his whole life and conversation, and he never omitted an opportunity before his pupils of guarding them against the seductions of scepticism, or of confirming them in the belief of divine revelation—such was Dr. Rush."

ART. X.—*Ninth Meeting. Albany, February*, 1815.

1. *Officers and Members present.*—Dr. John R. B. Rogers, President. Dr. Joseph White, Vice President. Paul Hutchison, Westel Willoughby, jun. Elijah Porter, James Low, Jonathan Moshier, John Stearns, Henry Mitchell, Eli Burritt, Jesse Shepherd, Alexander Morse.

The following gentlemen presented their credentials from their respective County Societies, and were duly admitted.

Drs. Stephen Reynolds, Montgomery county; Joseph W. Smith, St. Lawrence; John R. B. Rodgers, New-York; Eli Burritt, Rensselaer, and Levi Ward, Genesee.

2. *Papers read and presented.*—A communication from Dr. Noah Niles, was read by Dr. Rodgers, giving a history of the county of Steuben, and the diseases which usually prevail, and his method of treating them.

Dr. Porter presented in behalf of the Medical Society of the county of Saratoga, an oration delivered before said Society by Dr. Richard R. Davis, which was read.

A communication from Dr. Daniel Hudson, of Geneva, on the prevailing epidemic of 1812—13, was read by Dr. Low.

On motion, *Resolved*, That Dr. Hudson receive the thanks of the Society for the communication.

3. *Permanent Members.*—The Society proceeded to ballot for two permanent members, when Drs. Charles D. Townsend and John Ely were elected.

4. *Election of Officers for* 1816.—The Society then proceeded to the choice of officers, and upon canvassing the votes the following gentlemen were elected—Dr. Rodgers having declined a re-election. Dr. Joseph White, President. Dr. Eli Burritt, Vice President. Dr. James Low, Secretary, Dr. Westel Willoughby, jun. Treasurer. Drs. James Low, Eli Burritt, John Ely, Westel Willoughby, jr. John Stearns, Censors. Drs. Eli Burritt, John R. B. Rodgers, Jonathan Moshier, Westel Willoughby, jun, Stephen Reynolds, Joseph White, and James Low, Committee of Correspondence.

5. *Anniversary Address by the President, Dr. Rodgers—Extracts from.*—" We are told that we ought to perform every duty with an equal desire of doing that which is right, and that on this principle, we ought as physicians, to prescribe with equal care for the lightest evils, as for the removal of those of the most serious consequences:—That which is true in the abstract, does not however, properly influence the human mind in its operations.—We are always operated upon by the associations of our ideas without going through a train of nice or elaborate reasoning. When we view a disease of terrific appearance, from which we apprehend immediate danger or death to the individual, or an extension of its baneful influence to a whole community;—when this individual has connected with his or her safety the comfort and happiness of a large family, or the prosperity of a nation, in such a case our minds are instantaneously and forcibly operated on, our judgements directly decide, and we as promptly apply what we deem a proper remedy to remove the present, or prevent the approaching evil. This operation of the mind has led physicians to greater exertions in the cure of those diseases which from their complex nature and origin, we should be induced to suppose would be the last to be effectually cured or removed.

" Small pox, syphilis, fevers in general, and that form called malignant, have for these reasons, so much engaged the attention of the physician and physiologist, that they have been disarmed of many of their former terrors, while diseases inferior in their grade and consequences have longer continued to elude the vigilance and defy the power of physicians.

" We are led to these reflections by considering our feelings in contemplating the diseases to which women are peculiarly subject, and those more particularly the immediate consequence of parturition. The female character is of high interest to the reflecting mind, and every thing which affects the health endangers the life, or produces the death of a female, especially a pregnant or parturient female, has stamped on it an importance, that can be felt but not always expressed. We appreciate an act by the good it produces, and the evil it presents; by its immediate effects or remote consequences.

" We esteem the female character, not only as the companion of our lives, as the solace of our cares, as our casuits and resolver of difficulties, not only affecting civil society by calming the tumultuous passions of men, but as the chief agent in the education of children, and thereby forming the manners of the world:—They are better qualified than men for this employment, because they are more cheerful and joyous, have much quicker apprehensions, decide more promptly, and with more judgment, than men called to judge instantly: they are also better judges of taste and propriety. The pride of men makes them suppose that teaching of children is an inferior employment; the truth is, that not one man in a thonssnd is fitted to teach children.

" Women, we have said, form the manners of the world, wherever they have their proper rank that society has its proper dignity: wherever women are debased or abused there does the human mind grovel in the dirt and degradation of savage barbarism, or a Mahometan tyranny and superstition. The religion of the bible has this, among its other innumerable internal evidences of truth, that it alone of all others take the female from the side of the male, constitutes them co-partners, and keeps her by its precepts always near his heart, and entitles her to the dignified privileges of her nature. When such objects of our love and subjects of our care are in danger, we naturally make great exertions for their relief. The female system is more under the influence of climate than the male. The uterus is much sooner evolved in warm climates, and puberty appears sooner in the female than the male in such regions. The state of society and manners has also a great effect on the female system. Luxury and indulgence, with heat, have also a tendency to evolve the uterus. In hot climates the uterine vessels are evolved at ten and eleven years of age, and women leave off bearing children at the age of thirty-five. Warmth and moisture produce a lax fibre, and in a shorter time effects extension of the vessels. A colder climate gives a more rigid fibre, and therefore more time is necessary for evolution. In savage life the physical means to produce relaxation are wanting, and before time can act the system is rigid and the vessels prevented from expanding.—There is therefore, a natural reason why savage females (the situation of the climates being equal) should be longer in evolving their uterine vessels than in civilized and more luxurious Society. Women of lax fibres have more children than those of rigid fibres; therefore more births occur in warm than in cold climates. Females then in savage life, being later in arriving at puberty, and hav-

ing more rigid fibres, have fewer children than in more civilized and easy life. The mode of living prevents them from feeling the diseases of luxury. Abortion is rarely the effect of laxity of the system as with our females, nor are they so subject to malformation of the pelvis—laborious births therefore are not so frequent as in polished and luxurious society. Their diet and exposure to more cold gives vigor to their system, and the admission of fresh and cool air when parturient, prevents puerpural fever; or, perhaps, we might with more correctness say, that they are entirely freed from almost all the predisponent causes, and therefore, not operated on by the usually exciting causes.

"We know that females have more laxity of system than males. Previous to the catemenial discharge there is a tendency to general plethora, and at the irruption of the menses to a local plethora. There is therefore a disposition to inflammatory diseases with a laxity of fibre: this laxity of fibre permits the vessels to expand and extend, and if there should be an unusual propulsion of fluids after the vessels had reached a certain point of distension, the vessel will be either ruptured, or conjestion takes place, and an effort will be made by the system to get clear of this evil by the excitement of a fever.—There is then a disposition to congestion in the female system previous to pregnancy.

"After impregnation a new stimulus in the uterus produces a new and irregular action, and often excites a slight disease—new vessels are formed, and former vessels elongated: and although the fœtus and placenta are supported and nourished by the blood which was before thrown out by the uterine hæmorrhagic effort, yet the distension and extension of the vessels, and the production of new ones will produce a geater mobility and irratability of the system, and an increased plethora—there is, however, a nausea and disinclination for food attending the beginning of pregnancy, which happily prevents this plethora from doing harm. The enlargement of all vessels of the abdominal viscera will of course increase the quantity of circulating fluids, or accelerate the circulation in them, and perhaps do both: but, if neither is done, then there will, of course, be torpor and laxity in the vessels. If the quantity of fluids is increased, the liver of course will secrete more bile, and the increase of quantity in, and the distension of vessels produce indirect debility, which is ever connected with digestion—the pregnant state then disposes to a greater accumulation of blood in the liver and to greater production of bile, with a tendency to indirect debility in all these vessels together with congestion—and hence we account for the occurrence of bilious diarrhœa which takes place sometimes in pregnancy.

"When with this state of the system the uterus is suddenly emptied of its contents, a collapse takes place, and, if a greater quantity of fluids than they can readily contain in their collapsed situation, be thrown upon these vessels, they will of course not easily be freed from it, because their contractibility is diminished by their previous over distension; in this situation, any fever produced, will sooner run through its active or inflammatory stage, and go on to debility—"*A priori*," then we should suppose that puerpural fever would be of the genus synochus—and if, to what we have said, we should add violence in labor and delivery, the use of hot drink, much externalheat or confined air, we shall have the predisponent and exciting causes of this disease. Puerpural fever generally comes on the 2d or 3dafter delivery, rarely after the 5th day, with a slight chill, succeeded by increased heat and quickened pulse, accompanied with a pain in the head, lassitude and a sense of weariness in the patient; and a tenderness if not pain in the hypogastric region. The first rigor or chill is succeeded by a warm stage and an easy perspiration, which appears to mitigate the symptoms; this, though it is followed by another attack, when the symptoms are all aggravated, the milk at this second paroxysm is always diminished, and the lochial discharge is lessened and becomes very fœted."

ART. XI.—*Tenth Meeting, Albany, February,* 1816.

1. *Officers and Members present.* Drs. Joseph White, Thomas Broadhead, Nathaniel Jacobs, Jonathan Mosher, Amos G. Hull, Moses Willard, Elijah Porter, Jesse Shepherd, Henry Mitchel, Stephen Reynolds, John Stearns, James Low, Asa Stowers.

Doctor Stearns, from the committee appointed to carry into effect certain amendments to the Law regulating the Practice of Physic and Surgery, reported—

That every exertion had been made to procure their adoption, but without effect.

On Motion Resolved, That the report be accepted, and the same committee continued.

Doctor John Miller, from the county of Cortland, and Jeremiah D. Fowler, of Westchester, produced their certificates as Delegates from said counties, and took their seats accordingly.

Doctor Tomlinson, from the county of Dutchess, presented his certificate as Delegate from that county, in the place of James L. Van Kleeck, deceased, and took his seat accordingly; as did Doctor Albon Mann, of Franklin.

2. *Permanent and Honarary Members.*—Doctors Westel Willoughby, Jun., and David Hosack, were unanimously chosen.

The following gentlemen were then proposed as Honorary Members, viz—Doctor James Hadley, Professor of Chemistry, Fair-

field, and John Murray, Esq., Lecturer on Chemistry, Edinburgh.

3. *Election of Officers for* 1817.—The Society then proceeded to the choice of Officers for the present year, when the following gentlemen were duly elected to the Offices affixed to each of their names. Joseph White, M. D., President. Eli Burret, M. D., Vice-President. James Low, M. D., Secretary. John Stearns, M. D., Treasurer. John Stearns, Charles D. Townsend, James Low, Eli Burret, Thomas Broadhead, Censors.

John Stearns, David Tomlinson, Asa Stowers, Amos G Hull, Nathaniel Jacobs, Jonathan Mosher, Elijah Porter, Committee of Correspondence.

Doctor John Stearns, John Miller and Henry Mitchell, were appointed a committee of accounts.

4. *Anniversary Address by the President, Dr. White. Extracts from.*—"It is only within a few years past, that the progress of Medical science has evinced a spirit of emulation, a taste for useful reading, for sober reflection, and for the attainment of practical facts, that has not prevailed at any former period since the days of Sydenham. The genius of that great man, led him along the path of Medical science, till nature unfolded to his view the deepest recesses of her choicest treasure. More than any other man, did he investigate causes and clearly iudicate effects; he traced effects up to causes, and there he founded his principles and his practice. Possessed of a clear and penetrating mind, a sound and discriminating judgment, he was eminently qualified to pursue the path that leads to the developement of useful science. As his principles emanated from a conviction of facts, he rid himself of wild visionary theories. Nor did he suffer his exalted mind to be misled by brilliant imagination or flights of fancy. He neither strayed into flowery fields, nor pressed into his service the aid of ingenious logic; but rested on facts, and demonstrated them. Never confused himself, he was under no necessity of concealing embarrasments by confusing others. Like a great master, he sought the path of nature, nor did he seek in vain. He was a sentinel at every point; he examined every avenue; nature was the foundation of his system, and his precepts were the result of demonstrations; he illuminated the road to Medical science, and, like an able mariner, indicated the shoals and quick sands of ingenious fable. Had succeeding ages followed his system, and been guided by his precepts, we may fairly presume that Medical science would now have stood a century in advance. But, unfortnnate for the progress of Medical science, the plain rational system of this great man, was succeeded by a fashion for fanciful reasoning, which for a long time kept pace with the progress of general science. Instead of being guided by facts, the science of Medicine was constantly tramelled with the whims and caprices of almost every writer. The schools slid into this whimsical course, and ingenious reasoning and fine fancy succeeded to rational reflection and the investigation of facts. Profound erudition, and the attainment of sound practical knowledge, unaccompanied with ingenious theorizing, were considered as vulgar notions, and only fit for a system of empiricism.

"In this address, I have ventured to deviate from the usual course, and have taken the liberty of offering some remarks on unnatural and artificial joints, and of laying before you the process I have successfully pursued in the treatment of one such case.

"In the year 1802, Dr. Physic first put in practice his process by the Seaton. The cure proved tedious; he found it necessary to continue the Seaton for four or five months; in most instances the wound degenerated into a carious ulcer, considerable exfoliations took place; and in some instances, it failed altogether. Notwithstanding, great merit is due to Dr. Physic, the improvement is important, the process is ingenious, and evinces much practical reflection.

"In the spring of the year 1802, Moses Hemmingway, of the town of Litchfield, and county of Herkimer, consulted me respecting the situation of one of his legs. He informed me that nearly two years before, he had the misfortune to have his leg fractured; that the accident happened near the city of Albany, and that he was attended by a respectable Practitioner of that city, who is now dead; that he lay confined there for a long time, and that at the time he was taken home, and from that to the present time, the limb had remained in the same situation I now saw it. On examining the leg, I found that both bones had been fractured about four or five inches above the ancle joint. The fractured ends of the Tibia were not in the least united; the Fibula had acquired a slight degree of firmness, but not sufficient to prevent the limb from being bent in any direction.

I did not then know that any attempt had been made to improve this branch of practice. Dr. Physic's first attempt was made the same year, but whether earlier or later in that year, I do not yet know. After reflecting on this case, and considering the manner in which the spontaneous cures above mentioned were probably produced, I was led to believe, that if a proper degree of inflammation cou'd be excited in the callous which covered the fractured ends of the Tibia, that a re-union would in all probability be the result. My patient was a man of about twenty-eight years of age, and of a good constitution. To bring my reasoning on this subject to the test of experience, I adopted the following process:

Every thing being prepared for the operation, on the 22d day of May, in the year 1802, I commenced by making an incision

nearly four inches in length along the anterior side of the Tibia; beginning nearly two inches above, and ending nearly two inches below the fracture. I cut down to the Periostum, and dissected back the teguments in such a manner as to expose the fracture to view. I found that the fractured ends of the Tibia were entirely covered with a callous of a cartilaginous firmness. While an assistant pressed back the teguments, I succeeded in separating the fractured ends of the bone, sufficient to make several perforations in them. These perforations were intended to go no deeper than merely to penetrate through the callous. As much of the callous surface as could be conveniently and sufficiently exposed, was perforated in this manner; but as only a small portion of the callous surface could be reached with the perforator, I thrust that instrument between the fractured ends of the bone. This enabled me to separate them sufficient to admit a small narrow bladed scalpel; with this instrument, I scarified the greatest part of the remaining callous surface; this being accomplished, I replaced the fractured ends of the bone and secured the lips of the wound in contact by means of adhesive straps. Two elastic hollow splints, and a proper bandage, secured the limb in a firm position. On the fourth day the dressings were removed. The external wound was nearly healed; there was very little inflammation of the limb; the pain had been but trifling, not sufficient to disturb his rest; indeed every appearance was as favorable as I could have wished. From this time the limb was dressed daily; friction was used, moderate at first, but increased as the wound became more firmly cicatrized. The cure progressed without the least interruption. At the end of seven weeks he walked his room, and bore the whole of his weight on his fractured leg. He was then directed to increase his exercise daily. The limb continued to gain strength rapidly, so that at the end of three months he was able to perform all kinds of farming labor.

"I wish it not to be understood, that I recommend this operation as a perfect model for future operations in like cases. It is merely a faithful history of the process pursued on that occasion. I am inclined to believe that the wound was more extensive than was necessary; and that a wound of an inch and a half, or two inches in length, would have been sufficient. Nor do I consider the perforating the fractured ends of the bone essential. Scarifying the callous surface, is in my opinion, all that is necessary.

The termination of this case has gone far to confirm me in the opinion that a moderate degree of inflammation (if it can be extended over the whole callous surface) is sufficient to produce a re-union of the fractured bone; and that scarifying the whole of the callous surface will have that effect, I presume will not be controverted.

ART. XII.—*Eleventh Meeting, Albany, February*, 1817.

1. *Officers and Members present.*—Drs. Joseph White, James Low, Henry Mitchell, John Miller, Jesse Shepherd, Stephen Reynolds, Asahel Payne, John Stearns, Charles D. Townsend.

The following gentlemen appeared, presented their certificates of Delegation, and took their seats accordingly, viz:

Drs. Amasa Trowbridge, of Jefferson. James H. Richardson, of Niagara. Rufus Crane, of Herkimer. Gamaliel H. Barstow, of Tioga. William Patrick, Jun., of Saratoga. John S. St. John, of Warren. Joseph Gilbert, of Essex.

2. *Permanent and Honorary Members.*—The Society proceeded to the choice of two Permanent members, when it appeared that Theodorick R. Beck and Samuel L. Mitchell, were duly elected.

Dr. James Hadley and John Murray, Esq., proposed as Honorary Members at the last meeting of the Society, were duly elected.

3. *Election of Officers for* 1818.—The Society proceeded to the election of Officers for the present year, Dr. White having declined a re-election, when the following gentlemen were duly chosen to the offices affixed to their respective names, viz:

Drs. John Stearns, President. Henry Mitchell, Vice-President. James Low, Secretary. Charles D. Townsend, Treasurer.

Drs. Theodorick R. Beck, James Low, Charles D. Townsend, David Hosack, and William Patrick, Jun., Censors.

Drs. David Hosack, John Miller, Stephen Reynolds, Samuel D. Mitchell, Amasa Trowbridge, Joshua Lee, and Joseph Gilbert, Committee of Correspondence.

4. *Formation of an American Pharmacopia.*—Resolved, That the State Medical Society approve of the formation of an American Pharmacopœia by a convention of Delegates from the several State Medical Societies.

5. *Impurity of Medecines, &c.*—The Committee to whom was referred the Pharmaceutical Preparations exhibited to the Society by Dr. James Low, of the City of Albany, beg leave to report: That the impurity and adulterations of Medicines, especially of those Chemically prepared, is an evil pregnant with mischief to the country at large, and extremely vexatious to the Members of the Medical Profession; who, from this circumstance, must necessarily be foiled in their expectations; but when Medicines are faithfully and accurately prepared, they are prescribed and administered with confidence, and their effects are accurately and distinctly ascertained; nor are Physicians under the necessity of discovering the dose or quality of each

successive sample they may purchase, by repeated and often dangerous experiments. When Medicines are precisely what they are named, they are invariably the same, and, under similar circumstances, always produce the same effects. It is owing entirely to the want of proper precision and accuracy in their preparation, that we meet with so much discrepancy of opinion as to their properties and consequences. To pure and unadulterated Medicines, the Profession have recourse as to old and intimate acquaintances, with a consciousness that they will not be deceived, at least in so far as their calculations depend on the article prescribed.

6. *Anniversary Address by the President, Dr. White,* who gives an interesting treatise on White Swellings, a disease in which few of our profession have been so successful in arresting. Dr. White had an extensive practice for many years; he acquired a reputation, and deservedly, of great skill in his profession; he was sent for far and wide, and this gave him an advantage few have the opportunity of acquiring. We regret that for want of room, we can only publish the following extract from his Treatise.

"In the Chronic species of White Swelling, it often happens that collections of matter form about the joint, which burst, or are opened; frequently these heal, others form and follow the same course. In some of these cases, after a length of time the ulcers all heal, the disease becomes stationary after producing an incurable anchylosis, and the patient escapes with a limb more or less useful. In others, the ligaments are absorbed, matter finds its way into the joint, the cartilages and beads of the hones become destroyed, and after a great length of time and immense suffering, the patient esteems it a peculiar favor to commute for life by the loss of the limb. But in all such unfortunate terminations, there is generally something peculiarly unfavorable in the constitution, or the disease has been neglected, or improperly treated.

"Much experience has convinced me that in Chronic White Swellings, as that disease appears in this country, we ought generally to commence the treatment with a mild course of stimulants, always having regard to the constitutional disease, if any such exists. But when the disease of the joint is in no way connected with any constitutional disorder, and where no such disorder exists, we ought to direct our undivided attention to the local disease.

"There are a great variety of remedies which at different times and under different circumstances, have been found useful in this disease. Among these may be mentioned friction, both dry and accompanied with some mild stimulant, the fall of tepid water, and tight bandaging. To these I shall add the Muriate of Soda, thinly quilted between a double cloth moistened with common spirits, made warm and bound tight round the joint. This application seems well adapted to scrophulous cases, particularly in the early stage of the disease.

"Should it be deemed best to commence the treatment by a trial of the above remedies, or of others of a similar nature, I am of opinion that they ought not to be persisted in for any considerable length of time, unless the disease should evidently decline. I am persuaded that we ought to resort to blisters or issues, much earlier than is the common practice. As it is now universally admitted that blisters and issues are generally the most efficient remedies in chronic diseases of the joints, I know of no good reason why weeks, and even months, should be lost in trifling with so formidable a disease.

"Although there is some difference of opinion respecting blisters and issues, and also respecting the manner of applying blisters, yet having given all these methods a fair trial, I am now fully convinced that open or perpetual blisters have a decided advantage, both over issues and repeated blisters; and although a judicious application and management of perpetual blisters is generally the most efficient course of practice in this disease, still instances do occur in which they entirely fail. I have seen several cases in which blisters were evidently injurious, and which afterwards yielded to a long continued course of friction and tight bandaging. Such instances, however, are extremely rare.

"In most instances, where there is no constitutional disease, and the practice of perpetual blisters is commenced at an early period, and so managed as to produce a copious discharge of purulent matter, we have reason to expect a favorable issue. I have seen many cases in which this course of practice has been attended with complete success, and many others in which the progress of the disease has been arrested and the use of the limb greatly improved.

"If the inflammation which accompanies this disease, is always of the chronic kind, I think it then follows that a mild course of stimulants are the remedies that seem to be indicated. My observations have confirmed me in the opinion that at best we are losing time, so long as we pursue the antiphlogistic course, and that generally such time is worse than lost.

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* It gives us pleasure to state that we are promised a Biographical Sketch of the late Dr. White, of Cherry Valley, New-York, embracing a synopsis of his Medical and Surgical practice. From the well known highly respectable Professional character and extensive practice, Dr. White enjoyed for upwards of forty years, we, in common with the profession generally, may anticipate a rich harvest of practical information. A faithful record from such a source will be of more value to the practitioner than volumes daily issuing from the press, to use an expression of one of the most distinguished Physicians of our country, "by Book Makers."—*Eds. U. S. Journal.*

REVIEWS.

ART. I.—*Remarks on the Abracadabra of the nineteenth century, or on Dr. Samuel Hahnemann's Homœopathic Medicine, &c.* By WM. LEO WOLF, M. D. New-York, 1835. Published by Carey, Lea and Blanchard, Philadelphia.

The medical profession of the United States are under no little obligation to the author of the "Remarks on the Abracadabra of the nineteenth century," for a correct view of homœopathia, which they had a right to expect, but which has been looked for in vain, from the partisans of this doctrine among us: no one of its advocates has yet seen fit to enlighten the profession as to its real character, or to engage in a scientific discussion of its principles; and their publications have been addressed, not to medical men, but to the public generally;* they are of an ad captandum character, and are confined to a glorification of Hahnemann and his doctrine; comparing him and his discovery (*invention*, it should be called,) with those of Columbus, Newton, Copernicus, Galileo, &c.; at one time complaining of the persecutions of the monarchical governments of the old world; at another, blazoning forth to us, plain and honest republicans, the names of those foreign aristocrats, *the nobility and gentry*, who have adopted the new doctrine: now begging for public patronage by an appeal to our sympathies, and anon striving with the most unparalleled assurance to force the new doctrine literally down our throats, in the shape of sugar-of-milk pellets and pills. We have said that no homœopathist has yet given to the profession a statement of Hahnemann's doctrines. These gentlemen are not without an excuse. Many—we will venture to say most of them—are unable to drink of the inspired fountain at its source, being ignorant of the German language. Some of them do not read at all; but having heard that homœopathia consists in giving small doses of medicine, become notorious by administering little pills and powders. Others may possibly peruse the bad French translations of Jourdan, who, in many passages, at least of the Organon, has violated the purity of the original by construing Hahnemann's nonsense into Jourdan's sense; while, perhaps, one Hahnemannite in ten has procured the original works, (which even German scholars cannot comprehend,*) and pores over them for hours together with his grammar and dictionary; after days of hard study and much waste of midnight oil, he imagines the intended meaning of the original; and ever after retains the impression that Hahnemann has made such and such statements; reminding one of that good old lady who told her young grandchildren of Jack's climbing to the moon on his bean plant, so often, that she finally believed it herself. Far be it from us, however, to question the motives of the homœopathists: they are doubtless influenced solely by the desire of relieving suffering humanity, by the love of doing good, and of benefiting their fellow creatures; still, whenever we hear of the wonderful cures performed by a votary of this *all-curing* art, an antiquated but popular proverb recurs to mind, "MENDUS VULT DECIPI;" in plain English, "THE WORLD WILL BE HUMBUGGED."

* See Hering's Concise View, &c.; the Letter of the Count de Guidi, &c. &c.

* Dr. Leo Wolf remarks, that "the large stock of words and expressions in one of the richest languages upon earth, the German, proved insufficient for Hahnemann properly to render the terms of his symptomatology. The numerous and frequently barbarous expressions of all shades of feelings, never heard of before, make it difficult for a well-educated German, even if he be minutely acquainted with the different provincialisms of his native country, to understand all the singular terms and expressions of Hahnemann's symptomatology, many of which are newly created by him: and unless he, as well as his patient, attentively study them for a long time, it must be almost impossible for a German homœopathist to practise with the requisite exactness, even in his native country. In order to give here a single specimen of 'the accuracy hitherto unknown,' and the 'minutiæ and niceties unheard of before,' we shall only quote the following different expressions of pain, which Hahnemann states must be distinguished minutely, and which are indispensable for a correct diagnosis.—See Organon, § 90, and Kopp. l. c. p. 22.—

"Einfach (simple), stumpf (obtuse), pressend (pressing), drueckend (compressing), spannend (bending), klemmend (jamming), kneipend (pinching), schneidend (cutting), stechend (stinging), ziehend (drawing), reissend (tearing), zuckend (shrugging), strœmend (streaming), wuehlend (crawling), drehend (turning), bohrend (boring), windend (twisting), nagend (gnawing), freshend (eating), dehnend (extending), kratzend (scratching) pochend (knocking): to which we might add some equally important, as zitternd (quivering), brennend (burning), feilend (filing), kitzlend (tickling), etc. Each of these 26 expressions having a meaning of its own, and Hahnemann requiring also the compound ones, we have the following number of expressions for pain, if we add only the combinations by 2 and 3:—

"Simple expressions	26
"Combinations of 2	325
"——————— 3	2600
"Total different expressions of pain,	2951."

Thus, it was reserved for Dr. Leo Wolf to tell us of homœopathia; and the labor could not have devolved upon one better able to perform it. The Doctor is personally acquainted with Hahnemann, has perused his different works in the original language, and having resided until within the last few years in Germany, where the principles of the new doctrine have been freely discussed, is perhaps as well if not better acquainted with homœopathia, than any person in this country.

The Doctor commences by stating who Hahnemann is, and examines his pretensions as a man of science and talent, as a chemist, and as a person of truth. He remarks:

"About thirty-four years ago, we had the good fortune to become acquainted with this 'greatest medical genius,' shortly after we had settled at Altona, a Danish city, near Hamburg. Hahnemann intended to practise his profession at the latter place, which, being at that time without a regulated medical police, offered a large field for his arcana and other quackeries, on account of which he had already been obliged to leave several places, and to wander about in his native country, even when nearly forty-five years old. Unable to succeed at Hamburg, he left this place also, after a short stay. We well remember some conversation held with him on different professional subjects, especially on John Brown's system, then in vogue, in which, however, he not only displayed no extraordinary acquirements or talents, but without mentioning any results of his homœopathic doctrine, the same shallowness of judgment and propensity to mysteries and absurdities, which have distinguished him through his whole life. Although at that time he had been known for upwards of twenty-four years as a good scholar, as the translator of several works from foreign languages, and also by his discoveries of the adulteration of wines by lead, the detection of poisoning by arsenic, and his mercurius solubilis, still he was never, to our knowledge, appointed a professor in any medical institution, nor was he engaged in an extensive practice; probably because he was not qualified."

The "discoveries above mentioned," to which allusion is made in the preceding quotation, are as follows:—

"About the year 1800, he advertised, extensively, a new salt, the discovery of which he claimed and which he offered for sale, under the name of *alkali pneum*, at the moderate price of one louisd'or (about $4) per ounce. The society for the promotion of natural sciences at Berlin desired to become acquainted with this new substance, which, as Hahnemann stated, would exercise a great influence upon chemistry. They procured an ounce of it from his agent at Leipzig, which was analyzed by some of the greatest chemists of the age, Professors Karsten, Hermbstaedt and Klaproth; and these men pronounced it, in the transactions of that society, as nothing but *common borax*, a pound of which costs but a few cents.* Shortly afterward, he advertised his 'infallible preventive of scarlet fever,' as he termed it; the price of this, also, was a louisd'or; but being disappointed in the sale thereof, he afterwards confessed it to consist of nothing but a few grains of the extract of belladonna dissolved in water; also, worth about a few cents. Who, now, we ask, would consider a man trustworthy and honorable, particularly a physician, distinguished for some knowledge and talents, who, from the basest interest, becomes a public impostor, and withholds from his fellow men, even for a single hour, what he considers to be a preventive of a dangerous and frequently fatal disease, merely because poor people are unable to pay him four dollars for what costs him but a few cents? The able Professor Joerg, at Leipzig, has proved by laborious investigations, that many of the quotations from old medical authors, made by Hahnemann in support of his doctrines, are adulterated and false. Can any one confide in the veracity of such a man without the most unquestionable evidence?"

The Doctor now proceeds with some remarks more particularly in refutation of the statement in Hering's "Concise View," to which we may recur hereafter.

On page 61, he commences his review of the principles, or rather maxims, of homœopathia. These maxims are—

"1st. All simple drugs given to individuals in health, produce in them, under all circumstances, certain definite morbid symptoms, which are termed drug symptoms, and which are similar to the symptoms observable in certain corresponding natural diseases.

"2d. The direct curative power of each simple drug, and of all medicines generally, consists exactly and exclusively in the similarity of the symptoms of a natural disease to their corresponding drug symptoms, or to those produced in healthy individuals, by administering certain simple drugs to them; so that all other operations of drugs are to be considered as capable only of admitting recovery indirectly, or by chance.

"3d. All natural substances, but especially all drugs acquire, by certain mechanical processes, certain medicinal powers, so that any quantity of the substance or drug in question, however small, will always operate absolutely and unconditionally as an effectual remedy in its appropriate disease, by its specific power properly developed, which power or virtue, however, increases ad infinitum, in the direct ratio of the mechanical processes mentioned, and in the inverse ratio of the quantity of the substance."

"At the very commencement of all homœopathic doctrines, viz. the experiments of

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* See the celebrated German Literary Gazette, the Jenaer Literatur-Zeitun, Beylage fur 1801, No. 1.

simple drugs upon healthy individuals, we meet with the great difficulty arising from Hahnemann's moral and scientific duplicity." "Wherever experiments had been instituted by his opposers, exactly according to his first directions, and had proved abortive, he and his followers alleged, as a chief cause, the erroneous opinion entertained by these opposers, that *homœopathic* doses of a drug should affect healthy persons. They afterwards stated, that to observe the truth of their experiments, it was necessary to apply the simple drugs in question in *large allopathic* doses, (see Hahnemann's Organon, 4th edit. §120 and 121, Dr. Moritz Mueller in Archiv fuer Homœopathische Heilkunde, Vol. III. No. 1, p. 30, Dr. Gross, ibid. No. 3, p. 133, Dr. Rummel, ibid. Vol. V. No. 1, p. 14.)" "When these experiments, thus altered by Hahnemann's explicit advice, had led his opposers again to results totally different from his statements, and he found it difficult to verify other assertions of his doctrine, he decided again in favor of his first suggestion of *homœopathic* doses." "It is evident, that these contradictory assertions cannot be reconciled with common sense. Suppose that A, when speaking of a substance, should say to B, test the truth of my experiment, by taking once only the billionth part of a grain of it, and B tried it without experiencing the desired effect; now A ridicules B for doing exactly what he, A, has repeatedly recommended, and says: 'take it by ounces, three or more times a day, and then you will observe what I told you.' B, however, in so doing, is still unsuccessful; A now prescribes again what he did at first, or a quantity many million times less; every one witnessing such a transaction would say, with the greatest propriety, that A must either be a fool or an impostor."

Dr. Leo Wolf discusses the fallacy of the experiments with drugs on healthy persons, through several pages: he shows how their results may be changed by idiosyncrasy, by the state of the mind and body, &c. The Doctor concludes his remarks on this head by saying:

"For these palpable reasons, the conclusions respecting the action of a substance upon the diseased state from its action in health, must lead to the grossest mistakes; just as if we were to conclude, from the beneficial influence of the bright day-light on healthy eyes, that it must be also beneficial in those diseases in which photophobia is the prominent symptom, and in which the patient must be anxiously shielded from the light until he is cured by proper remedies, and even then must be gradually accustomed to bear it."

"The objections already offered will appear to the impartial critic as sufficient, clearly to prove that, if the result of any experiment with a drug, upon a healthy individual, admits of no correct conclusion as to the salutary effect of the *same* drug when applied to *the same* individual, in its corresponding natural disease; all such experiments, instituted with a view to draw practical inferences, in respect to *all* individuals of one species when similarly affected, must a fortiori lead to the greatest errors and mistakes. Such experiments may be interesting for some physiological and pathological inquiries, and may lead indirectly to valuable results, by the detection of specific medicinal properties contained in substances, if they are instituted with a minute knowledge of theoretical and practical medicine, and with an unprejudiced mind. The profession would be thankfully indebted to Hahnemann, for some discoveries ascribed to him, if he had acted in this manner; but in our opinion, even if his suggestions and statements in regard to his drug sickness were as true, as most of them are false, a safe leading principle for medical practice never can or will be drawn from them."

Before following the Doctor in his discussion of the second maxim, let us ask, how these drug symptoms are ascertained, and what doses of medicine are prescribed? On page 152, the Doctor remarks:—

"We purposely select the experiments made with Peruvian bark, as a drug best known. (See according to Kopp l. c. p. 55, Organon §. §. 16 and 132 of the third, and § 120 of the fourth edition.) In order to excite a bark fever, which may last for several days, the healthy person must take, in the course of one day, a mixture made of one ounce of powdered bark, with five ounces of alcohol and two pounds of water. This will be taken best before breakfast, and according to circumstances: this dose may be increased to twice, (§ 133 old edition,) or even four times as much, (§ 134 ibid.) Now we candidly ask, who can wonder, that from experiments, instituted principally in this manner, only 1143 bark symptoms are recorded in Hahnemann's materia medica, as we might confidently expect several thousand symptoms in addition to those mentioned, if all are minutely written down, from the reports of a healthy person, unaccustomed to such stimuli, and intoxicated for many hours by twenty ounces of alcohol and four ounces of powdered bark; especially if this person was such a stupid, credulous, and infatuated disciple, as the above mentioned Bohemian barber, or any one else, prepossessed and anxious to satisfy the tiresome cross-examinations and the absurd expectations of such a master? Our 'great medical genius,' who, according to the enraptured Dr. Hering, (l. c. p. 11,) 'now stands forth as a conqueror,' who (l. c. p. 27,) 'has beaten a new path on all sides;' and (l. c. p. 21,) by 'whose *careful attention to minutiæ*, a new era has dawned upon all the natural sciences;' this very man, who considers the *decillionth part of one grain of common table salt*, in many cases as too

strong, is pleased to call *twenty 'ounces of alcohol, and four ounces of powdered bark, swallowed in a few hours, and even before breakfast,'* as a mere nothing; and instead of terming the 1143 symptoms elicited by the cross-examination of such a person by their right name, *the utterings of an intoxicated person*, he is pleased to call them '*bark-fever symptoms.*' 'Dialectorum verba nulla sunt publica, suis utuntur.' "

Proceeding in this manner, Hahnemann has ascertained that rhubarb produces only 60 symptoms, digitalis 70, camphor 175, iodine 130, stramonium 75, arsenic 430, silicia 665, lycopodium 890, charcoal 930, table salt 895, sepia 1240, belladonna 1440, &c. What a vast difference has Hahnemann discovered between the effects of digitalis and stramonium, and charcoal and table salt!!

We come now to the second maxim of homœopathia:

"It asserts by 'similia similibus curantur,' that all diseases will be most safely and quickly cured, by minutely regarding the symptoms only, which are presented to the close observer in each natural disease, and that such simple drugs only, which produce in healthy persons symptoms most similar to the symptoms of the natural disease in question, will also be not only the proper but the only medicines for a direct or safe cure. Thus for instance, calomel, if taken by a healthy person, will generally produce salivation, and if continued long enough, ulcers on the gums, in the throat, &c.; homœopathia, therefore, considers calomel as the best remedy where such symptoms are observed: opium produces in healthy persons drowsiness, stupor, costiveness, &c; it must therefore be considered as the best remedy for the cure of diseases marked by drowsiness, stupor, costiveness, &c. Hahnemann, well aware that these assertions could not for a moment be supported by experiments made with common doses of medicines, because calomel taken for salivation, or opium for costiveness, in allopathic doses, would soon, and not excepting one among many thousands, increase the symptoms and all the dangers of the disease, was therefore, as stated above, forced into the other absurdity, that these and all other homœopathic drugs are to be applied only in doses which cannot be rendered too small by the process of dilutions or triturations. The latter forming, however, the third proposition or maxim of homœopathia, we shall discuss it hereafter."

"Hahnemann suggests, in different places of his works, and particularly in his Organon, the following theory of his homœopathic pathogeny and therapeutics. The vital powers of the human body become, by some accident generally unknown, affected with a natural disease; upon this affection, the vital powers react automatically, either with a force too little and insufficient to remove the disease, or in such a clumsy, violent and noxious manner, like the treatment of all allopathic physicians, that the patient must either succumb and die, or must bear sufferings, which, taking the place of the first affection, are generally worse than the original disease. Nature, unaided by homœopathic remedies, can seldom effect a cure, and much less can a cure be performed by an allopathic treatment, which, in hundreds of cases, may fortunately cure one patient. As every disease is only a dynamical distemper of the vital powers, manifesting itself by sensations and actions, and therefore discoverable only by our senses; and again, as this corresponds to the symptoms which are caused by the use of drugs in healthy persons; the disease cannot only be cured by this drug, but the latter, administered in a dose, however small, or in any degree of solution, is always stronger, or more powerful in its action, than the natural disease, and thus the drug always possesses more power than is necessary to extinguish the disease. Although the original disease is destroyed by this extinction, at all events, still a certain quantity of a slight drug sickness always remains, which may now be left for its total extinction to the vital power; this secures for the patient a safe, quick and durable recovery.

"If we were allowed the comparison, in regard to a subject which, according to some passages in Hahnemann's work, must be considered as immaterial, we should say that the surplus quantity of the drug sickness always left, after it had extinguished the natural disease, appears similar to the margin of a spot overreaching by its greater size the spot extinguished or covered; we know no better expression, since he himself always uses the term 'extinguish.' We conclude from this suggestion of Hahnemann, which occurs frequently in his writings and in those of his adherents, that drugs do not act by their matter, but by the infinite power or virtue developed from them; that this power must always be considered paramount to the power of the disease, and that it is impossible to give too small a dose of any drug, since the margin left by the covering drug could easily be too large to be extinguished by the impotent vital power, without which a recovery appears to him impossible."

On page 112, Dr. Leo Wolf has given some specimens of the practical application which Hahnemann has made of this maxim:

"If a man has taken his dinner too hastily, has swallowed many indigestible things, has drank too much spirituous liquors, or has eaten some tainted food; in short, if it be evident that he has injured his stomach in some such manner before he fell sick, every man of common sense would prescribe a contrarium, viz. an emetic, as the best remedy; the beneficial effects of which are moreover confirmed by innumerable instances. Hahnemann thinks, in his Organon, (pp. 6 and 7) such a real *casual* treatment, imaginary and

highly obnoxious; and, instead of the emetic, recommends, as the best remedy, *to smell* of a sugar-pellet, made of starch and sugar, not larger than a hemp-seed, and slightly moistened with a *high solution* of the juice of Pulsatilla; that is, at least, with the

$\frac{1}{10^{50}}$ part of a grain of the said juice, or *a fraction equal to one, divided by one with sixty zeros.**

"In Org. p. 59, Hahnemann quotes F. H. Lange, an old author on domestic medicine, who has found nutmeg salutary in hysterics. This *single* authority is sufficient for him to add, 'Of course, for no other than the same homœopathic reason; since, according to F. Schmid and Cullen, it also caused, when given in large doses to healthy persons, a *fainting of the senses*, and a general senselessness.' That any substance, even the most innocent and wholesome food and drink, when taken to excess, will always cause, in persons easily subjected to hysterics, etc. such affections, and that none but a fool would draw from such a single instance any conclusion, is no object of consideration to the close-thinking homœopathists; who, however, find no fault that their master rejects, on the other side, all statements confirmed by thousands of trust-worthy men. This and similar inferences, drawn from domestic substances, by Hahnemann, refute his assertion, on page 53, where he explains, why such large doses of homœopathically acting drugs were found salutary by many authors quoted by him, though they must have rather been of great injury. He states, that this may be ascribed to the use of the drugs, by which they have lost their efficacy; or to their operation as cathartics, by which they were soon evacuated; or also to the simultaneous use of drugs, which acted as antidotes to them. The first reason cannot be true of such substances as nutmeg, and is also a supposition demanding proof; because every one will believe, that, among all these distinguished men, some at least have been honest, and anxious to administer to their patients the best drugs and the best preparations. The second reason refutes his explanation of the first—and after operations, and if combined with the third reason, contradicts the absolute and unconditional salutary effect of his homœopathic drugs.

"On page 61, of the same work, he asks, whether, if any one being exposed to a cold, wet air, takes a little bitter-sweet, (Solanum dulcamara, L.) and catches a severe cold, it is not *a proof* that this plant *produces* the symptoms of a cold, and must therefore also *cure* colds? This 'great genius' considers here as a mere nothing the influence of a cold, wet air, which daily experience proves fully sufficient for producing a severe cold, a catarrhal or rheumatic fever, and frequently the most dangerous acute or chronic diseases. But he thinks the infinite part of this plant, which every body knows is quite inoffensive in small allopathic doses, to be so highly injurious, that it is not worth while for him to mention a cold, damp air, even only as an accessory cause! No wonder, on pp. 246 and 247 of his Organon, he suggests explicitly to the homœopathic physician, not to mind the stories of their patients, relating, as the cause of their long sufferings, 'a cold acquired long ago, (by getting wet all over, or by a cold drink after over-heating,) a fright, a distortion of a limb, (also sometimes a bewitching, &c.'*) 'All these things are *too trifling* to produce, in *healthy persons*, diseases of long standing, which grow worse from year to year, as is the nature of all chronic diseases arising from itch.'

"Among the great discoveries of Hahnemann, drawn from 'his exceedingly pure and simple observations,' we may name, foremost his assertion, that ophthalmia, or inflammation of the eyes, is frequently caused by *Roses*."

"What reason has the old philosopher to make such a cruel accusation of our favorite flower, the Rose? Is it the result of *his* not 'over-refined' chemical analysis, or, at least, of some experiments which, like so many others, *he* only has made? No: some obscure old medical author, who, as a stupid allopathist, deserves of course no credit for any thing else, has told him so: but as *he* says, nobody can doubt it, principally because rose-water is an old domestic remedy for inflamed or sore eyes. It could not, however, be so favorite a remedy in the spirit of the homœopathic maxim, similia similibus curantur, unless it produces ophthalmia; ergo, every one who smells of roses will unavoidably have his eyes inflamed."

"It appears that Hahnemann's attention was particularly attracted by the less common German name, amongst half a dozen, for Arnica, viz. Fallkraut, (falling herb). According to the many drug-sickness symptoms, mentioned in vol. I. of his Materia Medica, it is a very singular plant: it makes, for instance, healthy persons exceedingly melancholy, and at the same time very gay. Preachers, lawyers, members of congress, in short, all who are and must be very eloquent, should be cautious not to take a dose of Arnica, for the same reason, as it is worth re-

* "By the aid of numbers, to be found in every work on astronomy, we can easily ascertain, that if the whole planetary system, the sun, planets and all their moons, should be changed into pure water, alcohol, or sugar of milk, and one grain of any substance should be dissolved in this immense mass of fluid, or be minutely triturated with its solids, every drop or grain of such a solution or mixture, would be a fraction of the whole mass, equal only to one divided by one with about fifty zeros, or by one with ten zeros less than the homœopathic thirtieth dilution, generally prescribed by Samuel Hahnemann."

"* We would advert here to this expression of Hahnemann, by which he ranks 'bewitching' with other important causes, which are in his opinion, erroneously alleged by the patient. The discussion about his third maxim will explain this more minutely.

commending to some particularly blessed married men, for the still greater promotion of their 'domestic felicity,' because it makes talkative, and of course where loquacity prevails, it will cure it. (See Mat. Med. Vol. I. p. 504.)

"In pure inflammatory fevers, encephalitis, or inflammation of the brain, with delirium, in which a few drops of a spirituous drink are considered by every allopathist as equivalent to poison, Hahnemann recommends (Organon, p. 73) strong wine in small doses, because a few cases are recorded where it has proved useful. By quoting (Organ. p. 73), in support of this luminous opinion, an old treatise in Ephem. Natur. Cur. entitled 'febris ardens spirituosis curata,' he shows an ignorance hardly to be met with in a well educated physician, since febris ardens is not an inflammatory disease, but the same *causus*, generally a typhus or putrid fever, where rational medicine has always considered good old wine a great and almost indispensable remedy. He recommends wine in encephalitis particularly, because, when taken in excess, it frequently produces, among other inflammatory symptoms, those of the tissues of the brain also, and ridicules on p. 152, the common allopathist, who is so foolish as to give wine, in order to strengthen persons exhausted by long sufferings or by other causes, because its first effect (Erstwirkung) produces only the feelings of strength, and its after-action (nachwirkung) is always exhausting and relaxing. He should, consistently, also recommend a sumptuous dinner with some dozens of hot spiced dishes as a very salutary remedy in inflammations of the brain, lungs, &c. where sleeplessness prevails, because the after operation of such a dinner is to make one feel sleepy."

"Hahnemann, though opposed to all external remedies, alludes (Org. p. 95) to the beneficial effects of fomentations with hot water over the head, when the brain is inflamed by a *stroke of the sun*, or if the head is in any other manner morbidly affected by its exposure to excessive heat: quite natural; because a dangerous inflammation of the brain arises from the same cause, and the mode of applying cold fomentations is considered one of the most superior allopathic remedies; and ergo, most foolish and murderous in his eyes."

"Hahnemann (Org. p. 84) asks: 'what will suffocate sooner than the vapor of burning sulphur? and the same vapor of burning sulphur,' he says, 'is found to be the best remedy to revive persons asphyctic from other suffocating causes.' Indeed! it is strange that this 'great benefactor of his race,' did not recommend also the rope as an excellent remedy to revive asphyctic persons, since it is prima facie evident, that it answers extremely well his homœopathic maxim, and the ingenious applications which he makes of it. How many worthy men would have been preserved to the world and their families, especially in a certain highly civilized country, if this marvellous homœopathic after-operation of a rope should have been known long since! Is it not to be seriously deplored that 'with blessings on its wings, the great discovery reached to every quarter of the earth'—so late! We believe our Samuel abstained from minutely mentioning this further application of his reviving measures only on account of his professed aversion to all external remedies. Our conjecture appears confirmed by his comments on pages 93 and 94 of the same work; 'electricity, as is known,' he says, 'causes a shortening of the muscles, which resembles that in convulsions, &c. and Theden restored by electricity a girl ten years old, who by lightning had lost her voice, and had become almost lame in her left arm, though her arms and legs were in a constant and involuntary motion, and her left fingers in a constant spasmodic contraction.' We learn also from this remark, that, maugre the above quoted duplicity of Hahnemann and his disciples, in regard to the large and again small doses of drugs for their experiments on healthy persons, they are more in favor of the large than of the small ones for their trials on healthy persons, and that we have been correct in adopting the former as the basis of our discussion; for nobody, a 'close-thinking' homœopathist excepted, will deny, that a thunder-stroke contains a pretty large *allopathic* dose of electricity."

The third and last maxim of homœopathia says, "that by certain mechanical processes from all natural substances, and especially from all simple drugs, specific powers or virtues can be developed, which act always absolutely and unconditionally, so as to produce in healthy persons definite diseases, the symptoms of which, when similar to those in natural diseases, will cure the latter by removing its symptoms; and that the powers or virtues thus developed increase ad infinitum in the direct ratio of the mechanical processes and in the indirect ratio of the quantity of the drug, so that their doses can never be chosen too small."

Of all the maxims of homœopathia, this perhaps calls the most loudly on the credulity of its partisans. In plain English, it implies, that by diluting and triturating certain substances, immense medical powers are developed from them. Our limits will not allow us to follow Dr. Leo Wolf through his train of reasoning on this topic. He remarks very justly, on page 195:—

"If Hahnemann had offered the profession new and unknown drugs for definite diseases, and had stated that, according to repeated experiments instituted by him with the greatest accuracy, and even under the injunction that such drugs should not be given in larger doses than the billionth, or a similar fraction of a grain, and that the grain must be divided exactly in such or such a peculiar

manner, &c. no one could, with propriety, object a priori, and the correctness of these statements would depend upon fair trials. If they were proved to be correct, by repeated and careful experiments, then another question would arise, whether they could or could not be explained by acknowledged laws of nature. When, on a minute scrutiny, they are found to be totally at variance with such laws and with those of the human intellect, still no man of sound judgment would forthwith adopt one or more *supernatural* powers or *miracles* as the causes of these phenomena, since he would be reminded, that at least in this world, all natural phenomena depend on *fixed* laws engrafted upon nature by the infinite wisdom of her eternal Creator, and that many phenomena, which appeared to our ancestors as supernatural, are now referred with mathematical exactitude to definite laws, depending upon or intimately connected with the universal laws of nature; he would accept with gratitude such discoveries, and confessing his ignorance of the natural causes, he would feel in duty bound to use them wherever it appeared to him necessary or salutary. But if we are told by Hahnemann, that drugs, which have been used daily for centuries by thousands of trustworthy physicians, and in different countries, by grains, drachms and ounces, in powders, infusions, decoctions, &c. not only *without any* injury, and without observing *one* of the many symptoms which Hahnemann and his followers pretend *always* to observe, but frequently with the most salutary effect; if we are told that *the same* drugs have always proved detrimental, if given in larger doses than the many thousand-millionth part of one grain, ever since Hahnemann has pursued a mode of treatment different from that which he himself, for upwards of thirty years, had followed on a *much larger* scale than most other practitioners; if further, the same man tells us, that substances, *daily* used by ounces or pounds, by men and animals, as *indispensable* for their life and health, become transmuted into *violent* drugs, of which the smallest imaginable fraction of one grain may produce *great injury* or benefit, and that such fractions of one grain of a substance obtain this power by certain processes, hitherto also justly considered incapable of changing *in the least* the property belonging to any substance; then we have full cause to suspect the grossest errors or premeditated imposition, especially when all these statements come from a man like Samuel Hahnemann, who has been guilty of the greatest charlatanism and intentional falsehoods. His trials with simple drugs on healthy persons, though they are not of *his* invention and have led him to the most superstitious and absurd conclusions, may, nevertheless, be interesting to the profession, if impartially instituted in the sense suggested above, and deserve therefore to be continued even with many of such drugs as are condemned by him. His maxim, similia similibus curantur, and even his marvellous itch doctrine, with all its gross absurdities and contradictions, might at least admit some conjectures, which do not differ so widely from other fanciful theories and suggestions recorded in the history of medicine, though never expressed with such a total disregard of truth, with such unblushing self-conceit, such a contempt for all other experience, and with such an unparalleled charlatanism in the promises of a never-failing medical omniscience and certainty of cure; but Hahnemann's assertions about the virtues developed from simple drugs by manipulations of *his* invention, and his statements of what has been observed *only by him and his followers*, oblige us either to declare them gross falsehoods, or to renounce all truth hitherto acknowledged and even confirmed by mathematical calculations, and believe implicitly in supernatural powers and miracles at the disposal of man."

"Hahnemann begins the second volume of his treatise on chronic diseases with the following words :—' The changes which take place in all natural productions, especially in drugs, by constant triturations with a substance not medicinal, or by shaking with a fluid not medicinal, are so incredibly great as to be almost miraculous, and it is gratifying that the discovery of these wonderful changes belongs to homœopathia. The medicinal powers of these substances, as we have stated elsewhere, are not only developed by it in an unmeasurable degree, but their chemical and physical conditions are so changed, that if their solubility in water or alcohol could never before be perceived in their crude elementary state, they, after their peculiar metamorphosis, become quite soluble in water or alcohol; a discovery which I first published to the world !' We leave it to the fancy of any one to imagine what substance can be *not medicinal*, if *all natural productions* are capable of having a virtue developed from them. Hahnemann continues to assert not only that by this manner all substances, like flint, all metals, the pure as well as the sulphuretted and oxydated, become soluble in water or alcohol, but also that they remain unaltered for years in respect to all their singular properties thus acquired, and especially in their particular state, termed by him '*potenzised*.' Thus for instance in speaking of *pure* phosphorus, he adds expressly, 'I do not mean its acid;' of course the contrary being the opinion of all 'over-refined chemists,' who believe phosphorus easily oxydated by, but not soluble in water; it cannot be his opinion. He says farther, loc. cit. 'We shall find also in this, their enhanced and almost glorified state, that no neutralization whatever takes place. The medical virtues of natrum, ammonia, barytes, lime and magnesia, will in this their highly potenzised state, not perhaps be neutralized when a dose is taken, as they

do in their crude state as bases, by a drop of vinegar; their medicinal power is neither to be altered nor annihilated. Nitric acid prepared and taken in this manner for the use of homœopathists, in the proper homœopathic development and dose, will not become changed in its strong definite medical action, if lime or natrum be taken afterwards, and therefore will not become neutralized.' On page 272, Vol. IV. of the same work, on mentioning the common inoffensive use of table salt, (natrum muriaticum or sodæ murias) one of his favorite antipsorics—probably on account of Pliny's statements, who mentions in his natural history, lib. xxxiv. 'scabiem pecorum sal tollit,' Hahnemann says, 'and yet the greatest medical virtues are concealed in it. Is it not therefore evident, even to the most short-sighted, that the peculiar homœopathical preparations of medical substances reveal almost a new world of powers, which have hitherto remained concealed in nature; thus by the transmutation of common table salt from its crude and inactive nature into a violent medicine, it is to be given after this preparation, with the greatest precaution to the diseased person. What an incredible transmutation, and yet how true! apparently a new creation! The pure table salt carried in this manner to the decillionth development of power,' $\left(\frac{1}{10^{60}}\right)$ 'is one of the strongest antipsoric medicines, as its annexed peculiar effect on the healthy body,' (895 symptoms of its drug disease) 'manifests, but cannot be given without injury to sick persons suffering from itch, in more than one or two small sugar pellets moistened with a fluid impregnated with its decillionth developed power. But individuals injured by allopathic stimulants, and those who are very much debilitated and very sensible, will not bear even this small dose, and if this drug is then called for from homœopathic reasons, they can only be permitted to *smell* once of a sugar-pellet of the size of a hempseed, moistened with that solution, as a dose sufficient to perpetuate its effects from fifteen to twenty days.'

"To crown all the absurdities which the instances alleged in confirmation of this maxim of homœopathia offer, a German, infatuated with the homœopathic doctrine and delighted with its practice, has taken the very great trouble to prepare, partly in snow and partly in spring water, exactly according to the direction of Hahnemann, the *fifteen-hundredth* dilution of sulphur, and pretends to have found *very distinct* medical virtues in *one drop* of this presumed solution. Hahnemann, in a postscript to a public statement of this unique experiment, fully agrees with the author in the marvellous operation of this dilution; though he adds, (Chr. Dis. vol. iv. p. 338) that the 30th dilution of sulphur may not only be considered as the mildest, but also as the most developed preparation of this substance. Now let the reader observe, that sulphur is considered, by all ancient and modern chemists, to be insoluble in water; further, that admitting even the snow water to be quite pure, and sulphur to be soluble in water, the purest spring water contains, when compared with the 1500th dilution of sulphur, an *immense surplus* of earths, salts, iron, and other ingredients, almost all of which are considered by Hahnemann as *powerful medicinal substances*, from which drug virtues must become developed *by the same process:* furthermore, that the 1500 vials of glass, or any similar substance probably used in this experiment, would likewise impart to the solution, by the 3000 necessary shakes, a proportionally much larger quantity of potash, and particularly of silicea, this powerful homœopathic remedy, unless these drugs and remedial agents are excluded by miracles or witchcraft: and last, not least, that this 1500th dilution of one grain is equal to *one divided by one with* 3000 *zeros*, or is the 3000th power of ten!"

"It is easily ascertained, that the very large number, expressing the distance of the nearest fixed star, Syrius, from our globe, in inches or any considerably small fraction of an inch, is a mere trifle, and less than any imaginable small magnitude, in comparison with this fraction; and that the distance from our globe to any heavenly body, observable only by the greatest refractor existing, even expressed by inches or geometrical lines, would also appear a trifle, when compared to the 3000th power of ten.* Who would not exclaim, on seeing such unparalleled nonsense in print:—*Helleborum hisce hominibus opus est!*"

These few extracts will enable our readers to form some idea of what homœopathia really is; and we heartily recommend them to purchase Dr. Leo Wolf's book and read it: they will find in it much to amuse and to instruct; much curious information in regard to the present state of medicine in Germany, while the Doctor's remarks upon diseases, his own views of medical practice are by no means the least interesting part of the book. Although we cannot agree with many of the opinions advanced in it, we will freely confess we have perused it with pleasure.

"* The greatest diameter of our globe being 595,072,000, let us say one with nine zeros in inches; the greatest distance of the sun from our globe being 2800 times as much, his distance in inches is 1,666,201,600,000, or about one with twelve zeros; Syrius, according to Huygen's calculation, is about 30,000 times this distance, or 30,000,000,000,000,000 in inches; we will say, one with seventeen zeros: this number is less by one with 43 zeros, when compared with Hahnemann's usual 30th dilution, and by one with 2983 zeros less than the above-mentioned 1500th dilution of one grain of sulphur."

ANALYSIS OF MEDICAL JOURNALS.

ART. I—*Bulletin Generale de Therapeutique Medicale et Chirurgicale, of May*, 1835.

1. SOME REFLECTIONS UPON THE MEDICATION ENTITLED DIURETIC.—The author of this paper goes into a short discussion of the reasons of the immense richness of the materia medica, and the real poverty of the therapeutics which have been bequeathed to us. He attributes it, in a great measure, to the preceding age having been too much in the habit of watching every new phenomenon in the operation of a prescribed substance, and setting it down as a specific for that effect. This produced, at the commencement of the present age, a reaction; and the study of the physiology and anatomy of patients and diseases was carried so far, that we almost forgot how to treat them. This view is strikingly applicable to the class of specific diuretics.

We understand by a diuretic, a medicine, which, when introduced into the economy, manifests such properties, that, under their influence, the subject voids a greater quantity of urine than ordinary. With so vague a definition, we have a vast number of diuretics, which are only so relatively; depending on the condition of the body with regard to the state of the pulmonary, cutaneous and intestinal exhalations; whether an increased secretion of urine is not necessary to maintain the equilibrium of the functions, &c. In order to ascertain whether a substance be a diuretic or not, we must compare the quantity of urine with the liquids taken into the digestive organs; we must ascertain exactly the state of the organism at the moment of the excreture, and we must compare the quantity of the urine with that of the water drank.

We should not place under this head, medicines which change a morbid condition of the organism, in which, by the simple fact of its cure or relief, it happens that the patient will discharge, by an abundant watery secretion, a liquid with which his tissues or his cavities have been filled. Thus, in cases of long continued intermittent fever, where the spleen has been enlarged or hardened, the tissues all appear infiltrated, and the peritoneum filled with serum, when treated with sulphate of quinine in large doses, (20 to 40 grains a day,) they lose the excessive volume of the spleen, the returns of fever, the general œdema, and the swelling of the abdomen, at the same time that large quantities of urine are voided. The sul. quinine is the diuretic here.

Likewise in cases of general infiltration, resulting from diseases of the heart, in which digitalis and repose have been prescribed, as the heart returns to its proper action, and the circulation resumes its normal rhythme, urine in large quantities is voided, and the œdema disappears. Repose and digitalis are here the diuretics.

In the convalescence of long and debilitating disorders, when the patient begins to resume the sitting or standing posture, the inferior extremities become infiltrated in a greater or less degree, and it is only by degrees, as the strength returns in consequence of the regimen followed, and the tonic remedies prescribed, that the œdema disappears, after some days of diuresis. The tonics employed to hasten and confirm the convalescence in this case, remove the fluid.

It sometimes happens, that subjects weakened by passing nights in the rain and cold, and exposed to the inclemencies of the seasons, are rapidly swelled up by a general leucophlegmacy. As this is not the result of an organic alteration, a few days of confinement to the bed and warm clothing are sufficient to cure it, and remove the œdema, frequently by the urinary passages.

The internal administration of opium, or the application of the salts of morphine, either internal or applied to the dermoid covering, often produces a retention of urine. As soon as the exhibition of them ceases, the pain and distress felt at the neck of the bladder is relieved, and the patient, then urinating abundantly and freely, seems as if a true diuretic had been administered to him.

In cases of irritation of the kidneys, whether produced by a calculus or otherwise, or by sympathy with an irritated bladder, we know that the best diuretic consists in calming the sympathetic or local irritation of the kidneys; since, under the influence of these means, the urine returns more natural and more abundant.

Finally, in almost all serious affections, do we not see the diminished, thickened and suppressed urine, reappearing more and more natural and abundant, under the influence of the treatment which relieves the principal disorder.

By thus rigorously distinguishing between

diuresis, relative and direct, we shall be able to class those substances as diuretics which are properly such; and it is only in this way that we can relieve ourselves of the ancient pharmacological chaos, or the modern therapeutic nullity.

2. On the therapeutic employment of vapor baths in certain ocular affections.—The utility of vapor baths, either simple or aromatic, in a great variety of ocular diseases, although recommended and practised by several distinguished physicians, is not sufficiently appreciated by the medical and general public.

This doubtless arises, in many cases, from the difficulty of procuring an apparatus adapted to the purpose, especially in villages and country places. The Russians make a vapor bath by projecting a fine stream of water upon a heated stone placed in a close room, by which means the body is rapidly enveloped in steam. This is a very common custom with the common classes there, and the wives of these classes, who, during their pregnancy and puerperal state, take these baths, enjoy much better health than those of the upper classes, who daily forsake the old national customs. Purulent ophthalmia is much less frequent with the new-born infants of the poorer than of the richer class. Who will deny, that of 100 cases of purulent ophthalmia in new-born infants, 95, at least, are attributable to a catarrhal inflammation of the palpebral and ocular conjunctiva? Is not this affection as much the result of a general refrigeration of the dermoid covering as of the impression of the cool air upon the organ of vision?

In Egypt, the newly arrived European, when his conjunctiva is observed to be injected, and to put on the catarrhal form of the Egyptian ophthalmia, so rapid and so cruel in its results, is greeted with the exclamation, "How do you sweat?"

In incipient catarrhal ophthalmia of children, inquiry should always be made by the physicians as to the state of the skin: and if it is dry, cold and rough, it should be exposed to the vapor of emollient and sudorific plants: it should be enveloped in flannels, impregnated with vapor; and as the skin resumes its functions, the conjunctival coryza, which rapidly degenerates into an inflammation, with such a frequent sorrowful termination, will begin to disperse.

To an inflamed lachrymal tumor, an inflammatory tumefaction of the eyelids, either idiopathic, or following variola, or any other exanthematous affection, no more rational application can be made than emollient, resolutive, calming vapor bathings. In rheumatic or gouty sclerotic affections, vapor baths, applied to half the body, are found eminently useful. These may be obtained by putting the body in a cask, and filling it with vapor, after the Russian mode. This constitutes an excellent revulsive, which may at will be converted into a powerful derivative, by allowing it to proceed, in the lower extremities, to vesication, which is as active as, and ten times less painful, than the dry vesication.

The author of this paper has often employed calming and narcotic vapors in convulsive and cancerous affections of the eyelids and of the eyes with success. The leaves of the *laura-cerasus*, dried and cut up, and those of the *datura stramonium*, were the principal assistants. There are a great number of specific ocular affections, resisting ordinary treatment, which are cured by dry fumigations. Such are syphilitic ophthalmias, iritis of the same nature, exostoses, and tumors of the orbit, which are easily resolved under the employment of the vapor of the mercurial powders of Lalonette, of cinabar, or of the black sulphuret of mercury. Arsenious fumigations, directed to the cancerous pimples of the eyelids, often appease violent pain. Three cases are related, to show the rapidity with which obstinate and long standing ocular affections are relieved by these means.

3. Of the actual state of the therapeutics concerning the more serious contractions of the urethra.—Up to the time of John Hunter, all the means used for the removal of this disorder may be reduced to simple *gradual dilatation;* for the treatment of the ancients with bougies, possessing various balsamic properties, amounts to nothing more. *Cauterization*, for some years, made considerable noise; but it has now lost much of its reputation. Caustic frequently proves worse than bad. A solution of *lapis infernalis*, of two grains to the ounce of distilled water, injected, or a light application of the salt itself, will sometimes prove useful, particularly when the stricture is accompanied with a chronic discharge. The injection should be sent in and returned, taking care to prevent its going into the bladder, by pressing with the fingers behind the stricture. This application has been successful also in chronic leucorrheas. *Scarifications* are now entirely out of date. No prudent man will make use of a means so injurious in its results, and so dangerous in the tube of the urethra.

Progressive dilatation, by means of ordinary bougies, is now almost the only means to which practitioners direct their attention. Cauterization, as described above, is sometimes added to this.

4. New facts relative to the action of creosote, and to its therapeutic value.—Besides the now well known efficacy of this application to carious teeth, several cases of which are related by M. Fremanger, it has been found by this gentleman to be very useful in ulcerations of other bones. He cured

with it a scrofulous caries of the osseous extremities of the first and second phalanges of the indicator finger of the right hand, with a fistulous wound traversing the articulation. This case had resisted iodine and mercurial preparations for six months; but in less than two months, a radical cure was obtained by the creosote. A seton of cotton was passed through the fistula, which was kept moistened with pure creosote for six days: this was then removed, and injections of strong creosote water employed, (15 drops to the ounce,) which was finally withdrawn for the following:—

Cerate, ℥ i.
Oil of sweet almonds, ℥ i.
Creosote, gtt. xxx.

by which its action was for a long time felt.

M. Fremanger found that creosote has the property of opposing immediate union, which he supposes is occasioned by an inorganic pellicle constantly forming on the surface of the wound.

5. Of the action of tannin upon the organic salifiable bases, and the applications which may be derived from it for medico-legal researches. By Ossian Henry.—Among the properties by which alkaloids or vegetable alkalies, are distinguished, is that of their precipitation by an infusion of nut-galls, a property which is common to them all. Whether it is tannin, or gallic acid, which produces this effect, is a question which has not been entirely settled.

By means of this substance, M. Henry has been enabled to ascertain with great certainty and facility the quantity of quinine and cinchonine contained in the bark of the quinquinas. He has remarked that tannin, in precipitating the vegetable alkalies, produces with them very voluminous white, caseous compounds, easily collected, and generally insoluble in cold water; whereas, when potash, soda, chalk, or ammonia is used, large quantities of them disappear, altered and dissolved.

The action of tannin upon the organic salifiable bases is precisely analogous to its action upon metallic oxides; that is, it combines with them, producing true salts. These saline compounds may be analyzed either by gelatine or humid parchment, or by double decomposition, with the aid of salts of tin, lead, antimony, peroxide of iron; or better still, by barytes, chalk or magnesia. The tannin is separated, and combines with the animal matter, or with the metallic oxides; and the alkaloid being set at liberty, either remains free, or unites with the acid of the decomposed metallic salts. In acting thus upon the aqueous solutions, diluted and acidulated with one or two drops of sulphuric acid, he found quinine, cinchonine morphine, codeine, narcotine strychnine, brucine veratrine, delphine and emetine, with all their primitive characters. These are, doubtless, all bitannates, formed by the union of one atom of the base with two of tannic acid.

These salts are formed by adding an aqueous solution of pure tannin, or of the extract of gall-nuts, or even any other liquid containing tannin, to a solution of a salt with a vegetable alkaline base, diluted with slightly acidulated water.

6. New experiments upon the efficacy of the hydrated tritoxide of iron, as an antidote to arsenious acid.—This paper consists chiefly of the details of several experiments made upon dogs, for the purpose of testing the efficacy of the *tritoxide of iron* as an antidote to arsenious acid. The result was, that in every case where a pure article was used, the fatal effects of arsenic were prevented. This was the case even after the poison had been in the stomach of the animal half an hour, and in one case an hour, and when none had been returned by vomiting. The tritoxide appears to be a perfect neutralizer of the poisonous quality of this substance; and even when the arsenic may have been swallowed so long a time as to have made its deleterious influence apparent in the system, the administration of the tritoxide will tend to alleviate the symptoms, and prolong life. The experiments were conducted by M. M. Borelli and Demaria, who think that the tritoxide should occupy a prominent place in the shop of the druggist.

Emetics, however, should never be dispensed with, but should be freely used until the stomach is well cleansed, and then the tritoxide administered. Care should be taken that the peroxide be free from carbonic acid, as that somewhat impairs its efficacy; and an ounce, at least, should be administered. It does not appear to be an antidote to the *arseniate of potash*, in consequence of the greater affinity of the *arsenious acid* for the potash than for the iron.

7. Report of the commission of vaccination of the alttration of vaccine, and of epidemic small pox.—The two following truths have been sanctioned by long experience, viz:—1. That in all places where the propagation of vaccine has been preserved and encouraged, variola is rarely observed, and easily subdued at the moment of its appearance.—2. That vaccination is the only and infallible preventive of epidemic variola.

To preserve the integrity of vaccine virus, the committee strongly recommend the establishment of vaccine depôts in the principal places of the departments, a recommendation powerfully enforced by the fact which is related of several cases of small pox, and varioloid having been caused by the use of small pox virus, which had been received from a distance as genuine vaccine virus. This number closes with a very handsome representation of the appearance of *Lepra Vulgaris*, and of *Psoriasis Inveterata*.

ANALECTA.

1. Broussais' Physiologism, and Hahnemann's Homœopathy.—The doctrine of Broussais, or physiologism as it is called, is spoken of as having been abandoned in France, and a similar fate is predicted for the empiricism of Hahnemann. "Progressing amongst us," says a writer, "it (homœopathy) is dying in its cradle in the land of its birth. Sapped in its foundations, first, by the solvent powers of its intrinsic absurdity, it is a prey, besides, to all the horrors of heresy and schism. A civil war, which has sprung up in its bosom, divides it into an infinity of sects, which mutually abuse, anathematize and condemn each other. During the last year, two councils assembled: one at Cothen, composed of orthodox homœopaths, over whom Hahnemann presides; another at Leipsick, consisting of the heretics, and tried in vain to subject the homœopathic faith to a common symbol. The clashing of opinions on the virtue of ten-millionth parts, on the inhalation of odors, and particularly as to the very important question of whether it was lawful *to cure by allopathic measures*, completed the anarchy. Hahnemann himself, despairing of repressing this seditious spirit, has quitted the field, and changed his residence. He is in hopes, perhaps, of finding the French more disciplinable than the Germans. Alas! worthy polypharmaceutist, he little knows with whom he has to deal. We advise him to apply to M. Broussais, who will be able to inform him, by sad experience, how medical systems rise and fall in France. How interesting a spectacle will be presented by the interconsolations of these two mighty wrecks and dethroned monarchs!" Gaz. Med.

2. Cancers.—In explaining the possibility of cases of cancer being cured, when some of the enlarged lymphatic glands of the axilla had been left behind, as asserted by Soemmering and Desault, M. Lisfranc pointed out to the Academy the interesting fact, that as the glands enlarged proceeded towards the hollow of the arm-pit, they lost their scirrhous character, and were only hypertrophied and inflamed. But to give hopes of success, the glands left behind must be soft, mobile, small and of short standing. Ib.

MEDICAL INTELLIGENCE.

1. Memorial to the Legislature.—*To the Honorable the Legislature of the State of New-York*:—Believing that your honorable body are ever disposed to pay due consideration to all proposals designed for the happiness and welfare of the community, the undersigned beg leave, in behalf of themselves and the profession of which they are members, to call your attention to a subject, which, though it may appear novel to some, yet, they trust it is one, which will commend itself to your favorable regard.

It is well known to all, that immense quantities of *patent medicines* are annually vended in our state, the composition of which is studiously concealed; and the effects of which, either for good or evil, are correspondingly great. Your petitioners believe, that the evils resulting from the sale and use of these nostrums are of a most alarming and fatal character. Numerous unfortunate and melancholy cases, within their own observation, have satisfied them that such is the fact. The interposition of the laws is therefore imperatively demanded. For several years, these nostrums have been rapidly multiplying; and, though the danger and injuries to health resulting from their use have been often exposed, yet their sale has gone on increasing, till at length we have pretended *specifics* for all the diseases "which flesh is heir to." The educated physician is often called to cases, which, though of the most trifling nature in the commencement, yet now owe their fatal features to wrong medicines, wrongly applied. The disease has been steadily advancing, while precious time has been lost, and worse than lost, by the use of some boasted *panacea*, or celebrated *cure-all*; till at length, too late, that aid is called in which should have been sought at the first. This is but the history of thousands of cases annually occurring in our state; and who can doubt that a large proportion of them could, by proper legal enactments, be prevented? As conservators of the public welfare, the guardianship of the

public health is one of your most important duties: as such, the subscribers appeal to you, whether something should not be done to prohibit, or at least control, the sale of secret remedies. It has been well and truly remarked, that "the number slain by these nostrums probably exceeds that destroyed by the ravages of war. They act in all ages, at all times—in peace and war. The infant is poisoned with drugs in various compounds, and either adds to the bills of mortality by a hasty disease, or drags out a few years of misery, and perishes when maturity should reward parental anxiety. The strength of more advanced life is undermined by these remedies; and if they cure a few undecided disorders, they terminate many more in the general refuge of the unfortunate. It is probable that to the employment of these medicines in cases to which they are not applicable, or for cases of mixed diseases, and intermingled with others, which perhaps they aggravate, or acting on constitutions in a state not prepared to receive them, is the cause of their mortal effects." The following regulations are therefore recommended, as calculated to correct the evils above noticed: 1. A Board of Examiners or License, to be appointed by the Governor and Senate, or by the State Medical Society, whose duty it shall be to examine all patent and secret medicines advertised for sale within the limits of the state, and by analysis and information derived from the patent office and the proprietors, as to the virtues and efficacy of said medicines, ascertain whether their use is likely to be attended with benefit or injury in the diseases for which they are recommended. 2. Without a license from the Board of Examiners, no secret or patent medicines shall be kept for sale or gratuitous distribution in this state, under the penalty of —— dollars. 3. The Board shall convene at certain regular periods prescribed by law, and at such places as they shall designate, due notice of which shall be given in the public papers.—4. The Board shall be required to ascertain whether the medicine under examination be a new preparation, or some formula already known and in use; and if original, to test, by clinical experiment, its particular properties, and point out in what diseases, and in what stages of disease, it is useful.—5. The Board shall be engaged to secrecy, and all recipes returned sealed to the respective proprietors aud inventors. In conclusion, your petitioners are aware of the objections which some may urge against the proposed law, viz: 1st, That it would be an encroachment on the personal liberty of the citizen; and 2d, that there is no need of legislation on the subject. To the first objection, we would reply: We have laws, and very judicious ones too, in relation to the inspection of *beef*, *pork*, *flour*, *fish*, and even *tobacco*, which may be called a *drug;* all of which have for their principal object the preservation of the health of the community; and no one contends that these laws are unconstitutional, or a breach of personal liberty. It is humbly conceived, that a prevention of the baneful effects resulting from the general and almost indiscriminate use of secret drugs and nostrums is as important a subject for legislative interference as the prohibition of bad meat, damaged flour, or unwholesome fish. The object in both cases is the same; and such should also be the remedy. As to the second objection, that no legislation is needed; your petitioners would simply remark, that if, to prevent a yearly sacrifice of thousands of valuable lives, be an object worthy of the interference of law, (and that such is the effect of the present system, the whole medical profession will testify,) then there can be no doubt of the expediency of the measure above recommended.

In giving place to the foregoing memorial, intended to be presented to the Legislature, we would respectfully solicit the attention of that honorable body to the requests contained in it. We would also suggest the propriety of including in the duties of the proposed examiners, that they shall inspect all drugs and medicines offered for sale; and if found genuine, to be branded, in such way and manner as the Legislature may deem proper to direct. We adverted to this subject in the first number of our Journal, which we again insert. We also give the following appropriate extracts from an address recently read before the Connecticut Medical Society, by Dr. Bishop, and statement of apothecaries in Germany.—*Ed's U. S. Med. & Surg. Jour.*

2. Genuine Drugs, French Laws, &c.—Dr. Johnson observes, "that those who grow rich by administering physic, are not to be numbered with them that get money by dispensing poison." The *respectable* druggist, who supplies *genuine* and *well-garbled drugs*, is invaluable to a community. The repeated acts of parliament passed in England and Ireland, for forming Apothecaries' Halls, which begin with stating "the many frauds and abuses which have been imposed and practised on many of his majesty's subjects, to the *injury of the fair trader, and the disappointment of the physician.*"

A pestiferous class of wholesale druggists, unworthy of support from the respectable retailer, are the usual architects of those magazines of poison.

Attempts to lower the standard price of drugs, by supporting superfluous druggists, secures to meanness and avarice no other benefit than being surfeited with powder of post, or semi-destroyed by the first operation of substitutes, adulterations and spoiled drugs.

In the one case, the drench and the bill are infinitely protracted; and in either, the prescriber is assailed with the obloquy of *mala praxis*, and the trade loaded with defamation.*

The superior wisdom of the French laws, ordered rather to prevent than foster fraud and imposition, places the *pharmacien* under the most wholesome restrictions. To cut short the indiscriminate dispensing or pernicious use of drugs, the importation of them into that country for private individuals is prohibited, and the shops are regulated by the police, &c. We have known superfluous druggists, and "what a ruthless thing it was," with impunity sell opium and arsenic to females, who made use of them for self-destruction. One of three methods is needful to reform this trade; either legislative provisions, the more circumspect and exclusive bestowing of public patronage upon respectable druggists. Percival's Medical Ethics.

3. Secret Nostrums, Quackery, &c.—Man loves deceit, although he pays dear for the delusion. Anxious for success, he is forever seeking some other than the plain, open road. He runs after every fondly proclaimed promise of a new way—of a hidden path known only to witch or Indian;—yes, although the corpses of those slain by steam, lobelia, or gamboge, strew the path, he believes not there's danger in the way.

Credulity and superstition have not diminished. Not only the illiterate, thoughtless multitude—the "turba ingens stultorum"—believe the Alchemistic Panacea has been, or may be disoovered; but individuals of talent, education and high station, will prefer submission of health and life to ignorant, inspired pretenders, who are often the "lowest of the low," idle, reckless and irresponsible vagabonds; to trusting the advice and assistance of those who have experience, and, so far as attainable, the accumulated acquisitions of ages.

We should in vain attempt by reason or remonstrance to lessen the increasing amount of quackery. We should be esteemed either partial or insincere; nor would we reach those most inclined to follow charlatans and their compounds. We ought, however, in justice to the dignity of our profession, avoid the least resemblance or encouragement to any hidden mysteries, or secret remedies; and show that *we have at heart* the good of mankind; the diffusion of useful information, and the honor of the medical profession.

In one of our bye-laws the severest penalty is annexed for any member who shall make and vend any nostrum or patent medicine. How far those are liable who as apothecaries make them an ordinary article of merchandise, without professional recommendation or especial responsibility, we will not stop to inquire, nor ask, why the law does not operate to the prevention. Dr. Bishop, New-Haven.

4. Apothecaries in Germany.—In some of the German States, particularly Hesse-Cassel, the government will not permit an apothecary who has been two whole years engaged in any other employment, to resume his business without being subjected to a second examination, and obtaining a new license for the practice of pharmacy. During the progress of the reëxamination, some chemical preparation is required to be made, to show that the individual remembers his manipulations. The capital of Prussia, containing two hundred and fifty thousand souls, has only twenty-eight apothecaries. Nearly the same vigilant eye is kept upon this important class of men, that characterizes the system in Germany. Once every year, the retail drug stores are visited, at an unexpected moment, by a committee of magistrates and physicians, appointed by government, to examine and decide upon the genuineness of the medicines on sale. The laboratory is also minutely inspected. Every error or defect, of importance, subjects the owner to serious embarrassments. One very important regulation is this—viz. that they shall not meddle with medical practice.

Dr. Leo Wolf on Homœopa. Med.

5. Dental Surgery.—The committee to whom were referred, at the meeting of the counsellors in May, 1835, several resolutions relative to dental surgery, have had the same under consideration, and respectfully submit the following report:

The object of these resolutions is to require that the medical practitioners, heretofore called dentists and surgeon dentists, be regarded in the same light as physicians and surgeons in the common acceptation of these terms; and that, accordingly, the bye-law of the Society forbidding consultation with irregular practitioners as described in the same, be considered as applicable to dentists or surgeon dentists.

Your committee approve the object of these resolutions as above stated; but some other things are also embraced in them. Without a direct reference to them, the committee will offer such observations as will explain their own views, and then propose a measure to be adopted.

The business of the dentist is partly mechanical, such as extracting teeth, filling cavities in them caused by caries, and making

* The druggist who, for a paltry gain, *substitutes adulterations* and *spoiled drugs*, is not only un injury to the *fair trader*, but a trifler with the lives of his fellow beings. We have heard complaints made against druggists in the United States, for similar practices, and as far as it may be in our power we will endeavor to put a stop to them; in doing which, we call on the medical profession, and all others interested, to furnish us with facts of abuses under consideration; and, should it be necessary, we shall not be found backward in freely using our *Lancet* on those who mey reqnire it.

Ed's U. S. Med. and Surg. Jour.

and fixing in the mouth artificial teeth. These offices may be performed as directed by a physician, or at the will of the patient, who takes the responsibility on himself. But it is obviously convenient that the dentist should himself understand the physiology and pathology of the teeth, so that he may be able to advise the patient as to these operations, and as to all other matters connected with the teeth; as well as that he may successfully study the treatment adapted to the diseases of these important organs. Yet as the teeth, although differing from other organs in very important points, are subject in some measure to the same laws as other organs in the animal body, and are intimately connected with them, the dentist cannot well understand their diseases without an acquaintance with the science of medicine generally. It is then to be desired that this branch of surgery, called dental, should be conducted by those only who are prepared by education to practise any branch of the healing art. It is however very doubtful whether any advantage would arise from creating or recognizing a separate branch of the medical profession under the name of dental surgery. There might be as much reason for having branches for the distinct arts of the oculist and the aurist; and perhaps for that of the lithotomist, &c. &c. It has been the policy of modern times to prevent this formal subdivision of the medical profession, and this has been true as respects our own country. It has been thought best that the education during pupilage should be the same for the physician and surgeon, and this is perhaps the universal practice in the United States. On entering into professional life, individuals give their attention to all the branches of the healing art, or devote themselves to one more or less exclusively; but the distinction thus created is not formally acknowledged by our public bodies. It is true that this Society may give a license to practise either physic, or surgery, or both, to the candidates who apply to them; but the custom has been, almost if not quite without an exception, to give a license to practise both. In Europe the inconveniences of a different course are much complained of, so that enlightened men in Great Britain, at the present day, are anxious to adopt a course similar to ours. It does not then seem wise to designate a class of medical men as dentists, whether by requiring that they go through a specific education, or by imposing upon them peculiar obligations, or by conferring on them peculiar privileges. Let it be left to individuals, who devote themselves to particular branches of the profession, to satisfy the public of their particular qualifications, as has been done heretofore.

There now recurs the question whether a fellow of this Society can or ought to consult with, aid or abet a dentist, if he is not a fellow of the Society, or has not a right to claim admittance as a fellow into the same.

The practice certainly has been, ever since the adoption in 1804 of the bye-law respecting consultations, to allow such consultation and aid. This practice arose, no doubt, under the belief that the dentists confined themselves principally to the mechanical part of their business. When that bye-law was passed, very few persons in the Commonwealth were devoted to dentistry—probably not six; and of those, such as were well known, were both ingenious and respectable men. At that time neither the physiology nor the pathology of the teeth had been much studied by medical men among us; although Hunter's invaluable work had been published in the last century, it had not become known to many of our physicians, and still less had the subject been studied under the lights shed on it at the present day. In point of fact, the medical men who composed this Society in 1804 were probably aware that the few dentists in our State were better qualified than themselves; and even better than many of them wished to be, for the mechanical department of dental surgery; and, without any formal act, it was settled by silent consent that the bye-law as to consultations should not be applied to dentists. This practical interpretation of the law through so many years must be regarded as settling the question, until some new law or ordinance is passed in regard to it. Since the period above referred to (1804), dental surgery has been studied and pursued more scientifically than previously, and by gentlemen of regular medical education. It would seem that the community must have derived palpable benefits from these scientific dentists, since the number of gentlemen among us, occupied almost exclusively as such, has greatly increased, and it is understood that they have been well supported. It is now a different question from what it would have been thirty years ago, whether the fellows of this Society should countenance any one entering this branch of the profession. The decision on this question should be made by a regard to the welfare of the community. If the fellows of this Society have any interest in the question, separate from that of the community, it ought not to influence the decision. The bye-law respecting consultations was adopted, and can be justified, on no other grounds.

From what has been stated it appears to the committee that the welfare of the community would now be promoted by such measures as should tend to confine the practice of dentistry to regularly educated physicians, but not by a formal recognition of its practitioners as a distinct class of the profession; and as the subject has not been thus regarded heretofore, that some distinct act is necessary to establish the principle proposed. In adopting this act, however, it seems proper that the same regard be paid to those actually engaged in the dental practice, as was paid

to general practitioners when the bye-law of 1804 in regard to consultations was adopted. The act proposed should not be made retrospective. Let those dentists, already engaged in practice, be recognized or not, according to their personal characters and merits. By this provision we shall guard against injustice toward respectable individuals, whose experience may have enabled them to render very useful services to the suffering, although they may not be adequate to the treatment of all the diseases of the teeth, and who, moreover, have in fact been encouraged to enter on their business by the countenance of the fellows of this Society.

In confofmity with the views here presented, the committee propose the following as a substitute for the resolutions referred to them; so that, if the same be approved by the counsellors, it may be duly brought forward at the next annual meeting of the Society, and be recommended to its fellows to be passed as a bye-law.

"From and after this annual meeting, (1836,) persons entering on the practice of dental surgery shall be regarded like other practitioners of medicine or surgery, so that the eighth bye-law shall be applied to them; provided, however, that the same shall not be applied to those persons who are already known as dentists."

All which is respectfully submitted.

Boston Med. and Surg. Jour.

6. Massachusetts Medical Society.—A stated meeting of the Counsellors was held at the Athenæum on Wednesday, Oct. 7th, at eleven o'clock, A. M. There appeared to be a very good representation of the interests of the Society from adjacent counties, at a seasonable hour for the commencement of business. Dr. Warren, the president, having taken the chair, and the records of the last meeting having been read by the Recording Secretary, Dr. Homans, the Corresponding Secretary announced the names of the following gentlemen who have been admitted fellows of the Society, since May—viz. Willard Parker, M. D. Pittsfield; John H. Gushee, M. D. Raynham; Francis Clark, M. D. Andover; William F. Perry, M. D. Mansfield; Ezra Stephenson, M. D. Barnstable; and Lewis G. Glover, M. D. Boston. He further presented a letter from Dr. Bugbee, of Wrentham, declining the honor of giving the next anniversary discourse, referred to in last week's Journal; the Counsellors, therefore, by ballot, elected Dr. Fowler, of Stockbridge, in his stead, whose acceptance has not yet been received. An abstract of a very able and lucid report upon the subject of the claims of surgeon-dentists, to an equality of professional standing with physicians and surgeons, which may be found on another page, was then read. Dr. Hale, chairman of the Committee of Publication, reported that the second volume of Copland's Dictionary was in progress, but not yet ready for delivery. It was voted that the Committee be instructed to proceed in procuring the second and third volumes of this valuable work, for the Society, at any time within the ensuing year, in the same manner as the first volume, it being understood that the third may possibly be completed by the ensuing anniversary. Dr. Ware, chairman of the Committee on intermittent fever, remarked that no returns had yet been made in answer to the circular addressed to the fellows, requesting information upon the subject of inquiry, and therefore asked leave to sit again, which was granted.

Voted, that the thanks of the Counsellors be presented to the Provincial Medical and Surgical Association of Great Britain, for the donation of two volumes, published under its auspices, represented by Dr. Channing to be exceedingly valuable—and the Corresponding Secretary was directed to forward, in acknowledgment of the compliment, the original publications of this Society.

A protracted discussion ensued in relation to the manner of awarding the Society's premium of five hundred dollars for the best sample of not less than a thousand leeches, from a foreign stock, bred in this Commonwealth, within the period of seven years. We were not only excessively weary of the subject, but came to the conclusion that others were also. However, the following comprises the names of the Committee with whom specimens may be left by claimants—viz.—Drs. Miller, B. Shurtleff, G. Willard, D. Bemis, E. Alden, W. Channing, A. L. Pierson, A. G. Welsh, W. C. Whitbridge, W. Walker, E. Buck, A. F. Stone, H. Orr, and J. Sampson. The Committee is to continue in being seven years, reporting annually to the Counsellors, who are empowered to fill all vacancies that may occur in the mean time.

Dr. Jacob Bigelow, Dr. George W. Otis, and Dr. John Jeffries, were elected a Committee to revise the list of books required as well as recommended to be read by students of medicine. A committee was also appointed, consisting of Dr. John C. Warren, Dr. J. V. C. Smith, and Dr. David Osgood, to prepare a list of gentlemen, distinguished in the profession, entitled to the distinction of honorary fellowship in the Society.

Some minor concerns were presented to the Council and appropriately disposed of, the particulars of which are not distinctly recollected. All that is essential, however, interesting to the immediate members, is comprised in the foregoing report. A most excellent spirit was manifested, highly conducive to the respectability and dignity of this wisely devised association, on whose decisions the public may safely rely with regard to the character, acquirements, and moral qualifications of every man who is permitted, under its auspices, to practise medicine and surgery in the Commonwealth of Massachusetts. ib.

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THE

UNITED STATES MEDICAL AND SURGICAL JOURNAL.

No. XVII.

DECEMBER, 1835.

ART. I.—*A Condensed History, Transactions &c. of the New-York State Medical Society.* (Continued from page 144.)

Twelfth Meeting, Albany, February, 1818.

1. *Officers and Members present.*—Drs. J. Stearns, William Patrick, Westel Willoughby, Amasa Trowbridge, Joshua Lee, Stephen Reynolds, Gamaliel H. Barstow, C. H. Townsend, James Low.

The following gentlemen produced their certificates as delegates from their respective counties, and took their seats accordingly:

Drs. J. C. Miller, *Schoharie;* T. Greenly, *Madison;* Nathaniel Miller, *Suffolk;* Henry Mitchell, *Chenango;* Laurens Hull, *Oneida;* Barstow White, *Dutchess;* Peter Wendell, *Albany;* Anthony Davis, *Orange;* Frederick Fitch, *Genessee;* Peter C. Adams, *Greene;* Abraham Allen, *Washington;* Thomas Fuller, *Otsego.*

2. *Saratoga Waters.*—Dr. Patrick presented, from Dr. J. H. Steele, of Saratoga, an analysis of the Ballston and Saratoga waters, &c.

Resolved, That the thanks of the Society be presented to Dr. J. H. Steele, for his donation.

3. *Report on American Pharmacopœia.*—Dr. Willoughby, from the committee appointed on the subject of an American Pharmacopœia, reported the following preamble and resolutions, which were discussed, and finally adopted by the society:

Whereas a uniform system of preparing and compounding medicines, throughout the United States, would contribute much to the satisfaction of the practitioner, and obviate many existing sources of embarrassment and danger: And whereas much diversity does now prevail in pharmaceutical preparations in the different sections and states of the Union, in consequence of the various Pharmacopœias which are adopted—such as Coxe's Dispensatory, the Massachusetts Medical Society Pharmacopœia, Thatcher's Dispensatory, the New-York Hospital Pharmacopœia, the Edinburgh Dispensatory, the London Dispensatory, the London Pharmacopœia, the Dublin Pharmacopœia, the Parisian Pharmacopœia, &c.—which accounts for a well-known fact, that the traveller gets a different preparation, under the same name, in almost every village, town or city in which he may chance to be indisposed. This is not the only evil; for so multifarious are the names of medicines, that a name which is common in one town may be unknown in another, or, what is worse, be applied to a very different medicine. Therefore,

Resolved, That it is expedient that an American Pharmacopœia should be formed for the use of the United States.

Resolved, That the several incorporated state medical societies, the several incorporated colleges of physicians and surgeons, or medical schools, and such medical schools as form a faculty in any incorporated university or college in the United States, be respectfully invited to unite in the formation of the American Pharmacopœia, and in case there should be any state or territory in the Union in which there is no incorporated medical society, medical college, or school, that voluntary associations of physicians and surgeons, in such state or territory, be respectfully invited to unite in the formation of this work.

Resolved, That a general convention be held in the city of Washington, on the first day of January, 1820, to be composed of delegates from the district conventions.

Resolved, That this society do now appoint David Hosack, M.D., J. R. B. Rodgers, M.D., Samuel L. Mitchell, M.D., John Stearns, M.

D., John Watts, M.D., T. Romeyn Beck, M. D., Lyman Spalding, M. D., Wright Post, M.D., and Alex. H. Stevens, M.D., delegates to meet in district convention, for the purpose of forming a Pharmacopœia.

4. *Election of Officers for* 1819.—The society then proceeded to the election of officers for the ensuing year, when the following gentlemen were duly chosen to the offices affixed to their respective names:

Dr. John Stearns, *of Albany, President.* Dr. Henry Mitchell, *of Chenango, Vice President.* Dr. Peter Wendell, *of Albany, Secretary.* Dr. Charles D. Townsend, *of Albany, Treasurer.* Drs. David Hosack *of New-York*, Samuel L. Mitchell *of New-York*, Westel Willoughby *of Herkimer*, T. Romeyn Beck *of Albany*, John Watts *of New-York*, Censors. Drs. Amasa Trowbridge *of Jefferson*, William Patrick *of Saratoga*, A. Davis *of Orange*, Thomas Fuller *of Otsego*, Joshua Lee *of Ontario*, P. C. Adams *of Greene*, B. White *of Dutchess*, Committee of Correspondence.

5. *Permanent and Honorary Members.—Resolved*, That no permanent member be elected, unless he shall be previously nominated by a member.

The society then proceeded to the choice of two permanent members, when it appeared that Joseph White of Otsego, and Cornelius E. Depow of New-York, were duly elected.

Drs. Wright Post, Benjamin Waterhouse, and John C. Warren, were proposed as honorary members.

6. *Dr. Hull's Truss.*—The committee appointed to examine the utility of Dr. Hull's Truss, report:

That from an examination of the same, they are induced to believe, that it is far superior to any other now in use, and is well entitled to the approbation of physicians and the encouragement of the public.

7. *Censors' Report.*—The Censors of the Medical Society of the State of New-York report that, during the year 1817, they have licensed the following gentlemen:

1. Cornelius I. Esmond *of Saratoga.*
2. Harvey Harris *of Chenango.*
3. Frederick W. Rouw *of Ulster.*
4. Joshua Garrison *of Ulster.*
5. Derick Knickerbacker, *of Rensselaer.*
6. Thomas Lloyd *of Albany.*
7. Volkert C. Douw *of Montgomery.*
8. Leonard M. Davis *of Dutchess.*
9. John S. Shuler *of Montgomery.*
10. John I. Catlin *of Berkshire* (*Mass.*)

8. *Anniversary Address by the President, Dr. Stearns. A tribute of respect to the memory of Dr. Romayne, Remarks on the qualifications of physicians. Extracts from.*—"In performing the duty assigned to the President of this society, I cannot refrain from bestowing a tribute of respect to the memory of the late Dr. Nicholas Romayne, for several years a distinguished occupant of this chair.* Endowed by nature with a vigorous mind, highly cultivated by assiduous application, and the best advantages which this country and the most distinguished seminaries of Europe could confer, he directed all his energies to the improvement and diffusion of medical science. The commencement of his professional duties was marked with his successful perseverance in founding a school of medicine in the city of New-York; 'where he once and alone taught a respectable number of students, and daily delivered lectures on all the branches of that science.'† Fortunate would it have been for medicine, had other avocations never detached his mind from its pursuit. But notwithstanding the long lapse of time which he devoted to other objects, the zeal and success with which he resumed the profession evinced his pre-eminent merits. Many of us were present when he first took his seat in this society, and can bear testimony to the high satisfaction with which his election to this chair was announced, and to the active vigilance of his mind, in devising means to promote the diffusion of science, and the dignity and usefulness of our profession. At this time he procured a charter for a college of physicians and surgeons in the city of New-York, and was appointed the first president of that institution. His numerous addresses bear evident marks of the ability with which he executed the duties of this important station in the college, in the medical society of the state, and in the medical society of the city and county of New-York; in each of which he simultaneously presided with dignity and respectability. In our exertions to promote the usefulness and importance of our profession, we can only attempt to pursue the luminous course which he repeatedly designated. The inadequacy of our means to the attainment of these important objects, and the immense expenditures imposed upon the members, have hitherto impeded our progress in this pursuit, and induced repeated applications for legislative aid. But although these applications have not been attended with success, we cannot entertain a doubt that a full conviction of the justice and utility of our views will ultimately insure that liberality which we have so perseveringly implored. It may not, therefore, be unimportant to bestow a few reflections upon this subject.

"Nothing is more erroneous than the opinion that physicians are exclusively benefited by medical institutions. For whose benefit do they perfect themselves in medical science? Is it not that they may be more competent to mitigate the ills of human life, to diminish

* Dr. Romayne was elected a delegate to the State Society in 1807, but arrived in Albany too late to attend its first organization. At their next annual meeting he succeeded Dr. M'Clelland in the presidency, and was re-elected the two succeeding years, when his time as delegate expired.

† Medical Repository.

the quantity of natural evil among mankind, and as far as finite power can extend, to retard and mollify the agonies of expiring nature? It is no refutation of this argument to allude to those incitements to qualification and discharge of duty in practice, which arise from conscience, from the prospect of remuneration, and rivalship. We have too many proofs of the incompetency of either to impel to this duty, and of the distortion of conscience to justify the grossest errors. While some regardless of consequences, never reflect upon the pernicious effects of erroneous practice, others with equal indifference shield all errors under the broad envelope of unavoidable fatality; a subterfuge which will not avail before that high Court of Chancery where conscience no longer confounded by false witnesses, judges and decides by the testimony of truth alone; where the lancet will be exposed as the fatal instrument, the medicine as the deleterious draught, and the doctor as the covert assassin of his deluded patient.

"Without pursuing this inquiry, it now becomes our indispensable duty to our successors and to the community, to remedy this alarming evil by facilitating the means of acquiring knowledge and enforcing this acquisition upon every candidate for practice. It is unfortunate for mankind that medical science is so exclusively confined to those who embrace it as a profession. Extend this science to every individual, and the munificence of the legislature would always equal our wishes; exertions to procure the passage of laws the more effectually to eradicate disease and promote the comforts of society, would not be limited to the medical profession; jealousies against medical institutions would then yield to a solicitude to promote their success; impostors would cease to vend their deleterious nostrums, and the community to ascend the funeral pile of empiricism. The more generally medical associations are promoted the sooner will these auspicious events be realized. By these the *germe* of science is preserved; it is here nurtured and fertilized, and from this centre extends its branches, and sheds an influence far and wide. These walls, sacred to science, are never polluted by the false pretenders to our art."

"It is by frequent associations that physicians acquire a liberality of sentiment which places them upon the high ground of dignity and respectful intercourse. Here also is excited an emulation to excel, which remarkably designates the votary of science from the unprincipled devotee of Mammon. But I trust it will be unnecessary to recapitulate all the benefits which obviously result from a combination of exertions and talents. A simple reference to duly organized medical societies, wherever constituted, is a sufficient illustration of the principles advanced. What was the condition of our profession in this state, previous to the institution of medical societies? Science was almost exclusively limited to our populous cities. With a few honorable exceptions in each county, the practitioners were ignorant, degraded, and contemptible. Without any system of principles, their practice was desultory and empirical. But immediately subsequent to the act of incorporation, a new era in medicine commeneed; physicians assembled, organized societies in their respective counties, and proceeded to the examination of candidates; the pride of the censor was excited; the ambition of students roused; the profession rose in the estimation of the public; and a gradual improvement in science and respectability has been remarked through every successive period of time. But although much has been effected, much remains to be done. Notwithstanding the scrutiny to which students are subjected, many unworthy practitioners will continue to be licensed, till some additional qualifications are required by law."

"I trust that the opinion, that a man is born a physician, is exploded with those days of ignorance which gave it birth, when the practice of medicine was enveloped in the mysteries of magic and hypothesis. Such errors must be effectually dissipated by the plain and simple rules which have reduced medicine to a regular science, to be acquired only by assiduity and perseverance in a course of systematic education. It is to be hoped that the ages of Paracelsus and Van Helmont will never be revived; that truth has assumed the place of that sophistry of argument, that ingenuity to deceive, that influenced the professors of every science during the ages of darkness and ignorance."

"It is by medical associations that we acquire a correct knowledge of the diseases of our own country, the frequent changes of which require to be faithfully registered in every section of our varied climate. Although an Hippocrates, a Sydenham, or a Cullen, may not appear on the pages of every record, yet we may find such a detail of facts as may be usefully systematized by some judicious investigator of truth. Even in Europe, which, from its ancient settlement and high cultivation, we should expect the least possible vicissitude, diseases are continually assuming new types and new symptoms. In England, the small pox, *typhus fever*, scurvy and plague, those fruitful sources of depopulation, are almost extinct, and many other diseases formerly fatal, are materially meliorated, and subjected to the control of medicine. If Europe exhibits such a vicissitude of disease, what changes may we not anticipate in the United States? A country whose national character is still unsettled, of the greatest variety of climate of any nation in the world, whose atmosphere is surcharged with miasmata, abounding in animal and vegetable food, whose inhabitants indulge the voracity of appetite more than any other

people on the globe, and whose extensive limits present not a greater contrast of climate than of manners and diseases. While our Atlantic coast is visited with *pulmonary* consumption, the various species of typhus, and all the diseases consequent upon luxury, condensed population, and the alternate operation of land and sea air, our northern and western settlements exhibit that robust constitution, that industry of life and simplicity of manners, which admit only of diseases of the least complex, the most simple character.

"It is a subject of no ordinary surprise, that where the yellow fever excites such alarming fears, that every substance capable of engendering putrefaction is removed, quarantine laws rigidly enforced, and every avenue to contagion closely besieged; the consumption, which is equally fatal, should pass unnoticed and without the least precautionary measure for its prevention. I can never adopt the trite opinion, that such measures would not be attended with success; suitable means are only necessary to render the consumption as rare in our cities as it is in the interior of our country.* A reformation in the lives, regimen and dress of the inhabitants must constitute the basis and polar star of all preventive and curative remedies. Such a course will as effectually arrest the fatal progress of this disease as it once did the destructive pestilence of Judea."

"Happy would it be for mankind if in their solicitude to innovate, they knew the precise limits to their progress. In disregarding the cautious directions of the ancients in the use of cathartics and the various preparations of mercury, physicians have erred in the opposite extreme. The recommendations of Dr. Hamilton, of Edinburgh, and the successful use of cathartics, in the epidemic which pervaded our state in 1812–13; and of mercury in the yellow fever, have contributed to the too general prescription of both in almost every form of disease. Every tyro in the profession now fearlessly prescribes these Samsons of the materia medica, which veterans once approached with a trembling hand and a faultering tongue.

"The extensive practice of depletion, so successfully introduced into this country by Dr. Rush, has recently been adopted in Europe, and their latest writers are now eulogizing bleeding in fevers with as much zeal as they formerly opposed all American innovations in practice. However, this system may have been censured or applauded, its general principles must ultimately prevail, and posterity who sepultures envy in the tomb, will do ample justice to its author."

"I cannot close this address without urging your punctual compliance with that law which expressly requires every member to collect and communicate to the annual meetings of this society, all the important medical facts that may occur in your respective counties, and such other information as may contribute to the general fund of physical or philosophical science."

* The proportion of deaths by consumption in the bills of mortality in New-York and Boston are 1-4, in Philadelphia 1-5, while all accounts concur in representing it to be a very rare disease in Kentucky, Ohio, Indiana, and up the Missouri. A knowledge of this fact has induced some consumptive patients to seek relief in that section of country. The success equalled their most sanguine expectations. This peculiar salubrity, probably, originates from the marsh miasmata with which the atmosphere is surcharged, and which recent experience has proved to be highly salutary in this disease. May we not anticipate the period, when our western deserts will become the Montpelier of America, and be as much resorted to for health, as they now are for subsistence?

ART. II.—*Thirteenth Meeting, Albany, February*, 1819.

1. *Officers, Members and Delegates present.*—Drs. J. Stearns, Amasa Trowbridge, Westel Willoughby, Charles D. Townsend, Stephen Reynolds, Peter Wendell, Laurens Hull, T. Romeyn Beck, Peter C. Adams, John C. Moeller, Allen Mann, Abraham Allen, Samuel L. Mitchill, Joshua Lee, Gamaliel H. Barstow, John Miller.

The following gentlemen produced their certificates as delegates from their respective county societies, and took their seats accordingly, viz:—Drs. Benj. De Witt, *College of Physicians and Surgeons, New-York;* Felix Pascalis, *City and County of New-York;* Thomas Broadhead, *Columbia;* John Downs, *Rensselaer;* Henry Van Herkenbergh, *Ulster;* Samuel Voorhees, *Montgomery.*

2. *National Pharmacopœia.*—Dr. Samuel L. Mitchell, one of the committee to whom was referred the resolution, passed in February, 1818, to adopt measures to establish a National Pharmacopœia, made the following report:

That your committee have diligently attended to the subject referred to them; and they congratulate the society on the accession of the requisite number of medical societies and colleges to the important undertaking in forming such a necessary and great professional work; and moreover on the prospect of its eventual ratification in a manner which the enlarged view of its authors contemplated.

3. *Permanent and Honorary Members.*—Drs. William Bay and Lyman Spalding, were duly elected permanent members: Wright Post, M.D., of the city of New-York, and John C. Warren, M. D., of Boston, honorary members.

4. *New-York County Medical Society.*—Whereas it is represented to this society, by the county society of New-York, that in their opinion the price of medical education in the college of New-York is too great; and whereas the Regents of the University have

power to regulate the same; therefore—

Resolved, That the Regents of the University be respectfully requested to inquire into the same, and to make such regulations as to them may appear to be most beneficial to the public, and most conducive to the advancement of medical science.

5. *Election of Officers for* 1820.—Drs. J. Stearns of Albany, *President*. Westel Willoughby of Herkimer, *Vice President*. C. D. Townsend of Albany, *Secretary*. John Downs of Rensselaer, *Treasurer*. Samuel L. Mitchill, Felix Pascalis, Benjamin De Witt, T. Romeyn Beck, William Bay, Peter Wendell, Amasa Trowbridge, Allen Mann, Abraham Allen, Laurens Hull, John Miller, Joshua Lee, *Censors*. David Hosack, Amasa Trowbridge, T. Romeyn Beck, John Miller, Joshua Lee, Samuel L. Mitchill, Westel Willoughby, *Committee of Correspondence*.

6. *Anniversary Address by the President, Dr. Stearns, on Geology. Extracts from.*—"Geology is a modern science. Among the distinguished philosophers of antiquity, we look in yain for any correct theory of the earth. Unconscious of the necessity of investigating all its component materials, to render their theory perfect, they directed their attention exclusively to the study of mineralogy. From this partial view, therefore, necessarily resulted opinions, which their respective authors would have blushed to own, had they possessed the knowledge which subsequent researches developed.—Theirs may be emphatically denominated the age of speculative theory.

"It is from this consideration alone, that we can ascribe to such men as Burnet, Woodward, Whiston, Leibnitz, Descartes, Demaillet, Kepler and Buffon, the hypotheses which they respectively supported and promulgated to the world.

"1st. That the earth was created from the atmosphere of one comet, and deluged by the tail of another.

"2d. That the world was an extinguished sun, on which the vapors, condensing, formed seas.

"3d. That man and all terrestrial animals were originally fish, and gradually emerged from the sea as they assumed their present form.

"4th. That the earth and all the planetary system were struck from the sun by a violent blow from a comet.

"5th. That the globe possessed living faculties: the mountains were its respiratory organs, the veins of minerals its abscesses, and the metals its diseases.

"It is a subject of surprise that opinions so absurd should have been embraced by men who had devoted much time to the study of geology, and had traversed a great part of the globe in pursuit of a correct knowledge of its structure. But although they did not apply this knowledge to the most useful purpose, they accumulated a treasure of facts, from which posterity drew important resources. By these, Saussure was enabled to commence, and Werner to complete, a system of geology, which will endure the test of scrutiny and the revolution of time.

"In all the branches of science, it is important that some pre-eminent pioneer should unfold nature's law, to indicate the plain path of truth and simplicity, and to exhibit the unity, order and consistency which pervade the vast variety of her works.

"By pursuing this course, Newton explained the laws of gravitation, the motions of the planets in their respective orbits, and the principle which supports and perpetuates the universe in equal balance. It was thus that Linneus discovered the beautiful order of the vegetable kingdom; traced the various classes, orders, genera, species and varieties of plants from their germ to maturity, designated their sexual criteria, their mode of propagation, and finally completed a system of botany, correctly copied from the volume of nature. And it was thus that Werner explored the recesses of the earth, discovered the different strata of which it is composed, and traced that regular and systematic order which nature has every where displayed. Instead, therefore, of a confused mass of rocks, earths and minerals, we find a wonderful arrangement of diversified strata, each occupying a distinct place, and exhibiting to the naturalist the beautiful harmony of universal creation.

"Ascending from the interior to the surface of the earth, we successively discover the primitive, the transition, the secondary, and the superincumbent classes of rocks, each subdivided and designated by characters which have been approved and adopted by all geologists. Guided by these distinctive characters and the fossil organic remains which some of these classes contain, Werner has kindled a spark in Germany, which the indefatigable Cuvier, in France, has augmented to a flame, that has illumined Europe, and shed a ray upon our western continent.

"In England, this science has engrossed the attention of her literati. Geological societies have been instituted in every part of that kingdom; and there is scarcely a rock, a mineral, or a soil that has not been scientifically described. Humboldt has done much in South America; while M'Clure, Mitchill, Silliman, Cleveland, and others, have made great additions to the treasures of this science in the north.

"While European geologists acknowledge that this country presents the most proper theatre for the study of geology; that nature has here displayed her works upon a larger scale, and exhibited a more regular stratification of rocks, than in any other part of the globe, we trust that you, gentlemen, will avail yourselves of these local advantages,

and rear an edifice to science in this state, which will also equally surpass the structures of Europe.

"For what was first known of the geology of this state, we are chiefly indebted to the Society of Arts, and particularly to the perseverance of Dr. Mitchill, who, in pursuance of his appointment, explored both banks of the Hudson, and considerably extended his researches into the interior of the country. His judicious division of that portion of the state into granitical, shistic, sandstone, limestone, and alluvial tracts, has been approved and adopted by other geologists. The internal improvement, which is now conducted with much ardor and enterprise, in the excavation of canals, will probably develope some of those treasures which the earth has long concealed from the eye and cupidity of man, and materially aid the researches of the naturalist. The extensive strata of gypsum and salt already discovered, are indications of great wealth beneath our soil, and will ultimately excite avarice to explore what unaided science seems unwilling to encounter.

"M'Clure, an eminent geologist, in traversing the state of New-York, discovered strong indications of coal in this region; and within a few months, bituminous shale, with coal* adhering, has been found in the vicinity of Troy. This fact, combined with the peculiar qualities of our diversified mineral waters, the vast quantities of carbonic acid gas which those of Ballston and Saratoga contain, the heat of those at Lebanon, the singular qualities of the Harrowgate, and the numerous sulphureous and other springs in our neighborhood, indicate the operation of a powerful laboratory within, which may hereafter obtain vent by some violent concussion or volcanic eruption of the earth. Perhaps in this very place some future Pliny will explore the wonders of a recently formed crater, ascending like Vesuvius from a peninsula of the ocean. This hypothesis is fortified by a critical examination of the changes which this globe has repeatedly experienced. Facts every where prove that the earth has been successively deluged by the sea; and the frequent occurrence of basaltic rocks, which are generally deemed of volcanic origin, are indications of the ancient existence of volcanoes, long since extinguished. The researches of Cuvier have not only proved the reality of these convulsions, but that they have sometimes been so sudden and extensive as to engulf and for ever destroy, whole species of animals.

"It may be interesting to remark the coincidence of the discoveries of this indefatigable geologist and the improved theory of this science, with the Mosaic history of the creation and deluge.

"The important discoveries of Cuvier afford strong facts to prove that the earth had experienced some extensive revolutions long before it was inhabited by man, and that the last great convulsion perfectly corresponded in time with the account of the deluge. This evidence was chiefly deduced from the vertical position of certain strata, the fossil remains of animals, and the entire bodies of the rhinoceros and elephant being found so far beneath the surface, as to require the lapse of four thousand years to cover them to that depth. While Cuvier adduces the latter fact as evidence of the suddenness of the convulsion, Kirwan cites it to prove that the deluge was caused by the vast waters of the Southern Ocean bursting upon the north, and thus overwhelming the world. His reasons are, that the rhinoceros, an inhabitant of warm climates, was found in the frozen regions of Siberia, two hundred miles from the sea, surrounded by marine exuviæ of tropical origin; and thence concludes that he was driven by the immense force of the flood from his native clime, and deposited near those mountains of the north which opposed a barrier to this impetuous torrent. In confirmation of this hypothesis, he minutely traces the impressions which this course of the waters would necessarily produce upon the surface of the earth. He thus accounts for the conical shape of the two continents, and of all islands, with their apex to the south, which were most exposed to the ravages of this irruption, exhibiting excavations on one side, and corresponding projections on the other, according to the flux and reflux of this vast current. To the same cause he imputes the barren deserts of Africa, and the fertility of that mountainous section of country which arrested its progress towards the north.

"But although the speculations of philosophy vary in explaining the cause, they all concur in the evidence of a general deluge at the time designated in the sacred history. We ought therefore, to adopt the explanation of this history, and ascribe it entirely to a miraculous effusion of water from the clouds and the great abyss.

"From the peculiar appearance and arrangement of the different strata of rocks, geologists have inferred that the earth was originally in a state of chaotic solution, or, as Moses expresses it, 'without form, and void.' Every rock and mineral being then comminuted and indiscriminately mixed with water, constituted one great mass of mortar. Whether these particles were held in solution by water or fire, according to the Neptunic or volcanic theories, is immaterial to the result. As the heterogeneous ingredients of this fluid approximated to solidity, they must necessarily settle towards the centre, according to their respective specific gravities; thus forming the regular stratification of rocks every where to be found. During this precipitation, many of the heavier particles would become entangled and remain suspend-

* I have been informed, since writing the above, that Professor Silliman considers the coal near Troy, to be of that variety called Glance Coal.

ed in strata evidently above their natural destination. This accounts for the discovery of some of the metallic ores above the granite, while the regular strata of the most precious metals are probably below it.

"Whether this grand precipitation was miraculously completed in the definite period of a single day, or whether it was left to the slow operation of a natural process, and by the first day of creation, as on other occasions, was therefore intended a figurative representation of one thousand years, are questions which we are unable to solve. But without any diminution of reverence for the Almighty or detraction from the magnitude of the miracle, we may consider the following reasons sufficient to render the latter explanation more than probable. That before the creation of man, time had no existence, and the Creator has always subjected the operations of nature to certain uniform laws, which invariably control similar causes, to produce similar effects, through all his works.

"When this process was completed, every rock and mineral assumed its appropriate stratum: then was the separation of the waters from the earth perfected; or, in the words of the sacred historian, 'then did the dry land appear.'

"In all the researches of geologists, no fossil organic remains have ever been found in the primitive class of rocks, which occupy the lowest space to which human investigation has ever penetrated: but as we ascend to the transition class, the remains of aquatic animals begin to appear, variously intermingled with cryptogamous plants: ascending still higher into the secondary class, we find the remains of the highest order of vegetable life, the more perfect inhabitants of the sea, and the various species of land animals, successively arranged exactly in the order which Moses gives of their respective creation. The perfect coincidence of these facts with the history of the creation proves that Moses was well versed in our modern system of geology, or that he received that knowledge from divine revelation. Did our limits permit, satisfactory evidence might be easily adduced to disprove the former, and to establish the latter beyond the power of controversy. This system, therefore, stamps the Bible with the indelible seal of truth. It furnishes arguments which no atheist can refute—which no chance can create. It leads us directly to nature's God. An infidel naturalist is therefore a phenomenon in creation—a paragon of inflexible obduracy or insensible stupidity.

"Although the fossil remains of all other animals have been repeatedly found, it is an extraordinary fact that not one human being has ever yet been discovered. This fact has never been satisfactorily explained. The hypothesis, that the whole of the inhabited antediluvian world now constitutes the bed of the ocean, which thus occludes from our view all remains of human beings, is liable to insuperable objections. As we are unable to compute the period of time necessary to complete the process of petrifaction, we may with more truth conclude that the fossil remains of shell fish and other aquatic animals, already discovered, have been undergoing that change several thousand years before the creation of man; and as he was the subject of the sixth day's creation, probably four thousand years subsequent to the shell fish, sufficient time has not elapsed for the complete petrifaction of his remains.

"The imperfect skeleton found at Guadaloupe is of too ambiguous a nature to affect this explanation. If that was a real human petrifaction, the process may have been accelerated by the peculiar qualities of the surrounding rock, and therefore a precursor to others, which time will develope. This phenomenon must however remain unsolved till the petrifaction of the last day's work of the creation has been completed. Then will the fossil remains of man be abundantly evident, and perhaps enable posterity to correct our present system of geology: then will the six days' work of the Creator be perfectly converted into their original component materials, and be typically correspondent to the six thousand years of man's labor on earth; and then will probably commence the grand sabbatical year of rest.

"But it is time to invite your attention to the improvement which medical science may derive from geological researches.

"Although it is a common opinion that epidemic diseases originate from some peculiar change in the atmosphere, few have ever suspected, and none actually investigated, the cause of those changes, beneath the surface of the earth. Physicians have generally been satisfied with ascribing epidemic diseases to the vicissitudes of weather, to contagion, or to infectious miasmata, arising from the decomposition of animal or vegetable substances. But facts are at variance with the former, and the latter are too limited in their operation to extend their influence over a whole continent. Mr. Webster has, with great industry and perseverance, drawn from history such a compilation of facts, as to induce a belief that the real source of many epidemic diseases must be traced to the interior of the earth. That subterraneous fires are continually decomposing the materials of that region, and occasionally ejecting their gaseous results into the atmosphere, are facts corroborated by history, and by every volcanic eruption upon the surface. To this source we must impute the emission of a dense vapor which sometimes overspreads the horizon with darkness, producing those dark days which philosophers have been unable to explain. The conjoined influence of the celestial bodies, in aiding this effect, and also in the production of earthquakes and volcanoes, must be admitted by all who adopt the Newtonian theory

of tides. Whether this influence is exerted through the medium of gravitation or electricity, is still enveloped in the arcana of nature. But it is an historical fact, that such phenomena are succeeded by epidemic pestilential diseases, and probably produced by the deleterious gas which accompanies such eruptions. This may be the origin of those epidemics which, from the plague of Athens to the yellow fever of New-York, have been the subject of controversy in all ages, and which some, unable to explain, have therefore ascribed to a divine influence. This may be the 'To Theon,' of Hippocrates.

"Perhaps a course of geological experiments, instituted with a view to determine this inquiry, might reflect much light upon the science of medicine, and materially improve the treatment of epidemic diseases.

"Whether the unequal distribution of the electric fluid may not also conduce to the production of this morbid influence, is a subject that merits investigation. By introducing electricity, as a powerful agent upon the human system, I am aware of the imputation of chimerical which this suggestion may incur from those who have superficially examined this subject; but visionary as it may appear, facts abundantly prove, that when the atmosphere is surcharged with this fluid, the system is stimulated into diseases of high excitement, and that a peculiar lassitude and depression immediately succeed its unusual diminution.

"An agent, so powerful in the production of disease, experience has proved to be an efficacious remedy. We trust that it will hereafter occupy the attention of medical philosophers, its virtues be more critically analyzed, and the various modes of its application, in the cure of diseases, be more widely and generally extended. A scientific analysis may develope latent qualities, which will supersede the use of many articles of the materia medica, and perhaps verify the predictions of its early advocates.

"It is with much satisfaction that we have witnessed the modern improvement of medical science, and particularly of practical surgery. The late desolating wars of Europe have familiarized surgeons with capital operations, and introduced a boldness of practice which has been equalled only by its success. The return of peace has enabled them to lay before the public the result of their experience: in which the French have pre-eminently excelled. Their works are too well known to require a recapitulation; but I cannot refrain from alluding to the important operation of a resection of the sixth and seventh ribs, and the excision of a diseased portion of the pleura, performed by the Chevalier Richerand. By this bold operation, the heart, while pulsating in all its majesty, was exposed to view, and subjected to the critical examination of the operator.

"Three important desiderata were thus satisfactorily ascertained: the practicability of opening the thorax, and even of perforating the pericardium; the perfect transparency of that membrane, and the insensibility of the heart."

7. *Case of Bronchotomy, by Dr. Amasa Trowbridge.*—Mary Ann Dean, aged seven years, of the town of Rodman, Jefferson county, on the 15th November, 1818, at 12 o'clock, M. accidentally drew into the trachea a large dried garden bean. She was nearly suffocated in the first minutes after the accident. A neighboring physician was called, who found the child, as he supposed, expiring. In the hurry of proceedings, an emetic of Ipecac. was administered; it soon excited the stomach, and threw out a bean. The child at the same time became relieved; there was a belief that the bean was thrown from the windpipe. A messenger had been despatched to request my immediate attendance. I arrived at 9 o'clock, P. M.; found the patient an uncommon intelligent child, possessing much fortitude and consideration. She told me she was much relieved after taking the emetic; but that she then "*had a pain in the upper part of the breast, and that it hurt her there, extremely, to make a long breath; that there was a constant disposition to cough, which she prevented as much as possible, fearing if the pain came again higher into the throat, it would kill her.*"

Respiration was disturbed; there was a strong disposition to cough, and rattling in the throat. A bean having been thrown out in puking, I was induced to believe that the symptoms might be occasioned by the irritation the bean had produced, by passing into and out of the trachea, and that it was probably expelled. I left the patient, with directions, if symptoms of the bean's being in the windpipe should return or increase, to inform me, at the same time pointed out the necessity of an operation to give relief. At 6 o'clock, P. M. on the 16th, a messenger informed me that the child had suffered several extreme paroxysms of distress, and that the most urgent symptoms of suffocation had prevailed, attended with convulsions. As it was evening, and the patient ten miles from me, and the additional difficulties attending an operation in the night, I delayed visiting till morning. 17th, 8 o'clock, A. M. found the child extremely feeble, with quick, small pulse, a distress in breathing and other symptoms, that produced conviction in my mind that the bean was lodged in the bronchia. I immediately prepared for the operation—placed my patient upon a firm table, with a twisted pillow placed under her neck and the head pressed back, her body and extremities supported and secured by assistants. I made an incision in the direction of the trachea, beginning near the cricoid cartilage, and carried it down two inches, dividing the muscles and integuments; a profuse bleeding was

occasioned by a division of the left subclavian vein, which passed obliquely across the trachea: I placed ligatures upon the bleeding extremities. I now began at the third cartilage, and divided the trachea in a perpendicular direction, one inch, through three of the rings; the patient respired freely and easily through the opening. The bean not being discovered, I placed a steel distender: this separated the lips of the wound, gave an opportunity for instant inspection of the cavity of the trachea, and the introduction of instruments for extraction of the bean; some coughing ensued, and a bloody mucus discharged at the wound. My patient was turned upon her side and permitted to drink milk, which she swallowed with ease. She remained in this situation one hour. Finding but little disposition to cough, I introduced a bent probe, with a scoop point, into the bronchia; this produced coughing and bleeding from the bronchial vessels. The patient being considerably exhausted and the bean not making its appearance at the opening, I directed light food to be given occasionally, and delay of searching for the bean in hopes that it would soon appear at the opening; left the patient 3 o'clock, P. M., visited again on the 19th, 7 o'clock, A. M.; was informed that the child had taken food and slept considerably during my absence; that a rattling in the throat and difficulty in breathing had been increasing for the last twelve hours: found her pulse extremely small and quick, cold extremities, laborious respiration, free discharge of mucus at the opening, a feeble action of the left lung, an unusual heaving or rising and convulsive action of the right one, a livid countenance, with the usual symptoms that attend a patient in the last stage of pneumonia. I was fully satisfied that the bean was lodged upon the left branch of the trachea; that it impeded the inflation of the left lobe of the lungs; and that the patient would not, from her feeble state, be able to raise it from that position.

I bent a silver wire, twelve inches long, at its centre, forming a loop at the bent end half an inch in diameter; bent the loop so as to form a hook: this I introduced through the opening down to the right branch of the trachea, with the hook turned to the right lung; this produced strangulation; after a few efforts made by the child, I suddenly turned the hook to the left side and drew it up; found the bean was enclosed in the hook; drew it within an inch of the opening, when it slipped from the wire. I withdrew the wire, and introduced a pair of small round forceps, placed them upon the bean and drew it out. I now withdrew the steel distender, and closed the wound by drawing through the muscles and integuments a ligature, and covered with adhesive plaster: respiration and expectoration of bloody mucus at the mouth easy; a gradual recovery, attended with pricking sensations upon the extremities with the usual symptoms of resuscitation, appeared for the first twenty-four hours: directed inhaling the vapor of hot water, a cataplasm applied over the wound and neck, mucilages for drink, the extremities to be frequently steamed with warm water, a bleeding in twenty-four hours, and catharticks if necessity required it: left the patient four o'clock, P. M.: visited on the 21st, 9 o'clock, A. M.; found the patient rapidly recovering, the wound closed externally by the first intention, some pain in swallowing, occasioned by the action of the muscles through which the ligature passed, since entirely recovered.

The operation of bronchotomy has been frequently performed in the United States, and in nearly all cases successfully. We, however, believe that the honor of publishing the first successful case by an American surgeon is due to Dr. Trowbridge. Our attention has been drawn to this formidable operation in consequence of the difference of opinion as to the safety and propriety of removing foreign bodies from the trachea. With the view of presenting our readers more general information on the subject, we give a few extracts from the history of a case of bronchotomy, by Dr. Jameson of Baltimore, (now professor of surgery in the Cincinnati College, Ohio); also, a paper on the same subject, from a London medical journal.—*Ed's.*

8. *Dr. Jameson's Case of Bronchotomy. Extracts from.*—"On the 2d of August, 1822, I was requested by Mr. S. Stevenson to visit his son, aged between four and five years, on account of his having gotten a water-melon seed into his windpipe. Mr. Stevenson having heard several opinions upon the case, carefully concealed the facts connected with it from me, in order that my opinion might be obtained uninfluenced by any other, as he has since informed me. After arriving at the house, I was informed that owing to the indisposition of the family physician, and owing to the confusion which usually attends alarming accidents, several respectable gentlemen had seen the child. I was informed that nothing had been done for the child, although the accident had preceded my visit eight days, except the administration of ten drops of antimonial wine every two hours, at the instance of a gentleman whose surgical aid had been expected. This I was informed had been given with the intention of opening the skin.

"I was solicited to prescribe for the child, then in a high fever, with incessant croupy cough. I objected taking concern in the case till an understanding might be had with the

gentleman who had had the charge of it. I was told that the surgeon who had been called in, had expressly stated that he would not call again unless sent for, and that he had not been there during the day; that it was their (the parents) decided wish, that I should take charge of the case in conjunction with Drs. Jennings and Cromwell, who had not had at that period any direction of the case.

"When I came to exchange opinions with the gentlemen just named, there was a perfect agreement as to the necessity and propriety of an operation. It being understood that I should operate, I thought proper for the satisfaction of the parents, to present a correct view of the case, so far as I could reason upon a subject enveloped in so much incertitude.

"If the child has received a whole seed into the trachea, it could not descend below the first bifurcation, and in that case the probability will be greater of success than if he should have bitten a seed in two, and swallowed a part or an imperfect seed. Eight days having elapsed, there will be some risk of inflammation which now exists being increased, or at least it may run its course and prove fatal. Upon the whole, little is to be feared as to the success of an operation, but I might be disappointed; if so, you must be prepared to bear the disappointment on your part. From the use of any other plan of treatment, we (the consultation) agree that little or nothing is to be expected. The fever present may be mitigated for a time by bloodletting, and full vomiting has sometimes succeeded in bringing up extraneous bodies lodged in the trachea.

"This candid statement had the effect to excite doubts in the minds of the parents as to the propriety of an operation, since I could not assure them I could readily and certainly take away the seed. They begged we would try every other expedient before resorting to the operation.

"The child was bled, took several emetics, which had the effect of affording the most decided benefit. The vomitings, by bringing up great quantities of phlegm, relieved his cough and respiration so much as to encourage his parents to hope that this plan would ultimately succeed in relieving altogether. For three or four days he would be free from almost any appearance of disease; then he would be threatened with strangulation, and severe and incessant cough would be excited, and continue till he was quite exhausted. Thus he continued upwards of three weeks after I saw him, to change from a state of extreme danger to one of apparent health, except his gradual loss of strength and flesh. After this period the vomits began to lose their beneficial effects, and ultimately evidently done him harm. The parents having resisted our advice respecting an operation, I gave them expressly to understand, that unless they consented to an operation, that I would no longer be responsible, nor would I be willing to perform an operation when no hope was left of saving him by the operation. I requested a final consultation with the gentlemen above named.

"On the 31st of August we met, and agreed that as there was no chance of relieving him without an operation, that if the symptom should again remit and leave us a reasonable hope, which his situation on that day did not, that then the operation be promptly performed, or all idea of it abandoned for ever.

"On the 2d day of September, one month after my first visit, and five weeks after the accident, I engaged in the operation. In the presence of Drs. Cromwell, Jennings, Wright, Dickson and others, I made an incision about two inches in length, parallel with and in front of the trachea, terminating below near the sternum, and above about the middle of the thyroid cartilage. The integuments were much thicker than I expected; that part of the wound over the *rings* to be divided was more than half an inch. Having completed my incision, I passed the point of the scalpel between the thyroid and cricoid cartilages, and cut downwards so as to form a wound through the rings of the trachea of about three-fourths of an inch. Here it may be proper to notice some change of my views growing out of the circumstances present. I had provided myself with delicate forceps formed out of silver wire, hoping, that if I could not take hold with the forceps, that by turning the seed across the tube, I should enable the organs of respiration to throw it out of the wound or through the glottis, and I was not entirely at ease about a risk which I imagined there was of the seed being forcibly lodged in the glottis, and giving us some trouble.

"The vessels divided by the knife bled so freely as to induce me to hope that I could derive advantage from this occurrence. I determined to open the wound for a short period, so as to admit blood into the trachea, with the view of forming coagula about the seed, or to stop up the trachea as much as possible, with a view of obtaining a more complete expelling power from the respiratory organs. Finding that my forceps were, though small, still too large for a space so confined as that deep between the sternum and the chin of a child, I resolved to trust to moving the seed, and irritating the lungs with a common probe, believing the coagula would materially facilitate my design. I was not aware that my probe had been taken out of my case, and there being none at hand, I passed down the forceps with their chops pressed together. The moment I touched the seed, and no doubt turned its flat side across the tube, which was somewhat choked with coagulated blood, it was thrown through the glottis as out of a popgun, in consequence of the irritation excited by touching the inner surface of the trachea at its bifurcation."

"The surgeon who had charge of this case previous to my being called in, declared that no operation could be performed with advantage! And a physician, who stands high here, told the mother a few days before the operation, that no operation was allowable."

"I would advise a speedy operation in all these cases. According to the urgency or otherwise of the case we might premise an emetic or two; but surely it is improper, where competent aid can be had, to defer the operation beyond a day or two, and in urgent cases it would be better to operate at once. It is a fact highly important to be known, that the operation may be performed safely and successfully after so long a period as five weeks. This should encourage persons remote from surgical aid not to despair, since they would have an opportunity of carrying the patient to some surgeon willing to perform the operation."

Remarks.—"The safety, propriety, and necessity of the operation of bronchotomy has been so long and so generally acknowledged by surgeons, that little or nothing new or important can be said in its favor. But as it has been asserted by Mr. Pattison, that if he were to meet with any number of cases of extraneous bodies lodged in the trachea, he would not operate unless the symptoms were more urgent than they were in the one I have reported; his opinion and mine have been placed diametrically opposite; and as a correct decision of this question may involve in it the lives of many human beings, I consider it my duty to defend my principles and my practice in a public manner, in order that my opinion may have equal currency with his.

"Mr. A. Cooper says, the symptoms succeeding the lodgment of foreign bodies in the trachea 'do not constantly follow one course. Sometimes they continue without interruption in the same degree. *Sometimes they subside altogether, but afterwards return with increased violence.* In other examples, they only cease in part, a local pain, an oppression, and a difficulty of breathing continue. *In short, they conduct the patient, by a longer or shorter road, to death, which is almost always inevitable, unless the surgeon interpose his assistance.*'

"I need not, I am sure, say one word in support of Mr. A. Cooper's authority. But I have seen some cases, and have others reported by physicians, in which the observations made agree with those of Mr. Cooper. Mr. Pattison, however, stated to a large class of students, that because he found his patient two or three times, free from severe suffering and at play, that no operation was warrantable, and that he had and always would refuse to operate, unless the symptoms were more urgent. That he never will again refuse to operate under similar circumstances, I think I may venture to affirm; but it might be otherwise with those whom he instructs, and who look up to him as a guide. Notwithstanding what he has said, however, it is a a fact, that during the week which he visited the child, it was several times at the very point of death from strangulation; the distressed mother, frantic with apprehensions of immediate death, ran with him to a window, and struck forcibly upon the back, and thus, for a time, relieved him from his peril. Surely no one acquainted with the nature of this accident would expect to be sent for in a fit of strangulation, and arrive in time to operate and save life. Instead of adopting such an unwise course, we ought in all cases where the symptoms intermit, after foreign bodies have passed into the trachea, prefer operating during the most favorable interval from suffering; for although the operation in the adult is a very simple one, in children it is essential that every thing be well arranged; the patient must be secured by careful and steady assistants, or terrible accidents may happen. Pelletan has justly remarked, that in children these cases require a skilful hand; and Dr. Mott, of New-York, found some difficulty in dissecting down through the throat of a very fat child."

9. *Observations on Bronchotomy for the removal of foreign bodies. By Michael Ward, M. D., Member of the Royal College of Surgeons, and late Surgeon to the Manchester Infirmary, &c.*—In the twelfth volume of the Transactions of the Medico-Chirurgical Society, lately published, we meet with "A case of Bronchotomy, successfully performed for the removal of a pebble from the trachea, by Wm. J. Hunt, M. D. Communicated by H. Earle, Esq.; with Observations, by H. Earle, Esq."

In the course of Mr. Earle's observations, he says, "As a valuable additional fact in support of the practice which was so ably pursued, I felt anxious that the case should not be consigned to oblivion, *more particularly as I am not aware of any analagous case published in this country.*"*

The remark I have just quoted induces me to request a page in your Journal, partly with a view to put Mr. Earle in possession of a valuable and important chirurgical fact, with which it appears he is unacquainted,† but principally in justice to my friend Mr. Whitley, of Halton in Cheshire, who merits great praise, not only for the able manner in which he performed the operation, but for the courage and perseverance with which he overcame the prejudices he had to encounter previous to its performance.

As an additional testimony, if any were necessary, of the complete and permanent success of the operation, I may add that I

* Medico-Chirurgical Transactions, Vol. XII. Part I. p. 32.

† London Medical and Physical Journal, No. 2 of Vol. XXXIX. p. 100.

have been lately much gratified by a sight of the cicatrix in the neck of Mr. Whitley's patient, and the damson-stone which was removed from the trachea. The boy is now eleven years old, and in perfect health.

London Med. and Phys. Jour. Nov. 1822.

10. *Unusual Case of Polypus in the throat and cavities of the face, successfully treated by Dr. Trowbridge.*—On the 11th of July, 1818, I was requested to examine Samuel B. Turner, aged 16 years, who was brought by his father to receive, if possible, surgical aid and assistance.

This young man had been, three years previous, attacked with pain in the left eye, extending at times to the fore part of the head, with difficulty of breathing through the left nostril, and hoarseness.

Nothing was discovered in either nostril which induced physicians who first saw him to suspect the affection to proceed from a polypus.

At the time I examined him, he was much emaciated; deglutition was so difficult that he could pass nothing but liquid food, and that required much exertion. The neck was enlarged externally; a large, hard substance, of a dark crimson color, filled the throat and cavity of the mouth, pressing the velum palati to the teeth of the upper jaw, and resting on the tongue, epiglottis and uvula, impeding respiration, and rendering it similar to, and as difficult as in cases of croup. The face on the left side was distorted: the eye, pressed forward from its socket, was enlarged; its vessels turgid, and its coats inflamed, with loss of vision; its lachrymal duct obstructed, and its humors running on to the cheek. The face on this side was much enlarged: the upper teeth loose, and partly pressed from their sockets: the voice changed; its resonance and tone entirely lost. A tumor appeared externally near the connection of the temporal bone with the antrum maxillare, as large as a common sized egg, occasioned by a hard substance that had filled the antrum, crowded the bones asunder, and passed out under a portion of the temporal muscle. The patient was affected with a stupor and dozing at times; pulse frequent and feeble. On inquiring, found the young man had enjoyed good health previous to this attack of local disease.

No case in the whole round of surgical business could be presented that could excite more interest or exertion in a surgeon to relieve, than this.

Extirpation of the tumor from the throat was the first and principal relief to be given. The danger of fatal hemorrhage forbid the use of forceps: I had recourse to the ligature. I procured a flexible silver wire, nearly two feet in length, bent it in the centre, and brought the two ends together. My patient was placed in a chair, his head thrown back, and supported by assistants: the bent end of the wire was now introduced into the left nostril, and pushed on till it appeared on the same side of the tumor in the mouth: with the forceps I now brought the wire out of the mouth, opened it at the bent end and formed a loop sufficiently large to pass on to the three first fingers of my right hand, my fingers with the wire were now passed into the mouth and directed to the fauces or lower part of the tumor. The exertions of the patient to resist suffocation raised the tumor so that I passed the noose off my fingers around the depending portion, with my left hand hold of the wire at the nostril; I drew them sufficiently tight to be convinced that the wire was around the tumor. I now with my right hand, with a curved probe, split at the end sufficient to receive the wire, enlarged the noose, and pushed it high upon the tumor and nearly to its base, drawing at the same time firmly the ligature with my left hand. I now passed the wire at the nostril through a silver tube six inches long, and curved at its extremity sufficiently to pass easily into the posterior nostril; this I pushed deep, and drawing the ligature firm, fastened it to the ring of the tube.

In passing the ligature around the tumor, it occasioned a violent hemorrhage; drawing it through the uvula produced extreme pain in the affected eye and fore part of the head.

The patient was directed to keep in an erect posture, the ligature to be tightened every day till inflammation, suppuration and a detachment of the tumor should take place.

He passed the first forty-eight hours with but little alteration in symptoms or situation. On the morning of the third day, the tied portion of the tumor began to enlarge, and all the complaints it previously caused were much exasperated. Deglutition and respiration were so much impeded that prompt relief became necessary.

With a scalpel, I incised the portion of tumor which lay in the mouth; it discharged a quantity of grumous blood, which lessened its circumference, and caused the depending part in the throat to stop respiration entirely. I immediately passed a long dissecting hook, and fastened it as low upon the tumor as possible; and pressed it up and back, which gave the patient an opportunity to breathe. Extraction became immediately necessary. My assistant, Dr. Davis, fastened another hook into the tumor; with the two, I with much exertion brought the bottom of the tumor up, and out of the mouth, seized it with a pair of forceps, and brought out a large portion. Dr. Davis, at the same time, made a division as high in the mouth as possible. My patient was now relieved by the removal of nine ounces of the tumor, and his throat cleared so that he took food of any kind, and respired with ease. A portion yet remaining inclosed in the ligature, which remained firm. I directed my patient to take wine and nourishment, and wait the effects of the ligature:

this came away on the third day after; and the remaining portion of tumor thrown out of the mouth. My attention was next turned to the tumor in the left side of the face.—After convalescing one week, my patient was so much recovered from his feeble state that I ventured to remove this tumor.

A portion of it had passed out of the antrum, and rested in the muscles and integuments over the alveolar circle.

I first made an attempt to extract it from the antrum and upper part of the face, by making an incision in the mouth, through these muscles, or to the projecting portion of the tumor. After exposing it, I placed a firm pair of forceps, and made strong exertions to no effect: the pain produced was excessive. I abandoned this course, and commenced an incision externally over the tumor, near the temporal bone, carried it down over the os maxillare superior, till I came into the incision I had made in the mouth: this exposed to view the two projecting portions from the antrum. I now applied a trephine and opened into the antrum and divided the remaining portion of the os maxillare. After dividing some membranous adhesions, I drew out with the forceps the whole tumor, and exposed its base, which was near the termination of the antrum into the posterior nostril.

I now twisted the tumor till it separated from its strong hold. A large artery was divided near this point, and was secured with a ligature. The passage of the antrum into the nostril was sufficiently large to admit the little finger of my right hand, which was passed through into the throat. By this means I ascertained that the whole tumor in the nostril, throat and face was removed.

ART. III.—*Fourteenth Meeting. Albany, February*, 1820.

1. *Officers, members and delegates present.*—Drs. John Stearns, President, *New-York;* Westel Willoughby, Vice President, *Herkimer;* Charles D. Townsend, Secretary, *Albany;* John Downs, Treasurer, *Rensselaer.* Peter Wendell, *Albany;* William Bay, *Albany;* Samuel Voorhees, *Montgomery;* Abraham Allen, *Washington;* John C. Moeller, *Schoharie;* Henry Mitchill, *Chenango;* Laurens Hull, *Oneida;* Thomas Broadhead, *Columbia;* Henry Van Hovenbergh, *Ulster;* John Miller, *Cortland;* Gamaliel H. Barstow, *Tioga;* Amasa Trowbridge, *Jefferson;* T. Romeyn Beck, *Albany;* Thomas Fuller, *Otsego;* Thomas Greenly, *Madison.*

The following gentlemen produced their certificates as delegates from their respective county societies and corporate bodies, and took their seats accordingly, viz:—Charles H. Havens, *Suffolk County;* Erastus D. Tuttle, *Cayuga;* Benjamin J. Mooers, *Clinton;* Hezekiah L. Granger, *Onondaga;* Peter C. Adams, *Greene;* James R. Manley, *New-York:* John D. Jaques, *College of Physicians and Surgeons, New-York;* James Downs, *Dutchess;* Robert C. Hunter, *Orange.*

2. *Admitted to Practice.*—The Censors of the Middle District report, that the following candidates have been admitted by them to the practice of physic and surgery, during the preceding year:—Ezekiel Allen, of Shelburn, Massachusetts; Adam Clark, Rensselaerville; Cornelius Williams, Claverack; Stephen Schuyler, Albany; John W. Poinier, Albany; Asa Spalding, of Pittsfield, Massachusetts. Charles H. Scheffelin was admitted by the Censors of the Southern District.

3. *Permanent and Honorary Members.*—Drs. Felix Pascalis, of New-York, and Amos G. Hull, of Oneida, were elected permanent members. Benjamin Waterhouse, M.D., of Cambridge, Massachusetts, and Valentine Mott, M.D., of New-York, were duly elected honorary members of this society.

5. *Degrees.*—Resolved, That in the opinion of this Society, the recommending of individuals to degrees of Doctors of Medicine, who have not attended at least one course of lectures at the College of Physicians and Surgeons, (New-York) or some other medical institution, and also studied three years with some respectable physician or surgeon, is highly improper, and derogatory to the character of said College of Physicians and Surgeons.

Resolved unanimously, That the above resolutions be adopted, and that a copy be transmitted to the honorable the Regents, by the Secretary.

6. *Election of Officers for* 1821.—Drs. John Stearns, of New-York, *President.* Westel Willoughby, of Herkimer, *Vice President.* Charles D. Townsend, of Albany, *Secretary.* John Downs, of Rensselaer, *Treasurer.* Samuel L. Mitchill, Felix Pascalis, James R. Manley, William Bay, T. Romeyn Beck, Peter Wendell, Westel Willoughby, Amasa Trowbridge, Samuel Voorhees, Amos G. Hull, Hezekiah L. Granger, Laurens Hull, *Censors.* Henry Mitchill, Abraham Allen, Felix Pascalis, Westel Willoughby, T. Romeyn Beck, Erastus D. Tuttle, James Downs, *Committee of Correspondence.*

7. *Anniversary Address, by the President, Dr. Stearns. Extracts from.*—"A physician, destitute of a perfect knowledge of the mind, is a very incompetent judge of the influence which it exerts upon the body, in the production and cure of diseases. He cannot avail himself of the use of a remedy, more efficacious than the most potent articles of the materia medica. Dr. Reid justly observes, that all such practitioners are like a surgeon, who, while he secures one artery, suffers his patient

to bleed to death by another."

"To obviate the difficulty of explaining the operation of spirit upon matter, some have assumed the materiality of the mind; others have ascribed all its operations to a certain organization of the body; while neither could advance one step farther in a process, which infinitely exceeds the comprehensive powers of feeble, presumptuous man. Who can ascend to heaven and unfold the laws of the universe, or explain their operation upon earth in the creation or reproduction of a single particle of matter? In the original creation of man, his body was distinguished for strength and beauty, and animated by a soul which sustained the image of its Creator. Such perfection of mind and body, justly balanced in all their operations, was destined to endure for ever, and to enjoy that supreme felicity which is known only to the inhabitants of Paradise. Exempt from disease and undisturbed by any inordinate passion, this harmonious compound flourished in the health and v-gor of youth, till a poison, artfully infused into the mind, contaminated the body with pain, disease and death. The effects of this infection were instantly evinced in the conviction of shame and guilt, which therefore may be deemed the real source of all the diseases which frequently afflicted mankind. Although the seeds of dissolution, thus planted by the act of disobedience, proved the literal execution of the threat, 'in the day thou eatest thereof, thou shalt surely die,' they did not produce their mature and ultimate effects in depraving the mind and deteriorating the body, till after that most corrupt period of the world, the general deluge, when the duration of life was thereby reduced to the stationary limits of seventy years."

"Experience and revelation afford ample evidence that a life of virtue is necessarily connected with moral happiness, and if perpetuated through a lineal succession of generations, would probably restore that beauty, health and felicity which man lost in Paradise. That mental depravity produces not only disease, but also corporeal deformity, may be inferred from that Jewish law which precluded deformed persons from performing, and consequently 'profaning,' the holy rites of the priesthood, and also prohibited the oblation of all animals with similar defects.—This inference is fortified by tracing a similar connection between virtue and beauty, even to its figurative perfection in the Deity, and to its visible exemplification in the body which Christ animated on earth. It is for this reason that beautiful objects naturally excite the most ardent affections of the heart, which always increase as those objects approach the perfection of beauty, till they are consummated in the rapturous enjoyment of God himself. The propriety of this love and its neeessary connection with our happiness, are susceptible of mathematical demonstration. The soul, which exerts such mighty powers upon this mass of inert matter, must, by its continued operation, produce an impress strong and durable as existence; and thence may be deduced important illustrations of the science of physiognomy. The time may yet arrive when a due culture of this science, founded upon correct principles, may disclose to the physiognomist the secret thoughts of the heart, and thus introduce the unerring language of truth preparatory to its universal reign on earth. Much of this may be accomplished through the organs of the eyes, which are emphatically denominated the windows of the soul. The irresistible lustre and energy which they sometimes impart, can only be explained by the peculiar concentration of the soul in this organ.—Suetonius says, 'Augustus had such piercing eyes that spectators could no more endure their brightness than the rays of the sun.'—Barnardius says the same of Christ, and Peter Morales of the Virgin Mary; and all agree, that the eyes of the two latter were so peculiarly expressive of holy affection, that they excited a similar emotion in all beholders. But none could withstand that torrent of fire and indignation which flowed from the eyes of Christ, in the frequent reproofs which he administered to the hypocritical Pharisees.—What else could have clothed with terrific power a single individual, armed only with a scourge of small cords, who so precipitately expelled from their favorite resort the hosts of merchants that thronged the temple; and which, on the night of his final apprehension, inspired such terror as to prostrate the hostile multitude at his feet? The near approach of Moses to the Deity, in Mount Sinai, so animated his soul, that his countenance was illumined by a lustre equally terrific to the Jews. Dr. Rush, who has devoted much practical attention to this subject, says, the ferocity of the bull and the maniac may be perfectly subdued by an eye properly graduated."

"Drs. Alderson and Ferriar cured several patients, who were repeatedly afflicted with the apparitions of their deceased friends, and other terrific spectres, by depletion, purgatives and sudorifics. They consequently imputed all such delusive appearances to a morbid state of the corporeal organs, or to some strong and durable impression upon the mind. That the fluids also have some agency in producing similar effects, may be inferred from the following fact:

"Dionis says, that 'all those in France who were the subjects of that fashionable but erroneous practice, the transfusion of blood, died of mental derangement.'"

"Dr. Cheyne cites a case in which the pulse, respiration, and all the vital functions were so entirely suspended, by a simple effort of the will, as to induce an apparent death, that eluded his most rigid detection: the powers of life, in a few hours, were again gradually evolved in his perfect resuscitation,

which was instantly succeeded by a presentiment of immediate dissolution, and which on the same day actually closed the tragic scene. Celsus, Cardan, Matthew Paris, and Burton, mention similar facts, and enumerate a variety of diseases, from the mildest to the most malignant, that have been induced by volition alone.

"The exercise of the understanding, and various amusements, have cured headache, delirium, mania, and other mental and corporeal maladies. Dr. Ash was cured of mania by studying mathematics; Cowper, by translating Homer; and a lady, by playing at cards.

"The irregular operation of the passions produces the following morbid effects:

1st. Fear causes tremors, quick pulse, hurried respiration, hysteria, diarrhœa, aphonia, fever, convulsions, syncope, mania, asphyxia, and death. In some instances recorded by Cheyne, Burton and Brooks, it has produced small pox and plague without any exposure to those diseases.

"2d. Grief, when acute, produces sound sleep, syncope, insensibility, asphyxia, apoplexy and death. When chronic, it causes fever, dyspepsia, hypochondriasis and loss of memory.

"3d. Anger produces convulsions, hysteria, epistaxis, tremors, quick respiration, vomiting, syncope, asphyxia, apoplexy and death.

"4th. Joy causes pain in the heart, thirst, tears, syncope and death.

"5th. Envy has no remission, and produces slow fevers and a long train of nervous diseases.

"6th. Love causes dyspepsia, hysteria, hypochondriasis, fever, madness and death.

"7th. Avarice. This passion is daily exemplified in a variety of sporadic cases; but at certain periods becomes epidemic, imparting its baleful effects to the whole community. Its operation is manifested according to the frowns or smiles of fortune. The former produces depression of spirits, dyspepsia, melancholy, hypochondriasis, apoplexy and death; and is strongly illustrated in the present embarrassed state of the civilized world. The nature of the cases which are rapidly accumulating in our lunatic asylums, and the unprecedented increase of apoplexies and suicides are melancholy proofs of this fact."

ART. IV.—*Fifteenth Meeting, Albany, February*, 1821.

1. *Officers, Members and delegates present.*—The President and Vice President of the Society being absent, Dr. Peter C. Adams, from the county of Greene, was unanimously chosen President, pro tem. Charles D. Townsend, Secretary, *Albany.* John Downs, Treasurer, *Rensselaer.* William Bay, *Albany.* Peter Wendell, *Albany.* Abraham Allen, *Washington.* Henry Mitchill, *Chenango.* Henry Van Hovenburgh, *Ulster.* Benjamin J. Mooers, *Clinton.* James R. Manley, *New-York.* John D. Jaques, *College of Physicians and Surgeons, New-York.* Robert C. Hunter, *Orange.*

The following gentlemen produced their certificates as delegates from their respective county societies and corporate bodies, and took their seats accordingly, viz: Diodorus Halcomb, *Essex.* John H. Steel, *Saratoga.* Gamaliel H. Barstow, *Tioga.* Nathan S Willard, *Herkimer.* T. Romeyn Beck, *College of Physicians and Surgeons, Western District.* Sylvester Miller, *Lewis.* Laurens Hull, *Oneida.* Thomas Fuller, *Otsego.* Robert McChestney, *St. Lawrence.*

2. *Duty of Censors, and Report.*—Resolved, That the Censors of this Society be directed from and after the first day of May next, to proceed, in no case, to the examination of any student, who states that he has attended a full course of lectures, unless he shall exhibit in proof of said attendance, a certificate from either of the registers of the colleges in this state, stating said fact, and also that the certificate be authenticated by the seal of either of the respective colleges.

On motion, *Resolved*, that the above be adopted.

Resolved, That a copy of this resolution be transmitted to the registers of the respective colleges, and also to each of the censors who may be elected at the present anniversary meeting.

Resolved, That it be recommended to the respective county societies to adopt a course similar to the one now adopted by this society.

The censors of the southern district have the honor to report, that in conformity to the statute directing them to grant license for the practice of physic and surgery, to candidates duly examined and qualified, they have during this year admitted the following gentlemen.

The censors of the middle district report, that that they have adopted a regular system for examining all candidates presenting themselves for medical honors. That they have heard with regret that censors after convening for the purpose of examining students, had no plan by which to proceed, and were equally prepared to examine in all the branches of medical science. The censors of this district being well aware of the advantages arising from each individual censor examining in a particular branch, would earnestly recommend a similar plan to be adopted by the censors in the other districts.

The censors of the middle district have made the following arrangement, viz:

William Bay, Examiner in Anatomy and Surgery.

T. Romeyn Beck, on Materia Medica and Chemistry.

Peter Wendell, on the Theory and Practice of Medicine and Midwifery.

The censors have examined the following candidates, and admitted them to the honors of the society, viz:

Gilbert Reynolds, *County of Greene.*
Peter Van Olinda, *County of Montgomery.*
Samuel Humphrey, *County of Albany.*

3. *Election of Officers for* 1832.—Drs. S. L. Mitchill, of New-York, *President*, Peter C. Adams, of Greene, *Vice President.* Charles D. Townsend, of Albany, *Secretary.* John

Downs, of Rensselaer, *Treasurer.* Felix Pascalis, James R. Manley, Charles Drake, Wm. Bey, T. Romeyn Beck, Peter Wendell, John Downs, John H. Steel, Abraham Allen, Amos G. Hull, Hezekiah L. Granger, Laurens Hull, *Censors.* Henry Mitchell, Abraham Allen, Felix Pascalis, Westel Willoughby, T. Romeyn Beck, Erastus D. Tuttle, James Downs, *Committee of Correspondence.*

"The Anniversary Address," on the "Functions and Diseases of the Liver," by the President, Dr. Stearns, is not calculated to analyze or extract from, and our limits do not permit us to publish it entire.—*Ed's.*

ART. V.—*Sixteenth Meeting, Albany, February,* 1822.

1. *Officers, Members and delegates present.*—The President of the Society being absent, the Vice President took the chair. Drs. Peter C. Adams, *Vice President.* Charles D. Townsend, *Secretary.* John Downs, *Treasurer.* William Bay, Albany; Thomas Fuller, Otsego; John H. Steel, Saratoga; Erastus D. Tuttle, Cayuga; James Downs, Dutchess; Laurens Hull, Oneida; Amos G. Hull, do.; Gamaliel H. Barstow, Tioga; Henry Van Hovenburgh, Ulster; James R. Manley, New-York; Samuel Voorhees, Montgomery; Diodorus Halcombe, Essex; Peter Wendell, Albany; T. Romeyn Beck, do.; Abraham Allen, Washington.

The following gentlemen produced their certificates as delegates from their respective county societies, and took their seats accordingly, viz: Charles H. Havens, Suffolk; Perez Pachen, Chenango; Reuben Goodall, Jefferson; Robert McChesney, St. Lawrence; Henry L. Van Dyck, Columbia; Egbert Janson, Orange; Stephen Todd, Herkimer; Truman B. Hicks, Warren; Abraham B. Spoore, Greene; Jonathan Eights, Albany; Cornelius H. Van Dyck, Schoharie.

2. *Powers, &c. of County Medical Societies.*—The committee to whom was referred the communication from G. C. Verplanck, chairman of the committee of academies, colleges, and common schools, with its accompanying memorial, respectfully report: That they have had the same under consideration, and are fully aware of the difficulties attending the provisions of the act of April 1818. It appears by the last section of that act, that all medical practitioners in this state are required to connect themselves with the medical societies of the respective counties in which they severally reside; in order, no doubt, that they may become subject to the wholesome discipline which said societies are authorized to enforce; but it is equally certain, that said act contains no penal provision for non-compliance with its requisitions. They therefore recommend, that the law be so amended, as that some penal sanction in the form of a fine of $10 per annum, during the time they shall continue to refuse, be added, in order to enforce compliance with its requisitions. They moreover respectfully suggest, that the honorable the Legislature be informed, that although the several incorporated medical societies possess the power by law to grant licenses to practice physic and surgery, they possess no effective control over the members of the profession, and cannot therefore prevent abuses which may be practised by them; they therefore recommend, that the law be so amended, that the several county medical societies be empowered by law to suspend from the exercise of the profession any persons notoriously known to be guilty of dishonest conduct, habitual malpractice, or habitual intoxication, or charged with infamous offences, in order that the profession may be purged of its unworthy and incompetent members: and they further recommend, that in all cases of discipline, under the act thus amended, the parties feeling themselves aggrieved, may appeal from the County Society's decisions to the Medical Society of the State, who for this purpose shall have an appellate jurisdiction.

Resolved, That the above report be accepted, and that a certified copy of it be made and presented to the Hon. G. C. Verplanck, chairman, &c. as soon as convenient; which was done accordingly.

3. *Permanent and Honorary Members.*—Drs. James R. Manley, of New-York, and Alexander Coventry, of Utica, were elected permanent members. Nathaniel Chapman, M.D., of Philadelphia, Daniel Drake, M.D., of Cincinnati, Dr. James W. Miller, of Montgomery co., and Josiah Noyes, M.D., of Hamilton College, were nominated as honorary members.

4. *Censors' Report.*—The Censors of the Southern District have the honor to report, that in conformity to statute, they have admitted the following persons as candidates for their license to practise physic and surgery, who, after due examination, were respectively recommended to the President for their diplomas, viz:

Samuel Curtis, of New-Hampshire.
James Mairs, jr. of Galway, Saratoga connty.
Franklin W. Osborn, North Carolina.
Francis X. Teissieu, Quebec.
Thomas Van Zant, N. Y. (now deceased.)
I. Weeds, do.
William Rockwell, do.

The Censors of the Middle District report: that they have examined the following candidates, and recommended them for the honors of the Society, viz; Azariah Blanchard, Alfred Watkins, Richard D. Wandley.

5. *Election of Officers for* 1823.—Drs. Samuel L. Mitchill, *President.* Thomas Fuller, *Vice President.* Charles D. Townsend, *Secretary.* T. Romeyn Beck, *Treasurer.* Felix Pascalis, James R. Manley, Charles Drake, William Bay, T. Romeyn Beck, Peter Wendell, John H. Steel, Abraham Allen, John Downs, Amos G. Hull, Laurens Hull, Erastus D. Tuttle, *Censors.* Henry Mitchill, Abraham Allen, Felix Pascalis, Westel Willoughby, T. Romeyn Beck, Erastus D. Tuttle, James Downs, *Committee of Correspondence.*

ART. VI.—*Memoir upon the employment of the Alcoholic Extract of Aconitum Napellus in the treatment of Acute Articular Rheumatism.* (Translated from the Medical Gazette of Paris, by J. H. GRISCOM, M.D., of New-York.)

The medical properties of aconitum have appeared to me so remarkable, that for two years I have made it the object of special research, which I have just communicated to you in relation to the treatment of acute articular rheumatism. The preparation of aconitum, which I have used, is an alcoholic extract, carefully prepared: the common extract is often entirely inert; either because it contains a considerable quantity of starch and other vegetable matter, which dilute the active principle, or on account of being badly prepared.*

The juice of the plant expressed, and slightly boiled, to coagulate the vegetable albumen, is evaporated in a water bath and taken up by alcohol, filtered, and again evaporated at a low temperature. In this manner, the volatile principles are not lost, as in the ordinary preparation of extracts; and the active principle, which, according to the opinion of some chemists, appears to be destroyed by heat, undergoes no injurious modification. The result demonstrates, that all these precautions are not useless, since I have obtained with the extract thus prepared, the remarkable effects which I shall read; while a great many authors have declared the extract of aconitum to be inert; and that they have used it in very large doses, without obtaining any therapeutic result. The diseases which I have treated with the alcoholic extract of aconitum, have proved its very decided effects: all have been cured promptly and without accident, as may be judged by the exposé of the following observations.

CASE 1. *Acute Rheumatism of the Right Scapulo-humeral Articulation, of fifteen days' duration; cured in forty-eight hours, by Aconitum.*—M —— G———, an habitually good liver, upwards of 20 years of age, never having had any gouty or rheumatic affection, was attacked with a severe pain in the left wrist and right shoulder joints. The integuments of the wrist were red and tumefied; pressure and motion produced great pain in the affected parts. This condition continued for 8 days, during which mercurial and anodyne embrocations were employed. In the second week, tartar emetic in large doses, and vesications, were employed with advantage to the disease of the wrist, which was partly dissipated. But the pain in the shoulder continued unabated; it was increased by pressure and motion, and completely banished sleep. I then administered the alcoholic extract, in the dose of half a grain, three times a day.

On the first night, the effect of the medicine was very marked; the patient slept better than he had done before; the motions of the arm were more easy, and the pain of the shoulder less intense. No other effect appeared to result from the continued employment of aconitum in the same dose.

On the day following, the pains were so much diminished, that the movements of the arm were almost unconstrained, and the patient requested to be allowed to resume his occupation of transcriber. (Same prescription.)

The third day of the administration of the aconitum, and the nineteenth of the disease, pressure upon the articulation of the shoulder developed scarcely any pain, and the motions of the affected arm are almost as free as those of the other.

This first case presents a remarkable instance of cure from the use of the alcoholic extract of aconitum. We perceive in it a disorder of 16 days' duration, and which had resisted divers medicaments, sensibly relieved in 24 hours, and disappearing in 3 days. We can only explain this prompt cure by a specific action of the aconitum upon the disease of the joint; for there was no evacuation from which it could be derived. The patient had neither sweating, diarrhœa, or vomiting; and no other effect appeared than the mild and curative action of the medicine. The cure was no less durable than prompt; for, for five months, M—— G——— has had no relapse. The second case which I shall cite is no less remarkable than the preceding.

CASE 2. *Rheumatism of the shoulder joint, of 3 weeks' duration, removed in 48 hours by Aconitum.*—Vittel, a woman of 52 years, entered the hospital on the 18th of December. She stated to me that she had had, for some years past, an acute articular rheumatism, which obliged her to keep her bed several months, and to walk for a long time with crutches. Since then she had always been well, until the last three weeks, when she has felt a rather severe pain in the left shoulder joint. For two days, this has been sufficiently intense to hinder completely the movements of the arm. The articulation is excessively painful upon pressure at the anterior region. The digestive functions are not disordered, and the circulation is in a normal condition. Leeches, applied to the seat of pain, with opiates, brought no relief. On the morning after the entrance of the patient, I prescribed a grain of the alcoholic extract of aconitum, to be taken four times a day. Eight grains were administered inadvertently; and as no unpleasant effect followed, I prescribed two grains every two hours. There was no great diminution of pain; but the motions became more easy.

The third day of the administration of the aconitum, the amelioration is so decided, that the pain may be considered as diminished three quarters; the movements of the arm are so little constrained, that the patient can use it to dress herself. In fine, strong pressure may be made upon the joint without producing any suffering. The patient thus considers herself cured, and requested to leave the hospital. She remained

* Since this memoir was read in the Medical Society, at the sitting of May 5th, 1834, many of the members have employed the alcoholic extract of aconitum, according to Dr. Lombard's method, and have obtained from it satisfactory results, which they have communicated to the Society.

there two days longer, to assure herself of the reality of the cure, and went out after a detention of four days.

In the second case, as in the first, the administration of the aconitum was quickly followed by the cessation of the morbid symptoms; the pains produced by moving the arm were of such intensity as to draw cries from the patient; and nevertheless, 48 hours were sufficient completely to remove it, and to restore the functions of the arm to their normal state No unpleasant effect followed the administration of from 20 to 24 grains of the extract, repeated for three days; only at the end of this time, the stools began to be frequent, when all medicines were suspended. But the cure already obtained, continued permanent.

Case 3. *Acute Rheumatism, affecting successively different joints, and promptly cured by the aconitum.*—Soulier, a tin-worker, aged 30 years, entered the hospital after 6 days' sickness. He states that he never had any rheumatism except these 6 days, when he was taken with sharp pains in the two tibio-tarsal joints; two days after, the knees were attacked and tumefied; the hips were also attacked the night of his entrance into the hospital. The pain appears to occupy particularly the ligaments in the fibrous parts, which are painful under pressure. There is febrile reaction and anorexia. I prescribed half a grain of the alcoholic extract of aconitum, at first five times, then six times a day.

In 48 hours, the relief was very marked; the pulse, which was 100, beat only 80 per minute; the anorexia disappeared, and the pains had left all the points which they before occupied; but they attacked the large toes, which were red and tumefied. (Same prescription.)

The next day, the tenth of the disorder, the toes were more easy, but the hips were a little painful. On the eleventh day, the pain occupied the left wrist, whose integuments were red and tender, as were several of the joints of the hand. The dose of the medicine was increased successively to 5 and 6 grains in the 24 hours.

Finally, on the 14th day, all the joints were easy and resumed their usual motions. The cure was complete

This case furnishes us with several important remarks. In the first place, we see a febrile condition and general symptoms dissipated in 48 hours; the pains and swelling occupy successively several joints, but fix themselves upon none for more than two days, thanks to the administration of the aconitum, which pursues the rheumatic principle wherever it shows itself, and gives it no time to produce a disorganization in the tissues. The following case will show us in a still more evident manner this remarkable property of the aconitum, in putting a stop to the rheumatic fluxions wherever they tended to fix themselves.

Case 4. *Acute Rheumatism, occupying divers articulations, and ceasing in seven days, upon the employment of the Aconitum in large doses.*—Madame P———, washerwoman, aged 31 years, was attacked three years ago, at the time of weaning, with an articular rheumatism, which kept her in bed three months, and rendered her helpless for a long time. She had been weaning eight days, when she was seized with pains exactly resembling those she had 3 years before. The breast, the head, and afterward the limbs, were successively attacked with acute pains, which were soon accompanied with fever, and obliged the patient to keep her bed.

Called on the ninth day, and found the pulse 90; the skin hot, the left knee swelled, hot and very painful on pressure and motion; the two hips were also very painful. Notwithstanding the appearance of the menses, I prescribed the aconitum in the dose of half a grain every two hours, to lessen the intensity of the pains, which for eight days had continued to increase, and completely banished sleep. After the first night sleep returned, and the pains were sensibly diminished; the hips were easy, but the two knees were still painful. (One grain of the aconitum every two hours.)

The patient had to-night, as on the preceding, copious sweats: the knees are easy, but the large toes are painful and tumefied. (One grain and a half of aconitum every two hours.)

The pains have almost entirely disappeared; the lower extremities are free, so that the patient can support herself upon her legs for some seconds; the sweats continue, the menstruation is not arrested. (Same prescription.)

The next day, the 13th of the disorder, the joints of the shoulder, elbow, wrist and left hand, are the seats of acute pains and of a distinct swelling, especially at the hand. She was able, nevertheless, to sleep a little in the night; sweats abundant; the menstruation is almost terminated; appetite good; digestion easy: the pulse, which previously was not above 80, was that night up to 96. (Three grains of the extract of aconitum every two hours.)

The shoulder and elbow are free, but the wrist is still tumefied and painful; the joints of the hand are almost all free, except those of the thumb, which are a little swelled, and painful upon pressure: appetite a little less than yesterday; tongue white; no stools since yesterday; pulse 96. (Three grains of aconitum every hour and a half.)

The next day, all the joints were free; but the movements of the thumb and feet are still constrained; the right shoulder is a little painful; sweat abundant during the night. (Six grains of the extract of aconitum, every two hours.)

The convalescence was complete, when the patient committed an act of great imprudence, which soon produced a relapse; she arose while in a perspiration, and walked for two hours, though scarcely clothed. On the next day, there was a return of the pains, which on the day after acquired an intensity which they had not before arrived at; all the joints of the arm and right hand were tumefied and painful; the least motion drew cries from the patient; there is, nevertheless, no augmentation of general symptoms. I prescribed at first six grains, and on the following day nine grains, of the aconitum, every hour; and, thanks to this powerful medicament, I soon obtained a diminution, and even cessation of the pains; though this happy

result appeared more slowly than in the former attack. From the second day, the most acute pains diminished, so that the patient could sleep all night. The third day, the pains and swelling had entirely disappeared from the shoulder, the elbow and wrist; but the phalanges continued painful upon pressure and motion, and were only entirely free on the fifth day; and even at that time there remained more stiffness in the movements of the hand than in those of the arm and shoulder.

This case presents some particulars worthy of remark. As in the preceding cases, the pains ceased in a few hours; and although in a preceding attack the patient kept her bed three months, she was able, thanks to the aconitum, to get up at the end of eight days. When an act of great imprudence renewed the pains, the aconitum again dissipated them, and soon put a stop to the disorder wherever it appeared. The administration of large doses of aconitum (three or four scruples a day) was followed by no unpleasant effect, either upon the stomach, which continued its functions during the whole of the treatment, or upon the intestines, which were in no manner irritated, or upon the nervous system, which showed no other affection than some excitement and dreaming, or even upon the menstruation, which followed its regular course, notwithstanding the pains and the medicine. But the principal symptom which appeared to us to result from the employment of the aconitum, was an abundant and almost continual sweating. This phenomenon should not, however, be considered as a constant effect of the administration of the aconitum, since this is the only case in which I have observed it. All the other patients were cured without diaphoresis; and even in the case of Madame P——, which forms the subject of this report, the perspirations were not always accompanied with an amelioration of symptoms, as I remarked during the relapse of the disorder. A later remark, which was verified by the sixth case, was the rapidity with which the larger joints were cured, compared with the smaller. The former were free a long time before the latter, which remained several days obstructed and painful under pressure and motion.

Case 5. *Acute articular rheumatism, with considerable effusion of the right knee, speedily cured by the aconitum.*—Joseph Beck, carpenter, aged 30 years, entered the hospital after 6 weeks' sickness. He stated that he had had successively pains in the loins, shoulder, and right knee. The latter was only attacked three days previous. It was sensibly increased in size, and presents an evident fluctuation; the least motion gives acute pain. The left clavicle is sensible upon pressure; the pulse is febrile, (96 to 100); the skin every where covered with an abundant perspiration; the tongue white, the other functions normal. I prescribed at first half a grain of the extract *three times a day, then six, eight and ten times.* At the end of the third day of treatment, the fever and sweating had completely disappeared. The pains of the knee had sensibly diminished, its volume appears a little less. The dose of the medicine was increased to *six* and *seven* grains a day; and after the sixth day of the treatment, the pains of the clavicle and knee had entirely ceased; the walk is only constrained by the synovial effusion, which is not yet all absorbed. Nevertheless, the diminution of the size of the knee is already nine lines since his entrance. All the organs are in a normal condition, including the stomach, which bears a sufficiently large ingestion.

Convalescence continued uninterruptedly, except with a little pain and swelling in the articulation of the left wrist, which soon disappeared. The humidity of the atmosphere reproduced, also, at the end of fifteen days, a little lumbago, and some shooting pains in the knee. I wished to counteract this atmospheric influence by vapor baths; but the patient's condition remaining stationary, I recommended the aconitum in the dose of *twelve* to *eighteen* grains a day; and on the morrow there was a very remarkable amelioration; so that the patient requested the continuation of the pills, which, according to his account, exercised more influence over the pains than the vapor baths.

The case of Joseph Beck is a new example of acute articular rheumatism promptly relieved by the use of the aconitum. From the second day of the employment of this medicine the pains and fever disappeared, the appetite was renewed, all the functions resumed their normal condition, and in less than a week the effusion which existed in the knee had diminished three quarters; so that the patient, who could not move in his bed without great suffering, was able to walk freely, with no other constraint than the mechanical action of a too abundant synovia; while in the preceding case, the sweats appeared to be the result of the administration of the aconitum, we have seen, in the latter case, that they ceased after two days' treatment, and appeared no more, notwithstanding the use of the medicament was continued.

Case 6. *Acute articular Rheumatism, occupying the right wrist, cured by the Aconitum.*—Madame B———, aged 59, washerwoman, was attacked, three years ago, with sciatica, which ceased upon the application of blisters. Since then she has had no rheumatic pains, until the time when all the joints, and principally those of the thumb of the right hand, became the seat of severe pain and an œdematous tumefaction, accompanied at some points with a redness of the integuments. The least pressure gave rise to acute pain in all the parts attacked. The general health was good; there was no anorexia, or febrile symptoms. I prescribed at first a grain of the aconitum every two hours, which dose I increased successively to two, three, and four grains and a half, divided in the same manner.

The first pill produced nausea and vomiting; the second had the same effect; but the following ones appeared to have no action upon either the stomach or intestines. The other symptoms resulting from the employment of the medicine, were dizziness, dimness

of sight, a great vivacity of impressions, which the patient compared to the *magic lantern*, which appeared to her as soon as she closed her eyes. The local effect upon the pains was decided, from the first day, by the notable diminution; and at each increase of the dose of the medicine, the patient immediately felt its sedative action. The swelling did not diminish as promptly as the pains; for at the end of the treatment, there still existed a very distinct œdema on the back of the hand, and around the smaller joints. While the patient was under treatment, the disease extended from the hand to the wrist, the elbow, and the shoulder; but these different rheumatic inflammations, though more intense and more extended than those of the phalanges, yielded more promptly to the use of the medicine; so that the joints, which were the first attacked, were the last cured. On the sixth day of the disorder and the third of treatment, the thumb was free. On the tenth, the articulations of the middle and ring fingers were alone disordered. Finally, two days after, that is on the twelfth day, the patient was able to resume her occupation, experiencing only a little stiffness in the joints of the hand which had been the seat of disease.

Many interesting remarks are furnished us by the case just read. In the first place, the stomach, which appeared at first unable to bear the aconitum, became accustomed to it so far, that large doses were administered for 15 days, without any derangement of the digestive functions. Secondly, we were better able, than in the other cases, to follow the symptoms consecutive to the employment of this remedy, such as the stiffness of the diseased arm, the dizziness, the fanciful visions, the sudden flushes of the face, and a great liveliness of impressions, almost always accompanied with gay and pleasing thoughts. In the third place, the amelioration of the symptoms and the diminution of the pains, were no less striking in this case than the preceding; from the first day, the pains were sensibly diminished; and each time that the dose of the medicine was augmented, the pains were calmed in proportion; the latter effect was so decided, that when the patient had taken three grains every two hours, she appeared as if under the influence of a narcotic. Finally, the large articulations of the wrist, elbow and shoulder were more promptly cured than those of the digital phalanges, although the latter were the first affected by the rheumatic principle. The œdema which appeared around the joints, followed the course of the pains; that is, it was dissipated more rapidly from around the larger than the smaller joints.

I could cite two or three more cases of acute articular rheumatism, dispersed by the use of the alcoholic extract of aconitum; but I think the preceding sufficient to demonstrate the utility of this medicament, especially if I add that I have not met with a single case of acute articular rheumatism which has resisted this treatment; and when I compare the results previously obtained by antiphlogistics, opiates, sudorifics, large doses of tart. antim., and derivatives, I do not hesitate to declare the advantage to be entirely in favor of the treatment by the alcoholic extract of aconitum.

The researches which I have made upon this treatment have demonstrated to me that it possesses a specific virtue for the dispersion of rheumatic inflammations seated in the joints. It does not appear to destroy the principle of rheumatism; for we have seen joints attacked while the patient was taking large doses of aconitum; but without exercising a preservative or prophylactic action, it cures the rheumatism by neutralizing its morbid influence wherever it tends to fix itself.

The action of aconitum upon joints attacked with acute rheumatism, is not long in developing itself: often, the patients have declared to me they have found a diminution of their pains in the space of an hour; but ordinarily, the sedative effect is only evident at the end of several hours. The antiphlogistic action, which arrests the inflammation and tumefaction, whether internal or exterior to the joint, is commonly more slow; twelve to twenty-four hours is the most common period for this amelioration; sometimes, however, it requires from 36 to 48 hours. As we have seen in two cases, the aconitum acts more promptly upon the large than the small joints. We have also noticed that the obstructions of the elbow and wrist, which happened several days after those of the phalanges, were dissipated a long time before them. The influence of aconitum is not limited to the circumference of the joints, but extends to the synovial membrane, and contributes powerfully to the absorption of the effusions which exist in almost all cases of acute rheumatism. We have seen with what rapidity a large effusion in the knee was removed, owing to the administration of aconitum.

Stork, who first gave this medicine in rheumatism, thought he observed a sudorific virtue in it, and was struck with this indication. The details into which I have entered in the cases contained in this memoir, will serve to demonstrate the error of this opinion; indeed, in eight or ten cases of acute articular rheumatism, which I have treated with aconitum, there was but one in which the employment of the medicine was followed by abundant perspiration; in all the others, the cure was obtained without any sudorific action; and even in this case, (5th) the use of the aconitum arrested the sweatings, which lasted fifteen days.

The influence of aconitum upon the nervous system is very remarkable. As soon as the doses are a little increased, I have always observed a certain excitement of the ence-

phalon, characterized by nocturnal visions, by a peculiar gaiety and a great vivacity of impressions; the circulation of the encephalon appeared to be modified in such a manner as to produce vertigoes, dazzlings and flushes of heat in the face; but in no case have I observed any troublesome effect from the administration of aconitum, although I have given it to the amount of *a drachm and a half in twenty-four hours.*

The digestive functions are but little or not at all affected by the use of this medicine. With a majority of the patients treated by this method, I have observed the appetite to be produced after the second or third day, and to maintain itself during the whole of the treatment. Some have complained of a disagreeable mouth, and have had a little whiteness of the tongue; but they did not discontinue taking nourishment, and these symptoms soon disappeared. The stools were not increased in frequency, except in one case, where this circumstance required the suspension of the medicine, but not until after the cessation of the rheumatic symptoms, (Case 2d.) The urine was not altered, either in quality or quantity, with the patients thus treated. So that after reviewing the different functions, and seeing them in no manner changed by the administration of aconitum, we are brought to consider this medicine, neither as a derivative, nor a sudorific, but as a specific remedy against rheumatic inflammations, and whose action is upon the fibrous and tendinous parts which surround the joints, as well as upon the synovial membrane lining them.

With regard to the doses and the mode of administration, I have but little to say. It has never appeared to me necessary to unite the aconitum with any medicament, and I have, consequently, always administered it alone. It is nevertheless not impossible that its union with opium, or some other article, indicated in a special case, would contribute to render its action more sure and proper. Having no experience to guide me, I began with very small doses, as *a quarter* or *half a grain*, two or three times a day. Now, since I have seen its administration in large doses to be entirely inoffensive, I resolved to commence with *half a grain* every two hours, and to successively increase it to *six* and *nine* grains in the same space of time. It does not appear probable that it may be necessary to reach the latter quantity, as I have never gone beyond it; but I think it may be still further increased, if I may judge by the harmlessness of this dose.

Conclusions.—1. The alcoholic extract of aconitum is endowed with a specific property against acute articular rheumatism.

2. It very promptly arrests the pains and the tumefaction, and disperses the effusions of synovia contained in the joints attacked with acute rheumatism.

3. This medicine does not act as a derivative upon the skin or intestinal canal.

4. Administered in large doses, it produces a strong stimulation of the encephalon, and appears to modify its circulation.

5. The alcoholic extract contains the active principle of aconitum, at least as to its anti-rheumatic properties.

6. The alcoholic extract of aconitum may be administered in increasing and fractional doses, from six grains to a drachm and a half in twenty-four hours.

Art. VII.—*History of a Singular Case, in which amputation was performed.* By A. B. Shipman, M.D., of Cortlandville, N. Y.

Stephen B. Tyler, aged 35, a farmer by occupation, with dark hair and eyes, high florid complexion, and good constitution previous to his illness. The following history of his case is given. He first began to complain of pain in the joint of the right knee, in the winter of 1831, which he attributed to an injury received a few days before by falling through the floor of a saw-mill. It continued to pain him for several weeks, with little or no swelling until spring, when he slipped in getting out of a wagon, which sprained the knee. From that time the pain was greatly increased, and swelling now commenced; notwithstanding, he kept about on the limb through the summer, and a great portion of the winter of 1832–33, making use of but few remedies, and those mostly empirical. His general health, in the mean time, seemed tolerab'y good, and his complaint attributed to rheumatism. In the spring of 1833, while ploughing, he twisted his knee again, and an aggravation of all the symptoms was the result. The pain was now not only in the knee, but the ancle joint began to swell and become painful; pain also in the loins and shooting down the leg, chills, fever &c. &c. He was confined to the house, and most of the time to the bed; pain was most severe at night; and as he described it, shooting from his loins, down one side of his leg, and up the other. His general health now began to suffer; he lost flesh, his appetite became impaired, while the pain was constant and unmitigated.

I first saw him on the 5th day of July, 1834, in company with Dr. Archealus Green, of Virgil. The knee joint was enlarged to three times its natural size, while above, the limb was wasted. The swelling preserved the form of the joint; was uniformly hard, and of a natural color, except in one spot, on the inside, over the head of the tibia, where it was of a purple color, and a small sinus, from which a little thin pus was discharged. It was tender over some points, when pressed upon. The ancle joint was greatly enlarged, and several sinuses, leading to the bones,

which, on examination with a probe, were evidently carious. Some pus, mixed with curdy matter, could be pressed from the openings, yet it had never discharged much. The right testicle was enlarged to the size of an orange, was hard, unequal and knotty; some small openings, from which a thin, colorless liquid could be pressed. He stated that this began to swell about one year ago, and gradually attained its present size, with considerable pain and tenderness; an imperfect suppuration took place three months ago, which did not lessen the size of it; the cord was enlarged, and hard almost to the abdominal ring. His general health had suffered much for the last three months; emaciation; hectic fever, impaired appetite, cough, night sweats, &c. &c. He could procure no rest without opiates, which he took nightly. For a year past, he had been under medical treatment; was blistered, poulticed and plastered, with a variety of constitutional remedies. In consultation, it was agreed that amputation was the only thing that offered any hope of prolonging life. To this, the patient not only assented, but was anxious to have it performed as soon as possible. Accordingly, the next day was fixed upon; and with the assistance of Drs. Hyde and Green, I removed it six inches above the knee. He lost but a trifle of blood from the operation, and had a good night's rest after it. The stump was nearly healed in two weeks. He gained strength, his cough left him at once, his appetite returned, and he improved in flesh. A seton was made in the stump, and the patient ordered tincture iodine 10 gtts. twice a day, with decoction sarsaparilla, a blue pill every night, and laxatives of rhei and soda; the iodine ointment was also applied to the testicle.

From this time there was an improvement in his general health, which became as good as it had formerly been before the disease of the joints. The testicle also diminished in size gradually; the seton discharged for two months, when it came out and healed. His health was now perfect, and he rode about and was able to do some work, and I heard no more from him until the 22d December, when I was again requested to visit him. He had been confined to the house for three weeks' previous, with a swelling on the anterior and upper portion of the left thigh. It was as large as a pint bowl, its upper edge extending above the band of the groin, seemed lost in the lower part of the abdomen; its edges could not be defined, but was insensibly blended with the sound part of the limb; there was no fluctuation to be felt; it was firm, tense and elastic; the skin covering it was of a natural color; it was tender, and painful on pressure. The thigh was kept drawn up toward the abdomen, and any attempt to extend it produced great pain. He informed me that it commenced about six weeks' previous, in the form of a small, flat swelling, which he imagined to be an inflamed inguinal gland. It enlarged gradually, until he was obliged to take the bed, which he had kept for three weeks previous to my visit. Near the time this swelling commenced, another swelling began to form on the outer edge of the spine of the left ilium, and near its middle it was about the size of a fist, and hard, knotty and irregular in its feel, some portions giving to the touch the idea of fluctuation. Its base appeared fixed to the bone, its color was a dark purple, and the superficial veins were varicose and marked upon its surface.

There was but little pain or tenderness in it. The patient had, until this time, been sanguine in the belief that he should recover; but now he was in utter despair, as in fact he had great reason to be. His general aspect was, however, good; flesh firm, digestion perfect, appetite excellent. The vital functions were performed pleasantly. I first inserted a seton of a large size, about midway betwixt the two tumors, including a large portion of substance, directed camphorated volatile lineament to be applied to the tumors, continued the tincture iodine and sarsaparilla. On the 5th of January, 1835, I visited him again. The seton had discharged freely, the tumor on the thigh had diminished one third in size, the tumor on the ilium was soft and fluctuating. I opened it, and it discharged nearly half a pint of thick, healthy pus: ordered the same remedies continued. April 10th, the tumor on the thigh is entirely gone; he can extend the leg without pain, and walks about on crutches. His general health is excellent; he has gained flesh, countenance florid, and spirits good. October 1st, patient continues healthy, has discontinued all medicines except the seton.

Remarks.—This was decidedly a scrofulous disease. I regret exceedingly not being able to give a dissection of the limb after amputation; the patient absolutely refused to have it mutilated; but I satisfied myself that the head of the tibia, as well as the bones of the ancle joint, were carious, by passing a cartilage knife freely into them. There is no doubt that a vigorous after-treatment saved this man's life; and among the most efficient means, I placed the seton as first; the iodine and sarsaparilla are the most successful constitutional remedies for scrofula. The disease of the testicle might have been mistaken for scirrhous, and castration resorted to, if the general scrofulous diathesis had not indicated it to have been of the same nature as the affliction of the joints. The testicle, at this time, is not entirely well; yet is in such a state of improvement as to warrant an opinion that it will entirely recover its healthy functions under the application of iodine ointment.

ART. VIII.—*Physiological and therapeutical researches on the effects of the compression and rarefaction of the Atmosphere upon the Body and Limbs.* (Translated from the Repertoire Annuelle, for 1835. By BENJAMIN DRAKE, M. D.)

The travels of Dr. Junod, at the commencement of his medical education, frequently obliged him to ascend to different elevations. When on the summit of the Alps, the Pyrenees, and of Mount Ætna, he was vividly impressed with the effects of the pressure of the air upon the human organization; and this subject became from that time the object of his serious consideration and continued experiment.

Having enjoyed, from this period, many favorable opportunities for the study of diseases and of their proper remedies, he endeavored to ascertain what means of relief were the most constant in their effects, and upon which the greatest reliance could be placed. His attention was directed more particularly to derivatives and external revulsives, on account of the marked success with which they are ordinarily employed.

From this circumstance, he was naturally led to the conclusion that the practical application of the rarefaction and compression of the air to the entire body, or to some of its limbs only, might become a powerful therapeutic agent.

Indeed, his experiments on this subject proved, that by varying in this manner the natural weight of the atmosphere, a *mechanical* derivation will be produced, which we may expect in vain from therapeutic means based upon the physiology of the organs. Dr. Junod therefore submitted to the Academy some instruments for effecting this derivation with the greatest facility, and which would either attract or repel the fluids of the body to the part to which they were applied.

Dr. Junod has given a description of an apparatus to effect compression or rarefaction over the entire surface of the body, as also others for producing the same effects on one or several limbs.

The first of these is composed of a copper receiver, of spherical form, and furnished in its interior with a bench, upon which the patient sits; with windows on its parietes, hermetically closed. The entrance, which is circular, and situated at the upper part, is closed by a lid, in which three tubes are inserted, through one of which the bulb of a thermometer enters the receiver; to the second is screwed a barometer or manometer; and to the third is attached a stop-cock, by which the communication between the external air and that within the receiver may be effected at pleasure. The air is compressed or rarefied by an exhausting and forcing pump, the receiver of which should have a capacity equal to eight cubic decimetres.

The apparatus for the limbs consists in the first place of four tubes, of glass or copper, large enough to receive the limbs, and closed at one extremity; to the other is fitted a cover, moulded to the shape of the limb, and which hermetically closes the tube; in the second place, of a forcing and exhausting pump, attached to a receiver or reservoir, fitted with a manometer and four stop-cocks; and in the third place, of four elastic tubes, by which the communication between the pump and cylinder is conveniently established.

The apparatus being arranged, and the operation commenced, the manometer or barometer will indicate the state of the rarefaction or compression obtained.

When the normal pressure of the atmosphere is increased one half upon the body of a man in health, placed within the receiver, the following phenomena are observed:—

1. The membrane of the tympanum forced towards the internal ear, becomes the seat of an uncomfortable feeling of pressure, which however gradually passes off.

2. The function of respiration is performed with unusual facility: the capacity of the lungs for air appears increased; after fifteen minutes, the inspirations are fuller and less frequent, and an agreeable warmth pervades the interior of the chest. It is presumed that the cells of the lungs, which had long been strangers to the contact of air, dilate anew to receive it, and the whole animal economy appears to acquire with each inspiration an increase of life and power.

3. Increased density of the air seems very remarkably to modify the circulation. The pulse has a tendency to become frequent; it is full, and with difficulty depressed. The calibre of the superficial veins is diminished, and even so completely effaced that the blood in its return to the heart, passes through the channels of the deep-seated vessels. If the calibre of the superficial vessels is augmented or diminished in proportion to the pressure of the atmospheric medium, similar phenomena will take place in the pulmonary vessels, which are subjected in this respect to the same circumstances. Whence it necessarily follows, that the density of the air being increased, the quantity of venous blood contained in the lungs will be diminished. It is this doubtless which permits the introduction at each inspiration, of a much larger quantity of air than under the normal pressure of the atmosphere.

4. The digestive functions are more actively performed; there is no thirst.

5. The salivary and renal glands secrete abundantly, and the same is true of the whole glandular system.

6. The weight of the body appears sensibly diminished.

The psycological phenomena which are observed when the natural pressure of the atmosphere upon a person placed within the

receiver is diminished one quarter, are as follows:—

1. The membrane of the tympanum is distended, and a sensation produced analogous to that caused by compression. This, however, is dissipated in proportion as the equilibrium is restored.

2. The respiration becomes impeded; the inspirations, after the lapse of 15 minutes, are short and frequent. This difficulty of respiration is succeeded by a real dyspnœa.

3. The pulse is full, easily compressed and frequent; the superficial vessels of every class are evidently turgid. The eyelids and lips are distended by the superabundance of fluids. Hemorrhages and faintings frequently occur. The skin becomes the seat of an unpleasant heat, and all its functions are rendered more active. The want of activity in the process of sanguification; the expansion, to a greater or less degree, of the gas circulating wi h the blood. The superabundance of this fluid in the different orders of superficial vessels, satisfactorily accounts for the deficiency of nervous influence, characterized by the loss of energy and complete apathy.

The salivary and renal glands, secreting their fluids copiously when subjected to the action of increased atmospheric density, now offer an opposite result.

If compression be alternated with rarefaction of the air, the effects resulting from the opposite states become very marked.

We will not follow M. Junod into the details of the apparatus, and the manner of increasing and diminishing the atmospheric pressure upon the limbs, but refer the reader to the Doctor's essay, published in the *Revue Medicale*, for September, 1834; but proceed to the general effects produced by the compression of the air upon the limbs. These phenomena are as follows:—

1. The skin becomes pale, the superficial veins are collapsed, the limb diminishes in volume, and the circulation through it to a greater or less extent becomes suspended.

2. After the operation the limb seems sensibly lighter, its movements are executed with greater facility, and at the same time with more confidence.

3. If the compression is effected by means of cold water, the effects are the same, but more strongly marked.

In addition to these, it indirectly produces other phenomena. Thus, if the operation be performed upon one of the pelvic limbs, there supervene—

1. Vertigo, ringing of the ears, sparks appearing to shoot before the eyes, and a tendency to apoplexy.

2. The play of the respiratory organs is not performed with the usual facility.

3. If the atmospheric density upon the corresponding limb be at the same time diminished, these general effects are neutralized.

Of the vacuum. *Partial phenomena.*—When the ordinary pressure of the atmosphere upon the limbs is diminished one-ninth, it is observed—

1. That the skin becomes distended and colored, the limb increases in volume after a few minutes, and the fluids which rush from the centre to the surface produce an unusual degree of warmth in the integuments, equal to the temperature of the deep-seated tissues.

2. That the functions of the skin have acquired increased activity, a copious transpiration is established, and the secreted fluids converted into vapor are condensed upon the sides of the investing cylinder.

3. That after the operation, a slight swelling is perceived in the limb, which soon subsides.

If for the purpose of increasing the action of the vacuum, heated vapor should be simultaneously employed, the effects will be the same, but with increased activity.

General Phenomena.—1. When the presence of the air is diminished, the head becomes light, the face pale, the pulse in the temporal artery is retarded, becomes thready, and in some instances ceases to beat; there is then a tendency to syncope.

2. The respiration is more free.

3. The functions of the alimentary canal diminish in activity, and nausea sometimes supervenes.

4. Towards the end of the operation, the transpiration, which was before only noticed within the investing cylinder, tends to become general over the whole surface.

5. If compression is practised simultaneously upon the corresponding limb, these general effects cease.

We give below some facts, selected from those recorded by M. Junod. It does not now admit of a doubt but that this agent, which he so strongly recommends, will become a valuable therapeutic resource.

Case 1. *Traumatic Tetanus, with a remarkable diminution of the function of respiration. Application of the vacuum to the limbs. Cure.*—Among the most curious cases which have presented themselves to me, either in the many cliniques which I have followed, or in my private practice, I have seen none more interesting than the following:—

A young man, about 20 years of age, a boatman, was brought on the 28th of October, 1832, to the Civil Hospital of Strasburg. He had fallen in such a manner that the hypogastric region had alone sustained the whole weight of his body. He immediately experienced a sharp pain in that part, and lost his senses. Returning to himself four hours after, the local pain still remained, and was attended with hœmaturesis. These symptoms were treated antiphlogistically, and the patient seemed already to be rapidly convalescing, when he was suddenly seized on the night of the 2d of November with ex-

treme difficulty of respiration. This was treated by blood-letting, which gave immediate relief. During the next eight days, these symptoms frequently re-appeared, and were as often treated with full bleedings, practised during the attack, (all other means of relief, up to that time, having been tried without avail.) The patient had fallen into a state approaching to anemia, and consequently no further recourse could be had to sanguineous emissions.

On the 12th, at 3 o'clock P. M., the respiration became again embarrassed; in fifteen minutes, the inspirations were only made at long intervals, and were soon succeeded by a total loss of sense. Nevertheless, the circulation was not suspended; the pulse was regular, and beat 45 in a minute. After remaining 20 minutes in a state of apparent death, the posterior muscles gradually contracting with increasing power, the entire weight of the body was soon sustained by the sinciput and heels alone; the arms being extended, maintained the equilibrium.

This opisthotonos, which lasted for ten minutes, was soon succeeded by emprosthotonos; and these phenomena alternated many times in the course of a few seconds. The patient then relapsed into a lethargic state, exactly similar to that described above, and a new series of tetanic symptoms appeared; in short, after the lapse of one hour and twenty-five minutes, he returned to life. When I saw the patient for the first time, these attacks had been renewed at 5 o'clock P. M., for the period of fifty days; submitted to the treatment of an enlightened professor, and all the ordinary resources of art to prevent the attack or to mitigate its violence, were completely exhausted. I then conceived that my apparatus might be efficaciously introduced for the treatment of this disease, and I proposed its employment which was assented to.

On the 28th of December, a little before 5 o'clock, the extremities were placed in the cylinders, and a vacuum was effected to ten centimetres; under the influence of this apparatus the first symptoms of the attack, which a little before its application had already become evident, were removed. I continued its application for six hours, and in this way prevented the return of the fit. The next day, the same treatment was followed with like success.

On the 30th December, I obtained the same results. Another attack, however, occurred on the next day, but at an unusual hour, and for many days the patient experienced less violent and irregular accessions of the disease up to the time when a complete recovery permitted him to leave the hospital.

Case 2. *Paraplegia, with total loss of sensibility, complicated with a tertian fever. Treatment by the combined action of the vacuum and steam upon the limbs. Complete recovery.*—M. V——, bookbinder, and usually enjoying good health, was engaged in the superintendance of a large establishment which he had erected in the Faubourg St. Germain. In consequence of the events of July, he suffered a reverse of fortune and severe domestic trouble. These moral reflections ever present in his mind, and his incessant occupations, soon made an inroad upon his health. He had already, for many months, felt a continued sense of weariness in his limbs, and a lumbago, which had often obliged him to desist from working.

On the 6th May, 1833, without any assignable cause, he was seized with vomiting of bilious matter, which lasted for 24 hours; at the same time, he was struck with paraplegia and total loss of sensibility. The most active remedies, as well as the best advice, were employed in the treatment of these serious symptoms; and the use of both internal and external derivatives especially insisted upon without the least improvement. Five months after the invasion of the disease, the patient applied to me.

On the 1st of October, I verified the continuance of the above described symptoms, and also the existence of a quotidian fever, the paroxysms of which had returned for two months at 3 o'clock in the afternoon. All the viscera were in a healthy state, if we except the paralysis of the bladder and rectum, before noticed. Upon the sole and heel of the right foot there was a deep slough, which I was informed had been caused by a burn; the foot having been unconsciously placed by the patient upon burning coals, at a time when he was about receiving a fumigation; the odor arising from the combustion alone aroused the patient, and prevented the entire destruction of the foot. He suffered also a continued sense of coldness in the extremities; and upon the sacrum there was a large and deep slough, in part detached, and exposing the bone in several places.

On the 2d of October, we commenced the treatment of these symptoms, by the application of my apparatus, with the view of restoring the circulation and the functions of the skin in the paralyzed limb, or to exercise a powerful derivation should there be any lesion of the spinal cord. At 2 P. M., the extremities were enclosed in the cylinders, and we alternated every 15 minutes the action of the vacuum with that of steam. The vacuum was effected to eight centimetres, and the temperature was maintained at 35 degrees Centigrade. During the hour which the operation lasted, nothing remarkable transpired, except but that in consequence of the effect produced by the powerful derivation, he had several times a tendency to syncope. This was, however, always remedied either by restoring the normal pressure of the atmosphere or by increasing it. From this time, the patient experienced a natural warmth *through-*

out the paralyzed limbs, together with a sensation of pricking, and vitality during the following night re-appeared over the whole surface of the right leg.

On the 3d, similar treatment was attended with still more marked success; the sensibility heretofore did not extend below the level of the knees.

On the 4th, the left pelvic limb, which to this time had remained insensible and immovable, was enabled to execute some motion. On the 5th, urgent business caused my absence from the city for a few days, during which the treatment was suspended. On my return, upon the 9th, the patient had lost all the benefit of my previous care; the treatment being immediately resumed, it was attended with the same success as before.

After 20 days of treatment, the sensibility had re-appeared over the whole surface of the paralyzed limbs. The patient could walk, with difficulty it is true; but from that time he did not hesitate to take exercise that was more or less fatiguing, without experiencing any unpleasant consequences. (*Rep. Annuelle de Clinique Med. Chirurgicale*, 1835.)

REVIEWS.

Art. I.—*The Study of Medicine.* By John Mason Good, M.D. F.R.S. F.L.S. &c. &c. *Improved from the Author's Manuscripts, and by reference to the latest advances in Physiology, Pathology and Practice.* By Samuel Cooper, Professor of Surgery in the University of London, &c. &c. Sixth American, from the last London Edition. *With Notes.* By A. Sidney Doane, A.M., M.D. *To which is prefixed A Sketch of the History of Medicine, from its Origin to the commencement of the Nineteenth Century.* By J. Bostock, M.D., F.R.S. In two Volumes, large 8vo. New-York: Harper & Brothers. 1835.

A more valuable undertaking than the presenting of Dr. Good's Study of Medicine to the public, in its present form, could scarcely have been thought of by the most cogitative and enterprising of the typographical fraternity. Hitherto, we have been accustomed to consult Dr. Good's great work diffused through some four or five ponderous volumes: we have now the same production, with the advantage of the author's last additions, amounting of themselves to a volume of no small size, together with the American Editor's Notes, of some four or five hundred in number, as we are told; and the whole brought within a readible compass of two volumes, elegantly printed, and offered at a corresponding moderate price. No one hence can claim exemption from the purchase of this almost indispensable work on the ground of its bulk or costliness.

In a short and well written preface by the American Editor, his plan and reasons are so well set forth, that we are induced to insert it:

"The sixth American edition of the 'Study of Medicine,' (says Dr. Doane,) is reprinted from the fourth English edition, which was issued in London early in the present year: beside the ample additions of Prof. Cooper, it contains between four and five hundred notes of a practical character, derived principally from the writings of American physicians. It was with extreme diffidence, and with no little dread of appearing presumptuous, that the American editor assumed the responsibility of adding notes to a work characterized by such profound learning and deep research: but he was encouraged by the consideration, that although the 'Study of Medicine' has been used as a text-book for several years in this country, and is thought to be indispensable to every medical library, it contains but few allusions to the important results of American practice; while some forms of disease peculiar to this country, and the contributions of American physicians to physiology, pathology, therapeutics, and the materia medica, are, generally speaking, unnoticed in it. In fulfilling his duty, the editor has attempted to divest himself of local feelings; to consider the physicians of the United States as belonging to one family; to be just to all; and to present the results of their experience with fairness. How far he has succeeded, may be seen by referring to the notes marked with the letter D., for which he alone is accountable. The desire, however, of printing the new edition in such a form as to place it within the reach of every one, and the constant inquiries for the book, which, to speak technically, has been out of print for many months, obliged the publishers to limit the editor both as to space and time. This fact will account for the brevity in which many important topics have been treated, and also for some omissions.

"To those of his professional brethren who have so kindly tendered the results of their experience, the editor returns his warmest acknowledgments and thanks; and to none are these due more than to a personal friend of Doctor Good, Professor J. W. Francis, of

New-York, not only for many practical remarks of great importance, but also for the use of his extensive library of rare books, and for a free access to his valuable cabinet of anatomical preparations, which, in many cases, has afforded the editor an opportunity of verifying the statements of the text. Prefixed to the 'Study of Medicine,' the reader will find a new 'History of Medicine,' by the learned and eloquent Bostock: it forms a happy introduction to the main work, and its perusal will richly reward the careful student."

On the merits of Dr. Good's Study of Medicine, it would seem almost a work of supererogation to dwell at any length at this time. It has been too long before the public to require our commendation; the best established authorities in British and continental science have awarded to it the highest praise. It has well been pronounced an ample and judicious library of the existing state of medical practice; and in the admirable analysis of Dr. Good's labors, by his friend, Dr. Olinthus Gregory, this excellent writer, in his biography, has with equal truth and knowledge, justly affirmed, that modern times have not enriched the stock of human research with a more valuable production; indeed, all who estimate the value of experience in medicine will class it among the standard productions of the age. The special merits of the present edition, so far as they are associated with the labors of Dr. Good, are the last additions which the work has received by the latest inquiries of the author, continued with an unremitting industry until the time of his death, on topics connected with the pathological and therapeutical departments of medical science; and we are favored with copious materials on various diseases, drawn from the recent deductions touching morbid anatomy, from such writers as Roche, Rostan, Cruveilhier, Sanson, Andral, Louis, Chomel, and other pathologists of the French school; of Carswell, Abercrombie, Craigie, Granville, &c. of the English. The London editor, Professor Cooper, has also added to our claims upon his regard for the many additional illustrations he has given to this, and not found in his former edition.

But it is our duty more particularly to notice the present edition of Dr. Good, on account of the work having recently found an American editor. In assuming this office, it may be confidently remarked that his undertaking was of no trifling responsibility: it demanded the union of eminent erudition with practical knowledge; and from the number of original notes which we find he has added to this English reprint, we are inclined to think he has examined it with a cautious regard both to his own reputation as well as that of the enlightened author of the Study of Medicine. The rich and ample introductory proems which precede the several grand divisions of the Study, will ever carry conviction to the minds even of the most eminent scholars, of the vast resources of the author's powers, and demonstrate that the active imagination of Dr. Good was ever tempered with that prudent and cautious philosophy which is so indispensable in all investigations connected with the doctrines of life and death. No general reader, however copious his knowledge in science and literature, can read these preliminary expositions without arriving at the conviction that Dr. Good was equally competent to produce a work which might be consulted as a text-book for philosophers, as well as a safe manual for the instruction of the merest tyro in the art. These happy illustrations of physical science, which can be read by every student of nature with profit, have received from the American editor but few supplementary facts or principles: they, however, did not demand it; but the few notes which he has added to this part of the work, induce us to wish they had been more numerous. The character of the notes are mainly of a pathological and practical nature, and are to be found under the numerous subjects of which the work specially treats. In the class *Cœliaca*, embracing the diseases of the digestive functions, Doctor Doane has given a large amount of clinical knowledge, drawn from the best approved practical American authors. The most ample are those on the Spasmodic or Indian Cholera, from writers on this pestilence, as it has prevailed in different districts of the United States; and on Yellow Fever, as it has exhibited itself also in this country. Under the head of class second, *Pneumatica*, in which are described the diseases of the respiratory functions, his additions are also many, particularly on the disorders involving the lungs, their membranes or motive power. *Hœmatica*, class third, which embraces the diseases of the sanguineous system, and which, according to our author, includes the prolific subject of the various forms or types of fever, the American editor has not been indifferent to the published efforts of his countrymen, and we bear a ready testimony to the great additions which this extensive class has received from his impartial industry. With a sagacity derived from clinical results, Dr. Good's enumeration of disorders under the denomination *Neurotica*, (the 4th class,) is unquestionably more tenable than the arrangement of any preceding nosologist. No one, we think, can read this portion of his "Study," without fresher and clearer views than can be derived from any other author, on the affections of the mind and the almost innumerable derangements of an associate character; and he who would better comprehend the prominent causes of the waywardness of genius and its dreadful penalties, will repeatedly turn to these instructive pages for a satisfactory exposition of many intricate phenomena. The American editor has not been deficient in augmenting the number of

facts under this important head, though he justly regrets the imperfect and scanty reports upon which he had to depend, in his intentions to enrich some sections of this part of his author's work, from the indifferent manner in which the directors of the asylums for insanity have made known the actual condition of the unfortunate occupants of these charities. Class 5th, termed *Genetica*, in which are grouped together the diseases of the sexual system, is one which the practical physician will always have within the scope of his professional duties, and they necessarily will demand the exercise of his most approved resources: both in the last English edition, and also in this by the American editor, this section of Dr. Good's book is enriched with the latest results of practical skill. We might also give our approbation to the American editor's attention as respects the last class, the Eccritica, or diseases of the excernant functions.

We have said already that the notes by Dr. Doane partake mostly of a practical character, and this we deem to be the most judicious method of rendering Dr. Good's work acceptable to the largest class of students and practitioners. It would have afforded us pleasure to have embodied within our pages some extracts from these American additions, in order to enable our readers to judge how far we have been justified in our commendation: several, we think, we might advantageously take from his additions to the febrile diseases, to his exanthematic disorders, and from among those to be found in the class neuroses; but we plead the common apology of want of room; and moreover, we think this trouble the less necessary, as we are persuaded the work will find a ready and extensive sale throughout our wide-spread country. We may nevertheless be permitted to state, that beside the results of his own experience, Dr. Doane has derived the materials of his additions from the writings of a large number of our best clinical authors in different sections of the United States.

Dr. Doane is already favorably and familiarly known by his admirable edition of Maygrier's Illustrations of Midwifery, his Blandin's Anatomy, and his translation from the German of the elaborate system of Anatomy by Professor Meckel, of Halle. His present edition of Dr. Good is well calculated to add to his fame and utility; and we cannot, in conclusion, forbear to add that comparatively young as he is in years, he has given us the earnest of what learning, talents, and invincible industry may attain in a profession beset with many trials, but whose object is the most important that can enlist the attention of man. We hail the advent of such a disciple of the Hippocratic art in strains of no common feeling; and we trust that the career so auspiciously commenced, may be permitted to go on uninterruptedly in its march of honor and utility, as the most gratifying and powerful example to stimulate ingenuous youth who embrace the study of that pursuit which challenges our admiration equally by its antiquity and its accumulated wisdom; which has awarded to its cultivators in every age the highest consideration, and now sheds a never-failing halo around the memories of a Sydenham, a Boerhaave, and a Rush.

We have omitted to notice the Historical Sketch of Medicine, by Dr. Bostock. It is well drawn up, and evinces the extensive capabilities of its learned author. As a suitable introduction to the work of Dr. Good, it is admirably calculated to demonstrate the futility of theories when incautiously advanced, the importance of facts when legitimately deduced from experimental illustration, and the saving efficacy of practical knowledge in an art which may indisputably be denominated before all others, the *art preservative*.

Art. II.—*On the Pathology of Epidemic Cholera, with some Preliminary Observations on the History of the Disease.* By Hunting Sherrill, M. D., &c. 8vo. pp. 199. New-York: S. Wood. 1835.

We have had many tracts on this formidable disease, from the pens of American physicians; and several of them possessed of merits of a permanent character. All those we deem to be such, as have faithfully recorded the history of the epidemic, or set forth its pathological characteristics by dissection. The work which early appeared by the Boston Committee was of this nature: it detailed a large body of information of peculiar value. The treatise which has just appeared, written by Dr. Ferris, an active observer of the pestilence as it prevailed in New-York in 1834, is also an additional contribution to the stock of real facts in the case: this work, as well as one on the cholera asphyxia as it occurred in New-York upon its first invasion in 1832, with which Dr. Francis favored the public, may both be consulted with practical benefit equally for the clinical description of the epidemic, as well as for the account which they record of the morbid appearance unfolded by the autopsic examination of bodies dead of the complaint. To these, we now add the work of Dr. Sherrill. It is more elaborate than either of the other tracts: it details much of peculiar interest, calculated to throw light on the nature and mysterious character of cholera as it has exhibited itself in different districts of the country; and as such, we can safely recommend it as worthy of perusal. We must, however, be permitted to add, that we do not see precisely the accuracy of Dr. Sherrill's title in denominating his book a *pathological* work, inasmuch as it does not appear from his pages that he has had any opportunities of dissection whence to derive his facts for a pathological exposi-

tion; and we are accustomed to consider disquisitions of this nature as deriving their chief if not sole merits upon the results which morbid anatomy alone can give. In many respects, however, Dr. Sherrill reasons well from the symptoms which he has noticed; and he has the further merit of enforcing by theory, and adopting by practice, the anti-phlogistic treatment, by blood-letting and its ordinary co-operatives.

That a more comprehensive view of the nature of Dr. Sherrill's book may be formed, we give the following from his "Preliminary Observations":—

"It may be inquired by some 'fastidious critic,' why any one should undertake, at this period, to offer the public any thing on the subject which the following treatise embraces, after so much has been said and written? An answer may be given: Because, after an epidemic disease has prevailed a length of time, or has gone by, after there has been an opportunity to study its character, and to collect facts respecting it, and to have time for calm reflection, is the most suitable time to write its history. Another reason may be given; because something of the kind seems yet to be needed nearly as much as there was at the earlier periods of the prevalence of the disease; and another reason may be given, as far as the author knows, that others better qualified have omitted to take a similar view of the subject; for, after all that has been spread before the public on the nature and management of the late epidemic, it is doubtful whether there are much more general fixed principles in regard to the intrinsic nature and treatment than there were in the early periods of its existence; and whether it may be the lot of the writer to furnish such principles of etiology and pathology as will satisfy the reader, and aid in fixing some general uniformity in the plan of treatment, will remain for time and the public to determine."

"There appears to have been two general classes of practitioners in the manner and method of treating epidemic diseases, to one of which some have pertinaciously adhered. The one is what has been termed the alexiphaimic stimulating mercurializing method; the other is the cooling, refrigerating, depleting plan. The former was founded on the opinion that in epidemic disease, there took place in the human system a state of direct deficiency in the action of the animal powers—that a gangrenous septic tendency and exhaustion of the vital functions were such as to require the system to be supported and kept up by a direct recourse to those articles of the materia medica, denominated cordial supporting stimulating remedies. On the latter side it has been the opinion that in those cases there took place an inflammatory, or overloaded, or suppressed state of the system, which produced the violent and alarming symptoms in the first stage of the attack. This, of course, led to a method of treatment by which the ingesta, the calluvies and the fluids were to be abstracted and diminished in quantity. In some instances, very probably, the advocates of each plan have proceeded to some extremes, and not pursued the course they may have advocated in the most judicious manner; for both set of remedies may be useful and proper in the same epidemic, and in different stages of the same case; but the cases in which each would be most proper, and the period of using them, is an important point to arrive at; and one which requires much reflection and some experience to determine on with safety and accuracy.

"In the course of these observations, the writer will endeavor to point out, in a general way, the nature and state of some of those diseases in which the one or the other of those set of remedies will be proper. In relation to the epidemic cholera, considerable care has been taken to note many facts and circumstances connected with it, and to compare and collect such facts as might have a tendency to form some opinion of its character, and develope its nature. From this manner of proceeding, and from the records of former epidemics, the writer has derived much satisfaction and benefit in managing the cholera, and in penning these remarks. The statements made in this work are all founded upon facts carefully collected and scrupulously observed; and the authors and opinions of others from whom he has derived benefit, are many of them referred to; though some facts and histories of diseases, and the opinions of some may have been warped into the account, without particularly referring to the works from whence derived."

"It is with not a little diffidence that he offers opinions on a subject which has engaged the attention and talent of so many; but it is every one's privilege to offer facts and opinions on those subjects; and if what may be considered errors have been committed, it in some measure becomes a duty to endeavor to correct them, and guard against their repetition." J. T.

Art. III.—*A Treatise on Epidemic Cholera, as observed in the Duane-street Cholera Hospital, New-York, during its prevalence there in* 1834. By Floyd T. Ferris, Member of the Medical Society of the State of New-York, late Physician to the Duane-street Hospital, &c. &c. 8vo. pp. 69, with plates. New-York: Harper & Brothers. 1835.

The subject of cholera has recently attracted so much of the attention of physicians in this country as well as in Europe, and so many volumes have been issued from the press, that we took up the present work, expecting to find, as usual, nothing either of interest or utility to the practitioner of medi-

cine. We confess that its perusal has greatly disappointed our expectations; and after a careful examination of its pages, we have found ourselves gratified and instructed, and are free to express our thanks to the author, who demonstrates that he has devoted much time and attention, as well as all the energies of his mind, to the elucidation of a subject of deep import to the whole human family.

The work under review is simply the record of facts as presented to the eye of an experienced and talented physician; and the successful result of his practice, deduced from his views of the pathology of the disease, is sufficiently convincing to attach to them no small share of importance.

In a short but neat preface, Dr. Ferris states the following reasons for publishing the results of his experience:—

"On receiving the appointment of physician to the Duane-street Cholera Hospital, in 1834, my attention was necessarily directed to a close and careful investigation of the disease, and my duty would be but imperfectly performed without presenting the results to my professional brethren.

"Entertaining such views, then, and the period having long since passed by when I might have been disposed to figure as an author, my readers, I trust, will properly appreciate the motives which influence me in this publication."

Again, says Dr. F.:—

"As it is my intention, in the following pages, to confine myself simply to an account of my own observations, it will not be expected that I should take up the question of contagion; I may, however, state that my previous opinion of its non-contagious character was fully confirmed by my experience in the Duane-street Hospital."

The work is divided into three chapters; on the symptoms, the pathology, and the treatment of cholera asphyxia; and concludes with an appendix, containing the history of a number of cases, together with a tabular view of the results of his public and private practice. In the latter, of one hundred and fourteen cases, eleven died, and one hundred and three were cured.

The symptoms of this disease are already so familiar to our readers, that we shall pass over the first chapter, and proceed at once to an examination of the views of Dr. Ferris on its pathology; and here we quote freely.

"I will first note (says Dr. F.) the *post mortem* examinations of these cases, and then the examination of those that died after having received medical treatment from the beginning.

"The external appearances after death closely resemble those exhibited by the patient while laboring under the disease. The surface is of a livid or black color, the solids shrunk, the features of the face contracted, the skin of the feet and hands much corrugated, and the muscles well defined. There exists less tendency to putrefaction than in bodies dead of other diseases.

"Abdomen. *Omentum.*—On laying open the abdomen, I always found the omentum highly injected, and very red; and this redness was greatest at its lower part. In some cases there were slight adhesions, in others it was thrown to one side of the cavity.

"The intestines for the most part were distended with flatus, and frequently they were found to be contracted at different points. The small intestines, in all the subjects, exhibited a bright vermillion color, of greater or less intensity; and in others, different shades, from the rose-colored blush to the deep red. In some cases the upper portions, and in others the lower parts of the small intestines were most injected, but the upper portions most frequently, and generally more highly colored.

"The large intestines were distended with flatus, and showed much less evidence of disease. The arch of the colon in some few cases was found to be considerably contracted, and here and there a few arboressing blood-vessels covered its surface.

"*Peritoneum.*—The peritoneum lining the parietes of the abdomen presented no morbid appearances; and, indeed, that portion of it covering the viscera, on minute examination, was, with some exceptions, found not to have been affected by diseased action, although it appeared of a red color. This redness arose from the highly injected state of the tissue immediately beneath it, and not from an engorgement of the membrane itself; but where the disease has been protracted for a considerable time before death, the peritoneum becomes involved in disease, in common with the mucous and other tissues beneath. This was particularly observable on a careful removal of a portion of the peritoneum, and by viewing it in a strong light; but except in these protracted cases, the appearances of inflammation were confined entirely to the mucous membrane lining the stomach and bowels and coincided in character and appearance exactly with erysipelatous inflammation; and I am inclined to think that this species of inflammation always accompanies and characterizes the disease.

"*Stomach.*—This organ presented the same indications of inflammation as the small intestines; the external surface was of a vermillion color at the pyloric orifice, and gradually became of a lighter shade towards the cardiac orifice. In some cases the entire lower half was involved, exhibiting a deep vermillion hue, which terminated abruptly about the middle of the stomach, so as to form a distinct line of demarcation, and as perfect as I ever observed it in erysipelatous inflammation of the surface. The upper or cardiac portion exhibited little or no signs of disease. (*Plate II. fig.* 2.) This organ was found considerably corrugated, but not much contracted, and frequently contained a whit-

ish gray, or milky fluid, resembling the matter sometimes ejected before death. In some cases the fluid was colorless and transparent, except that occasionally it contained mucous flocculi, and was generally without smell.

"An opaque viscid matter adhered to the mucous membrane, varying in density, and forming an adventitious lining, which was easily removed with the back of the scalpel. The mucous membrane was softened in places and swollen, and exhibited strong evidences of inflammation, corresponding in situation and color with the external coat, except that it was always of a deeper tinge; and distinct patches, the size of a dollar, of a bright red color, were observed in places where there was no discoloration of the opposite external coat whatever, which to my mind tends to "thicken other proofs" that the inflammation always first commences in the mucous membrane.

"*Intestines.*—The small intestines contained a whitish, turbid, serous fluid, resembling that which was passed before death: it was generally inodorous, but sometimes emitted a strong, disagreeable smell. The mucous surface in some cases was lined throughout the whole extent with a whitish, dense, adventitious membrane, resembling that formed in the trachea of persons dying of croup, large fragments of which were easily displaced with the handle of the knife. In other cases it was less tenacious, slimy, and of the consistence of thick cream. The mucous membrane was of a deep red color, the blood vessels were highly injected, and exhibited a much deeper color than on the external surface: the morbid accumulation of blood in the vessels appeared evidently to be confined to the mucous tissue.

"*Mesentery.*—The mesentery bore evident marks of inflammation, being red and much injected. The larger blood vessels of the mesentery contained blood of a very dark color, were flaccid and collapsed, and did not possess the usual elasticity which is generally observed in the vessels when death is caused by other diseases. This want of elasticity was seen also in all the large blood vessels within the abdomen, exhibiting the appearance of passive congestion. The blood flowed readily from one part of the vessels to the other, whenever the position of the parts was changed, leaving the most elevated portions empty and collapsed.

"This appearance of passive congestion is, no doubt, in a great measure owing to the fact, that the vital and stimulating portions of the blood are, from the immense discharges, withdrawn some time before death; and, also, from the fact that a great portion of the remaining blood is arrested in the lungs immediately before life becomes extinct.

"*Liver.*—The liver occupied its natural situation, and in most cases appeared healthy, except that in some few it was a little more pale than usual; in all other respects it appeared healthy.

"*Gall Bladder.*—The gall bladder was distended with olive-colored bile, which passed the ducts readily on pressure.

"*Spleen.*—The spleen for the most part was healthy. In some cases there were slight engorgements, and in others it was enlarged, which I think may be attributable to pre-existing chronic disease, and unconnected with the death of the patient.

"*Kidneys.*—The kidneys were in a healthy state, though in a few instances somewhat paler than usual.

"*Bladder.*—The bladder was firmly contracted, and had the same solid, dense feel as an unimpregnated uterus, and was about the same size; it was generally empty, and concealed behind the pubis.

"THORAX. *Lungs.*—On opening the thorax, the lungs were found collapsed and of a very dark color, which in some cases extended over the whole surface; in other cases only partially. They were engorged with a large quantity of black, viscid blood; contained but little air, and were much heavier than natural; in some few they were found completely hepatized, and had lost all their characteristic appearances.

"*Heart.*—The heart was generally flaccid; the right cavities were sometimes distended with blood, slightly coagulated, and of a very dark color. The left cavities contained but little blood, but of the same dark color as that found in the right cavities. The coronary vessels were loaded with blood possessing similar characteristics.

"CRANIUM. *Brain.*—The brain did not show any evidences of inflammation, nor was it much crowded with blood. The meninges of the brain in some instances appeared slightly engorged. The cerebral substance did not in any respect differ from healthy structure. In some cases where the disease had been protracted from seven to ten days, and in patients of intemperate habits, there were slight serous effusions in the ventricles.

"The blood contained in the vessels of the brain was dark, thick, and grumous, corresponding with the blood found in other parts of the body, and in *all cases* the blood was preternaturally thick, like tar, of a dark color, being highly carbonized, and deprived of its saline and serous properties.

"I now proceed to note those patients that had been treated in such a manner as to protract life for several days, without final success. These exhibited, on post mortem examination, very different appearances from the preceding. The morbid structure was of a more intense character, and the evidences of inflammation and its consequences were more strongly marked; and the more so, in proportion to the length of time the disease had been protracted, after the evacuations had ceased. The discoloration of the diseased parts, which in the former cases was of a

vermillion hue, in these assumed a dark brown or mahogany color; and frequently, when the disease was protracted for several days, the various tunics of the whole digestive canal, from the œsophagus to the rectum, were gangrenous; and in some cases, where the disease had continued twelve or fourteen days, the membrane was completely destroyed, and the whole substance of the stomach and intestines were in a state of sphacelus, and contained a very dark-colored, tenacious and fetid fluid, sometimes black. During life, where the disease was of many days standing, and in the congestive fever, I have seen the matter ejected from the stomach appear of a dark brown or black color, resembling the black vomit in yellow fever.

"The bladder in these cases was less contracted, and contained more urine; in some it was nearly full, and appeared healthy.

"The brain did not exhibit any particular evidences of congestion, except that in a few long protracted cases there was an effusion of serum into the ventricles, but not in any great quantity. The cerebral substance, when cut into, was not soft or pulpy, but firm, and did not appear particularly surcharged with blood.

"The lungs were always of a dark color, filled with black blood, collapsed, and more or less hepatized."

The following are the concluding observations of Dr. F., in the chapter on the pathology:—

"Some of the most important appearances observable on examination after death, and which may be said to be peculiar to cholera, may be ranked in the following order, viz:—

"1st. The intestines present a vermillion color, and the redness, in the first stages of the disease, is confined to the gastro-intestinal mucous tissues, more particularly to the pyloric extremity of the stomach, and the small intestines. The mesentery, also, is highly injected and engorged.

"2d. The mucous surface of the stomach and intestines is always covered with an adherent, clammy substance, in variable quantities, and the digestive canal always contains more or less mucous and gelatinous secretions.

"3d. There is always existing in the lungs and venous system an accumulation of thick, black and highly carbonized blood, which is deficient in serum and saline particles.

"From the foregoing symptoms, as also from the anatomical lesions, and facts furnished by pathological anatomy, I have arrived at the following deductions:—

"1st. That cholera is the result of a specific poison applied to the system; and hence we learn the essential difference between it and the common cholera morbus, which may be regarded as an internal inflammatory action, set up in consequence of cold and moisture applied to the external surface.

"2d. This poison is a stimulus, the first effect of which, when conveyed into the system, is to set up inflammation in the digestive mucous surface, the parts first affected. Its first symptoms are gastric irritation.

"3d. The inflammation so induced is erysipelatous, first affecting the mucous coat, and afterward extending to the tissue beneath, and lastly to the peritoneal coat; this last is affected with inflammation but seldom, unless life has been protracted after the profuse discharges have ceased, and re-action commences.

"4th. This poison once conveyed into the system, produces decomposition of the blood, and consequently the loss of vitality of this fluid; and it is to this change in the blood that all the important phenomena arise. It is incapable of imparting to the heart and arteries that healthful stimulus necessary to sustain the circulation, and death is the consequence.

"5th. The cause of death in all who die during the profuse evacuations, and without re-action, is a privation of the heart of its natural stimulus, healthy blood, arising from its decomposition and loss of vitality, and its final arrest in the lungs; hence the great engorgement of these organs found after death.

"6th. The decomposition of the blood arises from the specific action of the poison on this fluid when received into the system, or from the increased secretions and serous exhalations from the digestive mucous surface, the results of the inflammatory action in these parts. or from both these causes combined.

"7th. The brain, that great centre of the nervous system, is in a state of asthenia, from the want of its natural stimulus, healthy blood; hence the great depression and diminution of innervation, and the want of the vivifying influence of the nervous upon the other systems, and upon the various organs of the economy.

"8th. The derangement of the economy and functions of the lungs is secondary, and is the result of, and in the inverse ratio to, the decomposition of the blood. No difficulty or interruption in respiration is perceptible in the early stages of the disease.

"9th. The great loss of animal heat arises from the arterialization of the blood being greatly modified, or wholly interrupted in the lungs; the immediate cause of which is a deficiency of serum and salts in this fluid; serum and the saline parts being necessary to this change.

"10th. Those who die of the disease secondary to the stage of collapse, are destroyed from lesions of the stomach and bowels, and the conjoined effects of the loss of vitality of the blood."

The third chapter, on the treatment of the disease, is interesting and important. Says Dr. F.:—

"Upon the pathological views which I have taken is founded the treatment which I

have adopted in my practice. The remedies I most rely upon in the treatment of this disease, are a free use of ice internally, copious depletion, both general and topical, and external stimulants, or revulsive applications to the surface."

"The looseness of the bowels at the commencement of the disease ought not, in my opinion, to be viewed merely in the light of a simple diarrhœa, which *may have* a tendency to run into cholera, but ought rather to be considered as the incipient stage of the disease itself, and as constituting an integral part of it, and as such it ought to be treated. The practitioner must proceed at once with promptness and decision to the treatment of cholera with this view of the case; for in this stage of the disease it is entirely under the control of art, and a favorable termination may with great certainty be relied upon, if the proper remedies have been administered, and the disease judiciously managed; except, however, the patient has been laboring under long standing or chronic disease, or worn down with age, or his constitution broken up either by intemperate habits or other causes. In these cases, the chance of success is doubtful; and we need not flatter ourselves that a cure will be readily or easily accomplished. The patient should be directed to go immediately to bed, and keep quiet: rest and an incumbent posture being among the best means to check diarrhœa and allay intestinal irritation. The warmth of the skin should be restored, and kept up by additional clothing, and the application of stimulants externally; such as the foot-bath impregnated with Cayenne pepper or mustard, and heated irons or bricks, or sinapisms applied to the feet, also sinapisms or bladders of warm water to the abdomen. If the diarrhœa should be accompanied with much griping pains and colics or spasmodic twitchings of the muscles, copious bleeding should be resorted to; for it is in this early stage of the disease that bleeding is mostly indicated: indeed, I have observed a state of excitement in all cases to accompany an attack of cholera. If the patient be young and of a robust habit of body, and the inflammatory symptoms are strongly developed, pulse full and strong, or wiry and contracted, or accompanied with headache, say from twelve to twenty-four or even thirty ounces of blood may be taken from the arm with advantage, and there will be less hazard of his running into the second or more strongly marked stage of the disease; but the extent to which venesection should be carried must be left to the judgment of the practitioner, regard being had to the constitution of the individual, and the extent of pain and tenderness of the abdomen, and vascular irritation. If the patient should be debilitated by age, or his constitution broken down and enfeebled by other causes, and bleeding from the arm should appear of doubtful propriety, recourse may be had to leeching, say the application of twenty or thirty to the epigastric and umbilical regions, and repeated as often as the circumstances and the urgency of the case may indicate. Early depletion I have found to be a powerful means for allaying the irritation of the stomach and bowels, and preventing the subsequent congestion with which these organs are threatened."

"Bleeding is undoubtedly demanded by the ordinary and established rules of medical science; and experience proves it to be the best and most efficacious means of relieving arterial irritation and high inflammatory action; besides the great benefits derived from bleeding in subduing inflammation and preventing congestions of the abdominal viscera, I have always found it one of the most efficacious means for controlling the obstinate spasms so distressing to the patient.

"At the same time that these curative means are employed, it is necessary to give ice to the patient freely and liberally, as recommended by Broussais. The ice should be broken in small pieces, and given to the patient with injunctions to swallow it as large as possible. If this remedy be persisted in, you may rely with great certainty that it will stop the purging, and allay the nausea and vomiting. The free use of ice is perhaps the most efficacious remedy made use of in the treatment of the disease; and I may safely say, the only internal remedy that I know of, that has so decided an effect in arresting the serous secretions that are running off by the intestinal mucous surface, and thereby counteracting the action of the morbific poison on the blood, arresting the decomposition of this fluid, and restoring heat to the surface. The modus operandi, or the manner in which it operates, I am not able to determine; it is sufficient, however, for all practical purposes, that we know the fact. I have known a great many patients recover from an apparently hopeless or blue stage of collapse, by the free use of ice internally, together with the use of stimulants externally, or revulsive applications to the skin; on the contrary, I do not recollect to have seen a single instance of recovery from this stage, where diffusible stimulants had been given and persisted in. The exhibition of ice is, moreover, exceedingly grateful to the patient; he swallows it with great avidity and delight; it allays the inordinate thirst, and the excessive heat and distress in the epigastrium, so tormenting to the patient, and the stomach becomes calm and retentive, and the diarrhœa is controlled by its use. The patient must also be restricted to absolute diet so long as any irritation exists in the digestive canal; the practitioner must be positive on this point, and insist upon its being adhered to with severity. The patient will frequently have an inclination for food, and both he and his friends will be very solicitous that he

should have something to eat; but if he be indulged, the vomiting and purging will return, and before the discharges can be arrested collapse will supervene, and the patient in all probability will be lost. The slightest quantity of food taken into the stomach, will frequently bring on a return of both vomiting and purging, even after they have been arrested for twenty-four hours. In the Duane-street Hospital an incident occurred illustrative of this fact. The nurse who had charge of the convalescents in the male department being ill, his place was temporarily supplied by another, who, instead of giving strained rice-water, as had been directed, gave the patients (ten in number) the rice itself to eat, which brought on a return of the vomiting and purging in *every case*, three of whom died in collapse in from eight to ten hours after the food had been given."

"Among the most powerful and successful applications for the purpose of restoring action, and determining the fluids from the internal organs, is the stimulating pediluvium, composed of capsicum and mustard, each four ounces to one gallon of water, at the temperature of from 100 to 110° Fahrenheit. This should be had recourse to as soon as it can be got ready, and the feet should be retained in it until it has produced a decided effect upon the skin, and the patient feels a smarting sensation. If the patient complain of much pain or griping in the bowels, or if there be much sickness of stomach, the application of a sinapism to the abdomen has been found to give great relief. These remedies should be persevered in continually, or repeated at intervals so long as the disease continues, and the use of them be indicated. Indeed, it is sufficient oftentimes to effect a cure in the incipient stage of the disease, for the patient to bathe his feet in the stimulating bath, go to bed, use ice freely, and restrict himself to an absolute diet for a short time.

"It is of the utmost importance to prevent the patient from drinking large quantities of fluids, even of the most bland or mucilaginous nature; for the stomach, being in a state of great irritability or inflammation, is very sensitive to any thing received into it, and large draughts of fluids act mechanically from their bulk, and are immediately ejected; but if they should be retained by the stomach, purgation is always increased by them, which makes them equally objectionable on that account. You at once obviate this difficulty by the administration of ice instead of water, as it absorbs more caloric from the stomach, and is not objectionable on account of its bulk.

Second Stage.—If the patient should not be relieved in the early or incipient stage, and the diarrhœa is suffered to continue, and the serous discharges are of considerable quantity and of long duration, with a manifest tendency to collapse, and the pulse small and greatly increased or diminished in frequency, and the skin assume a colliquative humidity; and if the extremities become cold, and the patient complain of a sense of weight or sinking at the breast, with weakness or feebleness of the voluntary muscles, and roaring or ringing in the ears; or if collapse has taken place; you are to rely principally upon the internal use of ice, and the application of revulsives to the skin, for restoring heat and re-action. The ice must be given alone, unincumbered with any other remedy; for if given in combination with stimulants or cathartics, or irritating drugs, they will produce a pernicious effect, which will not be counterbalanced by the ice, and the hazard of the patient will be increased, and your labor lost.

"I have been thus particular in recommending the use of ice, because I consider it vitally important for restoring the circulation and heat to the surface. At the same time, you should persevere and promote the heat of the body by external applications, such as bags of warm sand applied to different parts of the body, or bottles filled with warm water; the latter are preferable on account of their being more easily and quickly procured; and because of their rounded form, they keep in constant contact with the body. Stimulating pediluvia, as before mentioned, and frictions of rubefacients to the extremities. An ointment composed of camphor, capsicum and lard, which was first used by my friend Dr. S. C. Roe, of this city, in 1832, I consider among the best of this kind of remedies. All alcoholic preparations should be avoided, on account of the loss of heat that is necessarily sustained by their rapid evaporation, which does more injury than counterbalances their stimulating properties. Sinapisms are among the most powerful and successful revulsive remedies; their application to the inside of the calves of the legs, the wrists, the abdomen, and along the spine, have been found very beneficial, and *should never be omitted.*

"When diarrhœa has been excessive, an enema of from half a pint to a pint of iced water, or flax-seed tea, iced, with about fifteen or twenty drops of laudanum, I have found of great advantage in controlling it, and of great use in arresting the inordinate serous discharges, and allaying the pain and spasm of the bowels. Administered in this manner, the opium is less liable to produce injurious consequences than when given by the mouth. I have never ventured to exceed twenty to thirty drops of laudanum; and when, from the great irritability of the intestines, or from the relaxation of the sphincter ani muscle, it has not been retained, a suppository of ice has been used with advantage; it often allays the pain and brings on a contraction of the sphincter muscle, so that the ice-water or cold flax-seed tea injections, are readily retained.

"This plan of treatment, steadily persisted-

in, I have often found to cause re-action, and in a short time I have been enabled to obtain the requisite quantity of blood which the emergency of the case called for, and which, from the feeble condition of the circulation, could not by any means be procured before."

From among a number of cases, we select the following, as peculiarly interesting, as having a direct bearing upon the views of Dr. Ferris :—

"Case No. 141.—*Collapse; Hæmatemesis affording relief. Cure.* James Ricketts, black, ætat thirty-four years, habits intemperate, admitted on the 27th of August, at 8 P. M.; has been vomiting and purging during the day; had diarrhœa for two days previous to being attacked with vomiting; had been treated before coming to the house.

"*Symptoms on admission.*—Vomiting and purging of fluid resembling rice-water, cramps of the extremities, skin cold, hands and feet corrugated, eyes sunken, voice husky, tongue broad and cold, no perceptible pulse at the wrist, breathing difficult, great thirst, urine suppressed.

"*Treatment.*—Stimulating pediluvium; sinapisms to the abdomen, and frictions to the extremities, of camphor and capsicum ointment; ice ad libitum; ice suppository, to be repeated.

"10 *P. M.*—Slight re-action, cramps relieved, pulse feeble and frequent; has thrown at intervals from his stomach from a half-pint to a pint of fluid blood.

"28*th*, 8 *A. M.*—This patient continued to vomit blood at intervals during the night, in all from two to three pints; is very much improved; has not vomited or purged for the last four hours; pulse soft, and a little increased in frequency; skin natural in temperature; tongue slightly red. Allowed rice-water.

"9 *P. M.*—Has passed urine once during the day.

"29*th*, 8 *A. M.*—Reported to have passed a comfortable night; says he feels quite well, with the exception of being weak. Allowed arrow-root.

"30*th*, 8 *A. M.*—Much better, and continued to improve, without a single unpleasant symptom intervening: and was discharged cured on the 2d day of September."

"Case No. 270.—*Collapse; Hæmorrhage from the Bowels. Cure.* W. Purdy, ætat 23 years, a native of New-York, sanguine temperament, habits intemperate, admitted September 9th, at 12 o'clock; had been vomiting and purging at intervals since the night of the 7th, previous to which time he had been laboring under diarrhœa for 24 hours.

"*Symptoms on admission.*—Vomiting and purging of serous fluid; cramps of the extremities, particularly the lower; countenance haggard; eyes sunken, and surrounded with a dark livid circle; lips blue, tongue broad and cold, voice husky, hands and feet cold and corrugated, breathing difficult, urine suppressed, no perceptible pulse at the wrists, great thirst.

"*Treatment.*—Stimulating pediluvium of capsicum and mustard, 110° Fahrenheit; sinapisms to the abdomen; frictions of capsicum and camphor ointment to the extremities and spine, to be repeated; ice ad libitum; ice-water enemas.

"10 *P. M.*—Vomiting allayed, and purges but little; slight re-action; pulse distinct at the wrist, but feeble; tongue red at the edges, and inclined to dryness; skin warm, and complains of pain on pressure over the abdomen. Enema of half-pint of ice-water and 25 drops of laudanum, to be repeated.

"10*th*, 8 *A. M.*—Has slept at intervals during the night; has had two enemas, and retained the last for several hours; tongue red and dry; still complains of pain on pressure over the abdomen; pulse slow and feeble; skin warm, and complains of great thirst. Blister to the abdomen, and allowed rice-water.

"1 *P. M.*—Has used the chamber several different times this morning, and passed from a pint to three half pints of *blood from the bowels;* also passed a small quantity of urine; says he feels much better since passing the blood; pain of the abdomen very much relieved; tongue more moist, and its edges red; has less thirst.

"11*th*, 8 *A. M.*—Has had a good night; has not had any thing pass his bowels since he evacuated the blood yesterday morning; urine secreted more freely; blister has vesicated; pulse soft and pleasant; skin natural; tongue moist, and more natural as to color.

"12*th*, 8 *A.M.*—Continues better; and improved rapidly until the 14th, when he was discharged cured.

"Remarks.—It will be observed, that in the above, as well as in the case of James Rickett, mentioned at page 55, after the free evacuation of blood from the stomach and bowels, the relief afforded was great, and the convalescence rapid."

We have thus briefly noticed a work, which we conceive to be a valuable addition to the cause of science; and we should not do justice if we were to pass over in silence the plates, from beautiful drawings by Dr. Westmacott, of this city. The publishers also deserve great credit for the beautiful manner in which it is got up; and we can cheerfully recommend it to the notice of our professional brethren.

ANALYSIS OF MEDICAL JOURNALS.

ART 1—*Journal des Connaissances Medicales*, Nos. VIII, IX & X.—*Paris*, 1835.

A DISSERTATION ON THE INSUFFICIENCY OF THE DIAGNOSTIC MEANS EMPLOYED IN DISEASES OF THE EAR,—*by Dr. Deleau the younger.*—He establishes by a detail of several cases, in which the most contradictory opinions were given by physicians of the highest eminence, the truth of the above position. He proposes to explore the ear by means of a gum elastic sound, introduced into the Eustachian tube, and he avers, that by means of the sounds which are heard on the withdrawing of the tube, and the sense of touch which the instrument permits, much important information may be obtained.

2. CURE OF CONSTITUTIONAL SYPHILIS IN FOUR PERSONS, BY THE USE OF THE HYDROCHLORATE OF GOLD IN MANY FORMS. *By J. Clarion, Physician, of Lyons.*—Mr. N. G. aged 27 years, married eighteen months since a young lady 19 years of age, of a good family and possessing perfect health. She was delivered in the month of March, 1833, of a daughter, whose body was covered with an eruption which disappeared in a few days; the infant was put to nurse to a healthy and robust woman. In about two months she began to fail; the following symptoms were manifested, redness and heat in the mouth, with small ulcerations of a greyish color on the tonsils and tongue. A physician was called who declared they were apthae, but notwithstanding the use of medicines employed in such cases, the disease progressed; the nipples of the nurse were surrounded with small ulcerations and fissures.

The father apprised of the situation of the nurse and child, came to consult me and acknowledged that he had had in 1829 a large and painful chancre on the prepuce, which was treated by cauterisation with lunar caustic, by lint soaked in solution of acetate of lead, and by diluting drinks; he believed himself perfectly healed, and had never suffered any anxiety in regard to the disease; however, about a month since, observing his young wife to complain of difficulty of urinating attended with itchings in the vagina and the discharge of a greenish matter, he remembered his chancre, and remarked that for a considerable period he had found some pain in swallowing his food. In reality, on examining his throat, I saw on the right side between the tonsil and the uvula a considerable chancre; having told him that the ulcer of the throat was of a venereal character, he desired me to indicate what course he should pursue in his own case, and also in that of his wife, child, and nurse. In the lady, I found the vagina discharging a whitish matter in some abundance which left a greenish stain on her linen; there was a sense of continual heat and of insupportable smarting especially on the emission of urine; the borders of the vulva were sprinkled with many small chancres of a venereal charter. These circumstances led to the well-founded supposition that the nurse and child were also affected with syphilis. In consequence I urged the parents to bring them both immediately to Lyons.

I prescribed to the nurse, the use of a solution of a grain of hydro-chlorate of gold, and of soda, and a grain of extract of opium, in an ounce of distilled lettuce water, beginning with the dose of a tea spoonful morning and evening, with a tisane of barley to be continued for forty-five days. The breasts and nipples which were ulcerated, were poulticed twice a day with a mixture composed of one ounce of spermaceti to two grains of muriate of gold by which means the chancres were soon dissipated. The mother underwent the same treatment for three months, taking the medicine in a solution of syrup of Gum Arabic and in the day-time a tisane of Sarsaparilla. These were practised on the father during ninety days, seventy frictions of the skin in the same manner as the frictions with mercurial ointment are accustomed to be performed. A drachm of the following ointment was used at each time.

Spermaceti—1 ounce.
Hydro-chlorate of gold and sodium—14 grains.
Extract of opium—6 grains.

A warm bath every other day and a sudorific tisane were also prescribed. The healing was complete.

The treatment which the little girl underwent is, I believe, new. A she-goat was procured as a nurse; the nurse having positively refused to act any longer in that capacity. The nourishment which was given to the goat three times a day was each time sprinkled with a tea-spoonfull of a solution composed of an ounce and a half of distilled water and half a grain of hydro-chlorate of gold and of sodium—at the end of eight days it was increased to a grain. During the first ten days the goats-milk was given to the child by spoonfulls, but it was ultimately taught to suck the milk, which was soon endured by the fond animal. The chancres of the Infant were frequently touched during the first days with a decoction of barley edulcorated with honey and mingled with some drops of laudanum—afterwards with the mercurial milk of Plunck. The little crests on the chancres were carefully excised and then the chancres were cauterized

with lunar caustic. These means perseveringly pursued during four months effected a complete cure.

All the individuals above mentioned are now in complete health.

3. Case of General Paralysis: General and special considerations on this subject: *ramollissement* of the cerebral convolutions: eschar of the sacrum: Opisthotonos: Meningitis of the spine and base of the skull.—Rosali R*** aged 28 years, a seamstress by occupation, was admitted to the hospital de la Saltpetrière, Sept. 27th, 1833.

Sept. 27—She possesses a delicate constitution, and has not menstruated during four years. Her family have not been subject to mental alienation; she has experienced the alternation of contentment and wretchedness. She presents herself to our examination with much disturbance of the general sensibility, when she is pinched she experiences only a slightly painful sensation, which she expresses in a quick trembling voice. In a state of repose her pale countenance bears the impress of stupidity, and her limbs are calm; but when she moves, a general trembling manifests itself, and her legs will scarcely sustain her; her walk perfectly resembles the irregular locomotive movements of a woman in advanced life. The limping which is added to the muscular feebleness arises from the pain of an ulcer seated in the right foot. The thoracic members seem to carry the nourishment which is given her unwillingly to the mouth; they are subject to an extreme agitation. In the midst of this array of symptoms the understanding is not affected; the few words which the patient articulates with difficulty are rational. No derangement is observed in the digestive, respiratory, urinary or circulatory functions, (the revulsive method is adopted as the basis of the treatment—blister to the back of the neck—tisane of succory—warm bath, &c.)

October 3—The patient is in bed; somnolent; during last 24 hours has not urinated; constipation; insensibility varying according to different agents though the experiments are made in the course of the nervous filaments; trembling voice; articulation of words more difficult; she refuses to drink, but her obstinacy is finally vanquished. An ovoid tumour projects in the hypogastric region, not painful even by considerable pressure; it appears to be formed by the accumulation of urine in the bladder. A catheter is introduced and a clear fluid runs out, not entirely diaphanous but colored by a slight shade of floculent mucus. As the urine flows out the tumor decreases until it entirely disappears. The blister furnishes a whitish healthy abundunt pus. (Emollient injections. Laxative tisane.)

4th. No trace of urinary retention; the patient rises and always walks with trembling but without limping. The ulcer discharges much fetid and ichorous matter. This ulceration of the size of a five-franc piece, is seated on the upper part of the foot; its color is livid; fungous and bleeding granulations appear in the form of small buttons, among which sanio-purlent humor is diffused.

8th. She is transported to the infirmary to be treated for her ulcer. Her intellectual faculties are impaired; symptoms of monomania appear having for an object the desire of greatness.

9th. Countenance pale and melancholy; words short, rare and difficult; the general insensibility of the skin increases to such a degree that the patient no longer feels any pain when pinched or pricked; the superciliary muscles strongly contracted in our presence; when the members are separated they approach each other by a motion, which is but partially under the direction of the will. In the evening, extreme agitation of the lower extremities.

10th. Dyspnœa; irregular pulse; agitation of the lower extremities slightly intermittent; decubitus on the back; violent delirium at night, her screams and cries contrast strongly with the calmness of mind and difficulty of speech during our visit; the alvine and urinary excretions are involuntary; anosmia; illusions rather than hallucinations; *her bed of straw, is a bed of feathers; her fingers are relations who serve her;* false perceptions of intelligence, which according to M. Esquirol, denote an alteration in the substance of the brain.

Diagnosis.—Chronic inflammation of the cortical layer of the cerebral convolutions. Until the 19th, profound melancholy; partial aphony; trembling, unintelligible pronunciation; extreme indifference for life—severe reprimands and threats of administering nutritive injections having been required to induce her to take nourishment. Spasmodic affection of the throat, somewhat impairing deglutition; pulse 119, and irregular; the patient voids her fœces involuntarily, but the excremental matters are homogeneous and healthy in appearance; the lower extremities can scarcely sustain the weight of the body; the patient throws out her arms continually and disperses her covering; moist skin—subsultus tendinum—coma.

20th. The ulcerated surface is healed; skin cold; pulse 110; comatose condition. To this state succeeds, the next evening, violent agitation, with stiffening of the limbs at short intervals. The lower extremities being raised, replace themselves with force on the bed; the skin of the sacrum is red, inflamed, strongly excoriated by the continual frictions and the insensibility which permits the weight of the body to repose continually on that region. (Laxative tisanes; baths, &c.

22d. Aphony complete. Eyelids closed; if they are opened, the globe of the eye is fixed, motionless, and the pupils strongly dilated. She understands no longer what is said to her; incomplete dysphagia; the agitation of the preceding days was occasioned by two convulsive motions of extreme violence. A tetanic rigidity alternates with the convulsions; the jaws are strongly approximated—in short, it is a true trismus; it is incomplete, however, for at times the jaws open themselves with violence and then close so forcibly as to produce a gnashing of the teeth; the tongue would infallibly be cut if it were not retracted towards the roof of the mouth. In the evening, the pulse full and remarkably accelerated; the head is drawn back upon the neck, as if by its own weight; the arms are extended and

rigid; all the limbs have a tetanic rigidity. (Opisthotonos.)

23d. Persistance of convulsions, which alternate with the tetanic spasms; constipation; incontinence of urine; subsultus tendinum; pulse 110. The denudation of the sacrum has resulted in a vast ulcer, whose bottom exhibits the sacrum and coxygis entirely bare.

25th. The eyelids being separated, a remarkable oscillation of the pupils may be observed; grinding of the teeth; persistance of the tetanic rigidity of the members, enduring from two to three hours; convulsions less frequent; complete insensibility.

26th. The trismus re-appears; the head is so strongly drawn back upon the neck that it is impossible to straighten it. The tetanus is so considerable that the body is raised entire when it is moved. The respiration is feeble, anxious, but without stertor; eyelids open; pupils contracted; constipation; grinding of the teeth.—(Laxative injections—revulsives.)

28th. Contraction of the muscles of the lower jaw less strong; the patient can drink the laxative tisanes. The contractions of the muscles of the spine are permanent—convulsions.

29th. Convulsions, more and more rare; they come on in the evening under the form of spasms. Tetanic contraction of the limbs, with retraction of the hand; retention of urine.

30th. The limbs can be extended only by strong efforts; the patient remains insensible; death takes place in the midst of an obstinate tetanic contraction.

We omit the pathologieal anatomy of this case as the subsequent reflections refer to all the important derangements which were observed.

In this numerous array of symptoms, we remark—1st, The general paralysis indicates a chronic inflammation of the cerebral circumvolutions. 2d. The Opisthotonos reveals an alteration of the spinal membranes.

The monomania which came on at so advanced a period of the general paralysis, is a very uncommon circumstance in the experience of physicians conversant with diseases of the mind. M Esquirol has but seldom observed, the vigor of the intellect preserved for any length of time in persons attacked with this incurable disease.

The perfect integrity of the great functional organs in the midst of so profound a lesion of the locomotive system induces me to seek the cause of this wonderful effect.

The assimilatory, circulatory, and urinary functions, are placed immediately under the influence of the trisplanchnic nerves, which preside over their action, and put them in play; whilst the spino-cerebral system acts only an accessory part in the production of these high phenomena of individual existence—we may conceive *a priori* that nature ought not to place the life of organized beings under the sole control of their will. Continual proofs are afforded of this incontrolable truth. Do we not perceive the acephalous fœtuses without cerebro-spinal nerves, wanting also the spinal marrow, and the encephalon—while there is not a single well-verified observation of the absence of the trisplanchnic. This nerve of animal vegetation enjoys then a power capable of entertaining alone the actions of vitality. From these researches it results that in the general paralysis of maniacs, we can perfectly understand the integrity of the great functional organs, when we see that they are not placed in immediate dependance on the brain, or organ of intelligence, which alone is deranged and altered.

What then, is the cause, which produces the slow and gradual paralysis of the locomotive apparatus? Analogy, often an unfaithful interpreter, has led to the opinion that in cerebral phlegmasiœ, the mechanical compression of the pus produced effects analogous to the sudden instantaneous effusions in encephalic hemorrhage. M. Lallemand has demonstrated on the contrary, that a remission of the symptoms is manifested at this period, and that the paralysis must be attributed to the encephalitis. Such is also the opinion of M. Calmeil, who announces that the general paralysis of maniacs appears to depend on a chronic inflammation of the circumference of the brain. If this opinion is supported by a multitude of facts—there are others so apparently contradictory as to merit the attention of physicians.

A maniac is attacked with general paralysis, and the texture of the brain remains in the normal state. The fact which M. Calmeil has preserved in his observations, and which pathological anatomy frequently demonstrates in lunatic asylums, destroys all the suppositions formed on the series of phenomena observed during life. Yet we must not forget that the mental affection, often the result of a cerebral hyperstimulation, draws after it a considerable afflux of liquids. Thence (according to a distinguished physician, M. Ollivier,) those sanguine congestions—ephemeral anatomico-pathological symptoms—which sometimes produce paralysis of feeling and motion.—Likewise M. Calmiel says in his 11th observation, "the cerebro-spinal system is health except some discoloration,"—What becomes then, of the idea of a cerebral congestion,—Ought we not to seek elsewhere, than in the meninges and encephalon for the cause of the general paralysis of maniacs? M. Portal speaks of many phlegmasiœ at the end of which convulsive and paralytic affections have manifested themselves. M. Esquirol found a very strong injection of the spinal meninges in a paralytic child, but the spinal marrow was also softened in one point. Could the spinal plethora be a cause of muscular rigidity. Morgagni observed, some simple convulsions and a state of coma follow a very remarkable vascular congestion at the origin of the nerves of the spinal marrow. A considerable serous effusion operates only in an accessory manner, to produce general paralysis. This serous exhalation, a symptom of phlegmasia, acts less by itself, in virtue of a mechanical pressure, than by the inflammation which occasions it. Besides, this compression acts uniformly, and would never lead to the gradual paralysis of the tongue; the upper and lower extremities. Must we, lastly, invoke the specious argument of nervous paralyses.

In fine, the presence of pus on the encephalon, (M. Boyer;) consecutive chronic hydrocephalus, (M. Bayle.) Above all, encephalitis, cerebral congestion, perhaps spinal plethora, could each give rise to the general paralysis.

The etiology of the meningitis of the spine and base of the encephalon, ought above all to fix our attention. Could the eschar at the sacrum have produced the rapid developement of tetanic and convulsive symptoms, whether by the extension of the inflammatory process of the denudution of the sacrum, which might have transmitted the phlegmasiae by means of the sub-cutaneous cellular tissue, to that which penetrates the spinal column through the foramina of the sacrum, or that a neuralgia may have resulted from the prolonged contact of the lumbar and sacral nerves in the midst of the putrid ichorous matters. M. Ollivier reports many caees of convulsive movements in the lower extremities, resulting from eschars of the sacrum, but he has never seen the formidable symptoms of Opisthotonos from that cause.

The chronic inflammation of the periphery of the brain, is not the true cause of cranial meningitis; it is from below upwards and by continuity of tissue that the inflammatory phenomena were transmitted. Indeed, the convulsive motions of the lower extremities existed before the retraction of the head upon the neck—pathognomonic symptom of meningitis of the base of the cranium, which when it exists originally does not impair the natural rectitude and suppleness of the trunk and extremities. The contact of the meninges from the loss of cerebral cohesion, has not perhaps been without influence—witness the violent delirium experienced on the 10th November—Then a kind of metastisis or inflammatory oscillation seems to have abandoned the circumvolutions of the brain, in order to fix upon the meninges, and thus involve the apparatus of sensibility.

From the putrid ulcer at the sacrum, an irritating cause continually radiated toward the meninges, which caused the super-acute meningitis to secrete in a few days, false membranes instead of the cerebro-spinal liquid, and in the cavity of the spinal arachnoid membrane. M. Ollivier regards as almost fabulous, the presence of pus and membraniform concretions in the arachnoidal cavity of the spine. Nothing is more common than pseudo-membranes at the base of the brain. Theodore Collado has also found in phrenitis, the arachnoid inflamed, *mininx pumlenta*, and he adds that the summits of the cerebral circumvolutions near the phlegmasia were *partim ex rubro nigricans partim pumlenta.* Banlim likewise uses the same expressions.

Once established, the spinal meningitis marked its progress by dyspnea, dysphagia, and above all by the most violent convulsive and tetanic motions. The typhoid condition, the trismus, the retraction of the head, characteristic symptoms of meningitis of the base of the encephelon (Parent and Martinet) are symptoms which the followers of Gall would explain thus; the portion of the brain (it is the cerebellum which regulates the motions according to M. Flourens) destined to govern muscular motion has been deranged. There was no delirium, because the meninges of the convex surface of the hemispheres were not inflamed. It is known by experimental physiology that the radiating pediculated layer of the cerebral hemispheres is the seat of intelligence.

ANALECTA.

1. The late distinguished Dupuytren.—The commencement of the ill health of the late celebrated M. Guillaume Dupuytren, was a slight apoplectic seizure. On his recovery from this malady, he was attacked with a pleurisy, which, owing to the attention being diverted by the cerebral disease, was at first misunderstood. (!) He died of effusion into the thorax, at half past 3 o'clock, on the morning of the 8th February, preserving the full possession of his intellectual faculties to the last; nor did he cease to be consulted until the latest period.

The brain was of remarkable size. After having been partially dried, during the process of moulding it in plaster, it weighed 2 lbs. 14 ounces. Traces of the old apoplectic effusion were found in its right lobe. The right cavity of the chest contained a good deal of fluid. The heart, being very voluminous, weighed 20 ounces; its ordinary weight being about 12. The kidneys were in a state of softening, and contained some gravel. No traces of a gastro-duodenitis could be discovered, which two of his physicians (Broussais and Cruveilheir) thought existed during life. He had only reached his 57th year. His funeral car was drawn by enthusiastic students to the place of his sepulture; and amid the lamentations of thousands, of all ranks and professions, who early crowded to witness the interment, the body of the first surgeon of the age was committed to the grave, in the beautiful cemetery of Père La Chaise.

The tears of nature fell, to add to the general gloom: and it is the best test of his professional superiority, that great as is the galaxy of talent in the capital of France, M. Dupuytren leaves *no equal.* The "bright particular star" of the French medical horizon has set for ever; the great magnet of attraction to the student of every land is for ever

withdrawn. The busy hand, the ready eye, the learned tongue, are at rest. Dupuytren, once so familiar to us all, must be known henceforth only by tradition. We have all benefited by his lessons; let us all venerate his memory, and grieve, as lovers of humanity, for his departure. Rest, illustrious spirit! and may the time which has been spent in the hourly contemplation of the sufferings of frail humanity, be exchanged for an eternity in which nought shall meet thine ear but the voice of the rejoicings of the perfect and incorruptible! Gaz. Med. 1835.

2. Asparagus syrup.—The following is M. Johnson's formula for the preparation of his famous Asparagus Syrup, commended as a sedative by Broussais, Treille, Andral, Fouqnier, &c. and much in vogue in Parisian practice:

Asparagus, 8 lbs.; cut them, pound them, and express the juice: evaporate this to the consistence of a syrup: allow the asparagus to crystallize; decant, and re-evaporate the liquid to the consistence of any extract: take the parenchyma of the asparagus heads; macerate it for some days in half its weight of alcohol at 22 degrees; express it, and use the liquor to remove all the soluble part of the extract: this done, distil it to remove the alcohol: use it then to dissolve the asparagus, and make the syrup. The pulse of one patient fell in 24 hours from 72 to 66, and he went out well of serious palpitation of the heart in a month; a patient of Andral's. In œdema, with cardiac affection, its sedative, combined with its diuretic action, is very happy; more so, in some cases, than that of digitalis. Ib.

3. Chloride of Soda and Lime.—Dr. Dor, who has used the chlorides of soda and lime very frequently, in typhoid fevers, at the Hotel Dieu, of Marseilles, asserts, that at an advanced period of the disease, they have an indisputably happy action, which in every case shows itself within 24 hours. But if given on the first appearance of the symptoms, the fever is not all arrested in its progress. Carefully given, they always, or almost always, modify the aspect of the symptoms; to such a point has his observation confirmed this view, that he looks upon the chloride of soda as almost a specific. It is only to be given for two days consecutively; diluents are then to supersede it; and after an interval of 48 hours it may be resumed. Ib.

4. Sheet lead as a dressing for ulcers.—Reveille Pariset has used sheet lead as a dressing for wounds and ulcers, when the healing process has commenced, and with success. According to him, its advantages are, the cheapness of the material, the simplicity, cleanliness and convenience of the dressing, and the absence of all pain, inconvenient itching and erysipelatous redness, as there is no adhesion of sticking plaster or charpie to the edge of the wound.—(*Bulletin Gen. de Therapeutique.*)

5. Antidote for arsenic.—The experiments of Bunzen on the effects of the hydrated oxide of iron as an antidote to arsenic, naturally excited a great degree of attention. They have been confirmed by the experiments of Lesueur; and Orfila, in announcing to the French Academy the results obtained by the former chemist, stated his belief in the importance of the discovery. Dr. Miguel and Souberian have also experimented extensively with these substances, and their conclusions are: 1. That the hydrated oxide of iron is an excellent antidote for arsenic. 2. That the hydrated oxide of iron should be used in excess, in respect to the arsenic. 3. That arsenious acid, in solution, is instantly neutralized and precipitated by the oxide of iron. 4. That the hydrated oxide of iron does not prevent death when the arsenic has been for some time in the stomach; but that it is always best to administer this antidote, as it may arrest the symptoms. Ib.

6. Carbonic acid gas in dysmenorrhœa.—Professor Mofin at Genoa, has employed for many years, fumigations of carbonic acid gas to relieve the pain of menstruation, and also in cases of amenorrhœa, to produce the menstrual discharge. He considers this gas as a powerful depressant or antiphlogistic. The mode of applying the remedy is, to take a bottle of Wolfe's apparatus, containing some pulverized carbonate of lime: to one mouth is adapted a funnel, through which diluted sulphuric acid drops gradually on the marble: to the other mouth a gum-elastic tube is fitted, which, when the carbonic acid gas begins to be liberated, is introduced into the vagina. These fumigations are generally used twice a day. He has employed this remedy for many years, and derived more benefit from it than from any other course of practice. Ib.

7. False teats made of cork.—False teats made of cork are now much preferred to the prepared cow's teats, formerly used in Paris, which soon become fetid, and are apt to cause apthæ. M. Velpeau has made a very favorable report upon them to the Academy of Medicine. Some of our apothecaries should import them into this city. Gaz. Med.

8. Osteo-sarcoma removed.—M. Lisfranc has removed from the lower jaw an enormous osteo-sarcoma, with success. The anterior part and right side of the pharynx were dissected off from the tumor, for an extent of at least three inches. Half of the bone was disarticulated in this formidable operation. Ib.

MEDICAL INTELLIGENCE.

Although we entertain the highest respect for the young gentlemen acting as a Committee on behalf of the Medical Class in the University of Pennsylvania, 1834–5, yet we do not consider their reply an appropriate one to any of the strictures in the review of Dr. Coxe's Appeal, as published in this Journal; no evidence being produced to controvert a single point advanced in the review, except from what may be considered a party to the affair. Notwithstanding, we publish the reply, (accompanied with such notes and observations that we deem necessary); and we believe better evidence than the reply itself will not be required to prove, that if *mob law* did not exist, that *riot*, disorder, rudeness and confusion did; and that both trustees and professors submitted to the proceedings of the students.

1. Reply to a part of the Review of Coxe's Appeal.—In the U. S. Medical and Surgical Journal for July, 1835, there appeared a critical notice of the "Appeal" made by ex-professor Coxe, in which the following language is indulged:

"It may be proper to state thus early, that John Redman Coxe, M. D., was elected professor in 1809; was forcibly *expelled* from his chair by the *students*, on the 14th day of January, 1835, under the sanction of that law commonly called *mob law*, and that the *legality* of this expulsion was *recognized* by a majority of the trustees, on the third day of February, and by *all* the professors."

In accordance with the prospectus of this Journal, which declares "that its pages will be open to appropriate replies," the undersigned, a standing committee of the medical class of the University of Pennsylvania appointed on the 25th of February last, for the express purpose of meeting all charges which involved the honor of their constituents, are induced to make the following reply.

It has been noticed with regret, that a disposition exists, not only with the ex-professor, but with numerous members of the medical profession, especially those attached to rival institutions or opposed to the prosperity of the University through private motives, to exaggerate and distort the actions of the medical class of 1834 and 1835. Whatever may be the feelings of associations or individuals in regard to the present Faculty, or however wantonly these gentlemen may be assailed through the public journals, it is not the province of this committee to become their champions. There is a dignity in true greatness, and an invulnerableness in genius, which rise above, and effectually resist the shafts of envy, however embittered by malice or impelled by ambition: such strength solicits no defence. But when a body of young men, unknown as individuals, and looking forward to the still distant objects of distinction and fame, fall under the animadversions of the press, or of the profession to which they aspire, they have no laurels to point to as claimants for respect, and no established character to vouch for the purity of their motives. They are compelled to accept the alternative of submitting in silence to unfounded calumny, or boldly demanding a hearing from their accusers, and justice from the public. To adopt the former course would betray a culpable insensibility in our constituents: they have as a class a reputation to support, and as individuals a conscience to satisfy: their good name is a priceless treasure, and to be vindicated at all hazards.(1)

The students of the University of Pennsylvania have been assailed (2) by a writer in a public journal with the charge of *expelling a professor from his chair by mob law:* with assuming to themselves the direction of an institution whose laws they were bound to obey, and *forcing* its rulers to succumb to their will and *recognise the legality* of their proceedings! *A priori*, could any one have imagined that a medical class, nearly all of whom have attained their majority, and who therefore may be supposed to form some estimate of the value of knowledge, should have *causelessly* refused attention to the lectures of one of their instructors, and have been ardent and persevering in bringing about his

(1) Should the Committee for a moment suppose that the conductors of this Journal are "attached to rival institutions," or have the least wish or intention to "distort the actions of the medical class of 1834–5," or any other class, we assure them they are greatly mistaken. We also assure them that the just and equal rights of the students, also that of the medical profession generally, will be "vindicated" in this Journal, and abuses exposed, no matter from what quarter they may emanate, "at all hazards."

(2) "What nonsense!"

removal? Or can it for a moment be supposed, that a body of men so distinguished for talent, virtue and wisdom as the board of trustees of the University of Pennsylvania, should have been swayed rather by the importunities of the clamorous than by the unwavering demands of justice? (3) Not by possibility: thus reason dictates, and history confirms its decision: since there is not one fact in the whole series of events ending with the removal of Dr. Coxe, which shows the class, as such, to have been guided by "*mob law.*" For what is a "mob," but an assemblage of turbulent persons setting aside the law by interfereuce with its legitimate course? (4) To assert that the class we have the honor of representing ever assumed such an attitude, evinces a gross ignorance of facts, or a determination to misrepresent them. The students have done no more than exercise an undeniable right by stating their grievances frankly, leaving to those who had the power to redress them, an impartial inquiry into the foundation of their complaints. If this be creating a *mob*, it is such an one as the constitution of the United States recognises as a sacred privilege; such an one as every day is held to inquire into the fidelity of executive officers, and petition government for relief.

But was there no *cause* in the present instance to produce these primary meetings? Twenty-five years of dissatisfaction had filled up the measure of forbearance; class after class had left the institution in weariness of the lectures on materia medica. Drs. Rush, Physick and James, not to cite the more recent colleagues of Dr. Coxe, had expressed a most humiliating opinion of his competency: (5) with every year, new developments in theoretical and practical science gave force and animation to every other department; but still the lectures on materia medica moved sluggishly in their ancient path: while the mind of the student, eager for the reception of knowledge, enjoyed a banquet elsewhere, it found in the reiterated instructions of the ex-professor nothing but the fragments of time-worn dogmas, uninteresting except to the curious, and almost destitute of practical utility. Who that has attended the Univer-

(3) We are aware the Committee have other objects in view than simply to defend the class against *mob law.* It seems that they are also defenders of the "Board of Trustees." Well, perhaps this is all right. To use a common expression, "One good turn deserves another." We do not doubt but that some of the trustees in the University of Pennsylvania are endowed with "talent, virtue and wisdom;" but that as "a body of men," (had we no other evidence) we believe the following will be sufficient to show that a majority of them are not always guided by the principles of equal "justice," rights, privileges &c. of their fellow men:—

Dr. Coxe to the Trustees.

"It is my duty to request your notice of an occurrence which has caused me individually great distress, and which is of undoubted interest to a department of the institution, with the guardianship of which you are entrusted.

"On Thursday last I attended at the lecture rooms at the usual hour, for the purpose of performing the duty of my chair. In the attempt to perform that duty, I was interrupted by a portion of the class, and in the most rude and insulting manner prevented from completing my lecture. After thus immaturely finishing it, I retired to my private room, and there remained for some time, with the hope that a sense of decorum would visit the young gentlemen, who had so far forgotten what was due to themselves and to me; but I regret to state, that a most boisterous and riotous scene ensued; and that after the lapse of an hour, I left the hall in the company of another professor, amidst the grossest disorder, and manifestations of intention to offer me personal insult and violence."

"In making this communication to the Board, I perform a painful but necessary duty. It will rest with the trustees to adopt such measures as they think proper for the restoration of order, and the repression of a spirit of insubordination, which threatens the total prostration of the government of the institution."

After the above had been received by the trustees, a resolution was brought forward at the Board, "that Dr. Coxe be requested to resume his lectures, and that the secretary of the Board be authorised to employ the civil authority to insure order in the class." This resolution "was negatived," by which "the authority of the board may be considered as directly yielded to the students," as Dr. Coxe was removed without "a hearing and trial," which he had frequently demanded, and which "the constitution of the United States recognizes as a sacred privilege." Oh, what righteous judges were these trustees!

(4) It will shortly be seen that the Committee acknowledge "the law" was set aside, by Dr. Coxe being prevented in his lawful course.

* Coxe's Appeal.

(5) We regret that the Committee should have been led astray in relation to the sentiments of Drs. Rush, Physick and James. The illustrious Rush was the preceptor of Dr. Coxe, and he was one of his most favorite pupils. That Dr. Rush ever used language in relation to Dr. Coxe as stated by the Committee, we do not believe; but this charge must be proved by good authority, or the Committee will be considered calumniators of the lamented Rush. Dr. Rush had been dead several years when Dr. Coxe was appointed to fill the chair of materia medica in the University of Pennsylvania. Comment on this is unnecessary. And as to Dr. Rush's "opinion of Dr. Coxe's competency for the chemical chair and chemistry generally," it was highly complimentary; and we must say Dr. Dewees in at least *once* held similar opinions as Dr. Rush in relation to Dr. Coxe. We might also give the name of a distinguished professor in Philadelphia who has expressed opinions in favor of Dr. Coxe as a lecturer on materia medica; but we will withhold it for the present. Now for Drs. Physick and James, "here the facts" of the Committee "fail," as will be seen by extracts from a correspondence between Dr. Coxe and Dr. Physick, and a conversation had with Dr. James, in the presence of Dr. Joseph Parrish.

Dr. Coxe to Dr. Physick.

"Had it not been publicly announced in a late pamphlet from the medical students, by a committee from the class, that 'the colleagues of the ex-professor, three years since, including at the time Dr. Physick and Dr. James, the cotemporaries of Rush and Wistar, solemnly and unanimously declared, in answer to an interrogatory addressed to them by the trustees, that *they held him incompetent to his office.*'"

Dr. Physick's Reply.

"In reply to this question, I may assure you that as far as I can recollect, I never used the *terms* ascribed to me in the above quotation respecting your qualifications."

Dr. James being too feeble to write, requested Dr. Parrish to be present at a conversation to be held with Dr. Coxe, from which the following are extracts:

"When his opinion was requested on the subject of Dr. Coxe's lectures, he declined giving any opinion *of his own* to the committee; he stated that he had never heard Dr. Coxe lecture but once.

"I understood Dr. James further to declare, that *he had never stated* that Dr. Coxe was an incompetent lecturer; but that he believed he was *entirely competent* to lecture on materia medica and pharmacy.

"Dr. James further said, that at the meetings of the medical faculty, he had carefully avoided taking any step whereby he would become personally committed, further than by being present, and submitting to the will of the majority."—*Coxe's Appeal.*

sity within the last twenty-five years, will assert that the lectures of Dr. Coxe were ever listened to with respect and attention? On the contrary, they have been either the popular topic of the students' mirth, or the unfailing theme of their dissatisfaction;—not once or covertly, but constantly and without concealment. "*Mob law*" is not then of so recent an origin as the reviewer of the "Appeal" endeavors to show: it was synchronous with the election of Dr. Coxe to the chair of chemistry, and ended only with his removal from that of materia medica; in spite of which the University has stood flourishing and respected; but still more strangely, has survived and prospered in spite of the *cause* of this "*mob law*." (6)

But the *mob*, it seems, succeeded in gaining an ascendancy only during the last winter, and in then *expelling* Dr. Coxe from his chair. Let us, by reference to indubitable facts, compute the amount of violence expended in accomplishing the professor's removal. Early in December, 1834, the class, indignant at the loss of five weeks of their course, (as far as the lecturer on materia medica was concerned,) in the most tedious and irrelevant discussions on the vitality of the blood and kindred topics, assembled, to confer upon the existing state of affairs. There was a universal sentiment of discontent and an earnest desire that something might be done to cure the evil that had so long oppressed the energies of the institution and tantalized the hopes of the class. These feelings were expressed, and their origin developed by several gentlemen, not ignorant, first-course students, as has been alleged, and which would have involved a "monstrous absurdity," indeed, but by some who were already far advanced in their studies, and by others who had listened with enthusiasm to the elegant lectures of Dr. Jackson on materia medica and therapeutics during the summer course of the Philadelphia Medical Institute. The consequence was, not a petition to the trustees, nor an appeal to Dr. Coxe, nor an empty and nerveless complaint: the trustees had three years before been petitioned for the same end; Dr. Coxe had more than once been appealed to, and complaint was perpetual. The students believed that as the supporters of the University, they had some claims to regard; and paying liberally for instruction, they saw no justice in an exaction for which none could pretend that they received an equivalent.

Resolutions were therefore adopted, which asserted only the *opinion* of the class in regard to the competency of the professor, but announced their determination no longer to attend his lectures. So careful was the class to avoid "even the appearance of dictation," that they did not make a direct appeal to the trustees, but gave the board knowledge of an action occurring within their own body, in order that all measures might be adopted without the least embarrassment from external causes. From the adoption of these resolutions, about one eighth only of the whole class continued to attend the lectures of Dr. Coxe, while the remainder peaceably assembled, at the expiration of his hour, to attend the lecture on surgery. Affairs remained in this posture until the 6th of January, 1835, when the board of trustees declared it "*expedient that the chair of materia medica be vacated.*" A strong hope was indulged that this note would for ever put to rest the subject of anxiety, since it declared in unequivocal terms the determination of the trustees; while, with noble delicacy, it allowed Dr. Coxe an opportunity to withdraw, and shield his feelings from otherwise inevitable mortification. But with a tenacious attachment to the fulfilment of duties he had so long performed, the professor shrunk not from the continuance of his task, at the same time pledging himself to abide by the will of the board as soon as it should be made known. It may readily be conceived that not a few were astonished and indignant at what they were pleased to consider insensibility; nevertheless, during a whole week subsequent to the meeting of the board on the 6th instant, nothing occurred to mar the general harmony of the institution. Had a disposition for riot and insubordination existed, then would have been the appropriate period for its exhibition: the desired object was in fair prospect, the decision of the trustees clearly admitted that the students entertained reasonable grounds of discontent, and it was not for human nature to repress all emotions of joy on so felicitous an occurrence. Yet self-respect and a regard for good order prevented a demonstration of such impulses, however urgent; and the class, with renovated spirits, pursued its accustomed routine of duty, relying upon the definitive action of the board at its meeting to be held on the ensuing 13th instant, and not less on the pledge which Dr. Coxe had himself given, to discontinue his lectures after that event.

In the former, they were not disappointed: a resolution was sanctioned by the board, to the following effect: "*that the present incumbent of the chair of materia medica be removed;*" this step being preliminary to the actual removal, which could only be made at

(6) Report says there are from seven to eight hundred medical students now attending lectures in Philadelphia; upwards of 400 at the old, and upwards of 300 at the new school. If such be the case, we are inclined to believe the managers of the old school have been taking a *lesson* from those of the new school, in getting a class, by presenting tickets, &c. Be that as it may, we shall not believe the report till we see a printed list of the students of each school, with their names, where from, and the names of their preceptors, and the length of time they have been studying medicine. We believe the charter of both schools requires a student to have studied two years with some respectable physician, before he can matriculate. *Quere*—If lists were furnished, as mentioned, would students be one half the number reported? Would it not be well for trustees to see into this department of their charge?

a *stated* meeting. The next stated meeting could not be holden until the 3d of February, to which time the *form* of actual removal was necessarily deferred. (7) But the vote of the 13th of January was to all intents and purposes final, since it distinctly indicated the inflexible resolution of the board: it was next to morally impossible that they should retrace their steps. In consequence of this fact, as well as the personal declaration of Dr. Coxe, very few, if any, anticipated the continuance of his course; and all, with a very trifling exception, were content to await the final action of the trustees. The surprise of the class may then be imagined more easily than described, when, assembling during the latter half of Dr. Coxe's usual hour, to attend the surgical lecture, they found that gentleman still faithfully at his post, and a numerous company in attendance besides his customary band of disciples. Some of these were present in expectation of a valedictory address, others from idle curiosity, and a very small number entered, we regret to say, with the intention of creating a disturbance. But there was, on the part of nearly the whole class, a spirit of forbearance, which disdained to offer insult to an aged man, however wantonly they believed their rights to have been infringed, and the authority of the collegiate government set at nought.

The number of those who, in the heat of passion, forgot what was due to themselves, the ex-professor and their classmates, did not exceed fifteen or twenty; yet these, by inexcusable rudeness, prevented the lecture then delivering from arriving at its proper close,(8) Dr. Coxe retired to his private apartment: almost the entire class repaired to the surgical lecture, while a small group lingered in the hall, between the door of the room where the Doctor remained and the principal entrance. It seems that Dr. Coxe, restrained by exaggerated fears of personal violence, did not abandon his retreat, which he might have done at any time with the most absolute safety. At the expiration of an hour, the class descended to the room conjointly used by Drs. Coxe, Jackson and Chapman, to attend the lecture of the last named gentleman; but learning that he had not yet arrived, and that Dr. Coxe was still in the building, they collected in the hall, the passages and the college yard. Among so large a number, entire silence could not be expected; yet there was nothing that threatened riot, or even showed a hostile feeling towards the self-made prisoner in the adjoining room. The prevalent emotion was one of ridicule at the unwarrantable alarm of Dr. Coxe, which gave rise in some to no small degree of mirth; and although a voice here and there cried, "turn him out!" the exclamation was speedily repressed by the better feelings of the crowd. This, we are told, was the *mob*, which "*forcibly*" *expelled* Dr. Coxe from his chair. But if so, why did the insignificant handful we have mentioned, *alone* interrupt the progress of his lecture? Why, if the class was a *mob*, did it not wrest the lecturer from his rostrum by physical force, (9) and prevent the presence of one so exceedingly obnoxious? But even here, the *facts* of the reviewer must fail him.

The interruption which it is said arrested the lecturer prematurely, was not a whit more violent than had arisen on other occasions, and during previous courses. A pause, in each lecture, for remonstrance with these disturbers of the peace, was an immemorial custom; and hence, if the present case be adduced to establish the existence of *mob law*, it unfortunately proves too much: to wit, that the medical classes have been in an equal state of riot for years. It is not our wish to excuse such conduct; on the contrary, we condemn it without reserve: yet we deny the right of any one to stigmatize the class in terms scarcely applicable to a fraction of it; or to assume an ordinary occurrence as the cause of an unusual effect.

But the class was a "*mob;*" why then, when its whole strength, and separated from its *victim* only by a frail door, did it not resort to violence, and eject him from the walls of the University? This had been distinctive of a *mob*. But no. Dr. Chapman approaches the building: he is hailed with cheers:(10) he enters the dividing multitude, and (as if unconscious of the ungrateful returns he should received) re-appears with the ex-professor under his protection. The class separating on each side, saw the victim of his own groundless terror(11) pass among them. Not a word was uttered, not a sound escaped, either in triumph or derision; and yet—this was a "*mob.*" When such mobs become in vogue with the populace of our country, we may sleep in tranquil confidence beneath the protecting arm of the law, fearless alike of do-

(7) If the class were governed by such "forbearance," why did it not wait until the "actual removal?"

(8) Here we have proof positive that Dr. Coxe was prevented "from arriving at the proper close" of his lecture by "rudeness," &c. &c. But we are told this was done by an "insignificant handful," which "did not exceed 15 or 20." What "a spirit of forbearance" was here displayed! Near 400 young gentlemen present, and quietly look on to see an "aged man" insulted, &c. The Committee, of course, will do as they please; but we are under the impression that the public will still consider the whole class involved in the affair, unless indeed the names of the 15 *or* 20 *insignificant handful* are made public.

(9) Do the Committee really believe that it is necessary to use "physical force" to create a mob?

(10) *Quere*—Was this cheering in honor of the appearance of a distinguished commander, or a victory obtained over "an aged man?" In either case, was not the *time* and *place* selected, a very improper one?

(11) It will be seen by the following extracts from Dr. Coxe's Appeal, that he had good reason for alarm, &c.

"Aware that many of the class were armed with dirks, and knowing that several of the students were prepared to defend me from personal insult, I knew not to what extremities the excitement might proceed, (a duel having already sprung up from it); and whether even blood might not be shed. I leave it therefore to the community to judge of the correctness of my proceedings."

mestic violence or foreign aggression. That the ex-professor conscientiously believed the school in a state of anarchy, and his person in danger of assault, there is no reason to disbelieve, since he strenuously maintains the fact; but what standard can the impressions of one in terror be of the danger which impends? He has lost the power of judging correctly: his own fears magnify dwarfs into giants, and convert the phantoms of his imagination into deadly foes. Dr. Coxe ceased lecturing after the 15th of January, 1835: the cause of that cessation should alone have been the decree of his legal judges: but, disregarding that command, his own alarm unexpectedly proved a more cogent reason, and relieved the students from a source of irritation, which, if prolonged, might have urged them beyond the control of cool reflection. They *might* not have patiently endured the presence of one whose connection with the institution had been virtually dissevered, and *might* have rendered of less weight the resolution unanimously adopted on the 20th of January, namely, "that they disclaimed every intention of personal violence against the ex-professor of materia medica, of controlling the trustees. or of interfering with their rights as to the appointment or removal of professors."

In the passage quoted at the beginning of this article, it is stated that Dr. Coxe was forcibly expelled on the 14*th of January;* and the legality of the expulsion recognised by the trustees on *February* 3*d*. It is greatly to be desired that persons who undertake a comment upon facts, would first assure themselves and their readers of the accuracy of those facts. Here we are led to believe, that by a sort of sudden impulse, or demoniacal paroxysm, the medical class rose upon their inoffensive teacher, on a certain day, and the trustees, with this one fact before them, confirmed its legality, *as did all the professors;* the latter, however, having as little share in the matter as the reviewer himself. What the *facts are*, we have already stated; but in brief, to recapitulate: Discontent was prevalent, and was expressed: the trustees declared that Dr. Coxe should be removed: and then only did the events occur assigned by the reviewer as the immediate cause of Dr. Coxe's "forcible expulsion;" and finally, at the appointed time, the professor was removed in form. (12)

This history alters entirely the position of two events asserted to be in relation of cause and effect, introducing another prior to both, which stands in the relation of cause to both those succeeding. If the first strong action "expelled" Dr. Coxe, then was his expulsion effected by the vote of the trustees, on the 13th of January: and to this opinion we must come at last, since he was not considered under the protection of, or responsible to, the authorities of the University, from and after that date.

In conclusion, it is believed, that during the whole session, nothing took place which can form a foundation in truth for such language as we find used in the passage already quoted. The whole statement is before the public, and it is for them to pass judgment upon it.

For ourselves and for those who have taken an active part in the drama of last winter, we may be allowed to say, that having acted dispassionately and to the best of our judgment, we are content to meet the award of an unerring conscience, always reflecting with pain upon many inevitable circumstances, but rejoicing while truth and science shall exist in a result so cheering to our fondest hopes.*

Alfred Stille, Charles F. B. Guillou, John A. Weidman, Heber Chase, C. D. Maxwell, *Committee.*

Philadelphia, November 2d, 1835.

So much having been said by the Committee as to the incompetency of Dr. Coxe, we think it nothing more than an act of justice to that talented gentleman to give from his Appeal the names of a number of distinguished medical gentlemen who have given written opinions in direct opposition to the Committee; they are as follows, viz: Drs. Otto, Parrish, Harlan, Parke, Moore, Neill, Klapp, Shoemaker, La Roche, Condie and Griffith, of Philadelphia; Professors Hosack and Beck, New-York; Professor Tully, New-Haven; Professor Baker, Baltimore; Professor Short, Kentucky; Professor Worthington, Columbia College, D. C.

We shall decline publishing any thing further on this subject, unless communications are what we may consider as appropriate replies.—*Ed's Med. and Surg. Jour.*

2. Memorial of the Medical Society of the City and County of New-York.—*To the Honorable the Legislature of the State of New-York, in Senate and Assembly convened:* The Medical Society of the City and County of New-York respectfully petition your honorable body for the enactment of a law to establish medical boards of examiners, with powers to grant to well qualified candidates in medicine the honors of the profession, with

(12) No matter what "form" or name may be given to the transaction. "The Ethiopian cannot change his skin, nor the leopard his spots."

* It may not be amiss to mention, that the preceding paper is chiefly an abstract from a detailed account of the transaction published by the Committee during the last spring. The reader is referred to this source for minute relation of every important circumstance connected with the subject in general, as well as of those points imperfectly developed in the present article.—*Note by the Committee.*

license to practise physic and surgery in this state. Your petitioners respectfully represent, that such a law as they pray for will conduce to the welfare of the community, and is necessary in order to give to accomplished and industrious students of medicine, both to the poor and to the wealthy, *without reference to the conditions under which they may have studied*, equal facilities to acquire license to practise, *and to obtain the honors of the profession;* and is also necessary in order to render the knowledge and acquirements of the candidates the only standard of their merits and of their claims to be admitted to the practice of physic and surgery.

Your petitioners further represent, that the merits of the candidates can safely be ascertained by public examinations, to be held by men *nominated by the medical profession at large*, in whose qualifications and honorable deportment the public can place implicit confidence.

Being convinced of the correctness of representations above stated, your petitioners respectfully pray for the erection of a board of medical and surgical examiners in each senatorial district of the state; the same to be constituted as follows, viz :—

1. That each county society, in each senatorial district, shall elect, every two years, three members to be candidates for the office of examiners.

2. That out of the candidates thus chosen, the Governor and senate shall appoint five of each district, who shall constitute the board of examiners for that district, of whom three shall always be present at each examination.

3. That each board of examiners thus appointed shall hold a session in its district twice a year, for the public examinations of such students of medicine and surgery as may present themselves, in anatomy, physiology, materia medica, chemistry, surgery, midwifery, theory and practice of medicine, and forensic medicine; and that public notice shall be given two months previous to each session of the board of examiners.

4. That each candidate shall pay the fee of —— dollars.

5. That every candidate, before being recommended by a board of examiners, shall satisfy the same that he possesses *sufficient knowledge* in the different branches of medical science.

6. That any board, or a majority of a board of examiners, on being satisfied on examination that a candidate has sufficient knowledge in the different branches of medical science, shall recommend such candidate to the honorable the Regents of the University, for the degree of Doctor of Medicine.

7. That the Regents of the University shall confer the degree of Doctor of Medicine upon every candidate recommended by a board of examiners, which degree shall be a license to practice physic and surgery in this state.

8. That no member of a board of examiners shall be allowed to examine any of his own students, or to vote upon their receiving a recommendation to the Regents.

Your petitioners furthermore respectfully pray your honorable body, for the enactment of a law requiring that all persons claiming to be physicians and surgeons licensed under the authority of any other state or country, and coming to practise in this state, shall first be examined by some medical authority recognised by the laws of this state, to confer degrees or license, which authority, on being satisfied of their qualifications, shall grant to such physicians and surgeons license legally to practise physic and surgery in this state. And your petitioners, as in duty bound, will ever pray.

3. Case of Monstrosity. By Dr. Blackburn, of Kentucky.—Mrs. Sullivan of this (Woodford) county, was taken in labor on Sunday, the 19th September; eight months, she supposed, after conception. The liquor amnii was evacuated; the pains continued until the 21st. I saw her that day, at nine o'clock, and upon examination found that the hands presented. These being returned, and the feet brought down, I attempted delivery; but finding that the child did not progress, I made another examination, and then discovered that there were four feet presenting. I tried to return two of the legs, but found it impracticable. It occurred to me at this moment, that there must be a union of the children, which on examination I found to be the fact. In this state of things, nothing was left but to bring down both children at the same time, and thus accomplish the delivery. It was effected in the following manner. The patient being placed on the lap of an assistant, with her feet resting on the rounds of two chairs; taking hold of all the feet, and waiting for a pain, which soon came on, I very easily delivered all but the heads of the children, one of which pressed the pubis, the other the sacrum. These being turned, one opposite the right, and the other the left, acetabulum, I experienced no difficulty in completing the delivery.

At birth, one of the children was alive; the other, in a state of asphyxia, in which it remained about an hour; but vitality commenced at the point of union, and progressed slowly, until it had extended half way up the body. The child then began to gape, and in a short time the circulation became general. On inspecting the connection between the children, I found it, as nearly as can be described, as follows: The backs were united obliquely, commencing at the os sacrum and extending down to the coccyx. The right nates of the right child, and the left of the left, formed a complete buttock, resembling the nates of an infant. Between these was the anus, common to both, and immediately beyond this, the pudendæ of each united, the labiæ being incomplete, inasmuch as they

formed but one for each child. The mons veneris, clitoris, &c. were complete, as also the nymphæ, and the urethra, each vagina being imperforate. The innominatæ were united at the sacrum, which was larger than natural, and common to both children. The umbilical cord started single from the placenta, but in about thirteen inches bifurcated, and sent a branch to each child. One branch was nine, the other seven inches long, from the bifurcation, the longest supplying the most vigorous child. At the point of separation, the arteries of each cord divided, as did also the veins.

At the age of three weeks, the children were vigorous; each crying, sleeping, eating and moving independently of the other. They died of dysentery; the most vigorous about five minutes before the other; having also been affected three or four days earlier. Near the time of their death, they were both similarly affected.

Upon dissection after death, the osseous union was found to commence at the superior portion of the sacrum, extending to the inferior extremity of the coccyx. The cavity of the pelvis of each was separated by the peritonæum of each, which formed two laminæ or folds. I passed a probe in a direct line with the umbilicus, and met with no obstruction except these folds of the peritonæum, which were about the eighth of an inch apart.

But for the disease which carried them off, having no connection with their deformity, these children might have survived, presenting the world with a more remarkable *lusus naturæ* than that which has excited so deep an interest in the Siamese twins.

Transylvania Journal of Medicine.

4. Influences of Religion on Health.*—In looking over the pages of this novel production, we cannot otherwise regard it than as an extraordinary book. Although the author professes, apparently, a high respect for the character of the Christian religion, generally, he would so prune it of its necessary accompaniments, to make it what he conceives it should be, not to affect the physical condition of mankind, that the infidel may turn to him with exultation, and glory in calling to his aid this treatise in confirmation of his disbelief. What sort of a revelation the author contemplates, it is extremely difficult to divine. He may calculate with great certainty upon one thing—viz. that all denominations of Christians will be positively surprised at the birth of this anomaly of the press. Even the phrenologists, that sneered at race of modern philosophers, who discover multiplied evidences of the truth of their science in the very oppugnation of a half developed world, have nothing comforting prepared for them here. But they are not the only ones uninvited to the intellectual feast. The medical profession, if possible, will find less to please or instruct them, than any other class of readers. Still, the construction of the book is such, and the classification of the absurdities of bigots and religious fanatics so methodically arranged, that it will be read; but the reader must watch himself most narrowly, or he will be transformed into a sceptic. The chapter on revivals is enough to excite astonishment. Doubtless the author will by some be numbered among the insane, as the only charitable means of accounting for the violence and boldness of his thrusts against the churches, in this unique, equivocal essay, under the pretence of inquiring into the effects of religious excitement on the constitution, health and worldly happiness of its subjects.

A large part of the book is made up of historical memoranda—true—every word true; but the sneer of the author is perceptible at a glance. He has selected just such paragraphs, here and there, and no others, as serve his purpose in showing that we are a priest-ridden people, zealous in cheating ourselves out of pretty much all there is with certainty to be enjoyed, while neither the physiological, the metaphysical, nor the therapeutical deductions amount to much.

Notwithstanding the general tenor of these observations, we are fully convinced that Dr. Brigham might have made a happier effort, and secured the esteem if not the admiration of his cotemporaries, as he has indeed done in former works. That he is a thinker, cannot be doubted; but his cogitations are like those of an envious man, soured against the world for not appreciating his merits.

We shall hereafter examine the medical influence and tendency of this volume, which more properly come within our province, not doubting that full justice awaits the author with regard to its theological bearings, at the hands of laborers who are competent to the undertaking.

Boston Med. and Surg. Jour.

5. Case of insusceptibility to the effects of Medicine.—A——— H———, of middle age, of temperate habits, from the State of New-York, on a visit to his friends in Connecticut, felt so much indisposed that he called on me. On my inquiries, I found that his health had been declining since August last, at which time he called on a physician, who gave him a dose of calomel, and followed it with some mild laxatives. The bowels were obstinate. After the operation, however, he felt relieved, but not well. His indisposition, he thought, was occasioned by excessive fatigue and heat. I prescribed some alteratives, with a view to change the biliary secretions, remarking to him that a mercurial course would in all probability be the most sure, and advised him on his return

* Observations on the Influence of Religion upon the Health and Physical welfare of Mankind. By Amariah Brigham, M.D. Boston: Marsh, Capen & Lyon. 1835. pp. 331. 8vo.

to call on a physician for that purpose. The day following, I was summoned to see him early in the morning; found him laboring under the most severe pain in the epigastrium, which was paroxysmal; pulse slow and soft.

Expecting a case of bilious colic, I gave him twenty grains of calomel, and directed that a table-spoonful of castor oil be given every hour, to commence in three. In the evening, I found he had taken nine table-spoonfuls of oil, which had staid down. The pain in the bowels the same. Directed him to take a drop of croton oil in slippery elm, and in half-drop doses for the four hours following; and castor oil as the stomach would retain it, with cathartic injections occasionally. I visited him again in the morning, and found him comfortable; pain abated, sitting up, and smoking his pipe. I gave him three drops more castor oil for the day. Visited him again in the evening; patient still comfortable, no motion. Gave him six drops of croton oil for the night, together with seventeen doses of Hull's pills, which in Fairfield county, by the credulous, are considered a specific in like cases. Injections frequent, and drastic: no movement.

Called in the morning, at 10 o'clock: the stomach quiet, not having vomited for the last twenty-four hours. He had taken nine drops of croton oil, together with other physic. I commenced with *Hahnemann doses*—viz. forty grains of calomel and three drops of croton oil. Left him nine drops more, to be taken in three drop doses—once in three hours. He took three drops more in three hours, and, sufficient to say, he *discharged after* it, in due time.

The amount of physic taken—one drachm of calomel, fifteen drops croton oil, one pint castor oil, seventeen doses Hull's pills, two ounces salts, two ounces senna; enemata every once in three or four hours, of the most active kind, tobacco not excepted.

D. W. Northrop.

Sherman, (Ct.) Nov. 9th, 1835.

N. B.—The croton oil used was of the best quality. The patient got well and returned home. Ib.

6. Practical Phrenology.—Some of the proof-sheets of a new work, entitled "Practical Phrenology, illustrated with engravings, by Silas Jones," have been kindly left for our inspection. From the limited opportunity we have had of examining them, we predict a favorable issue. There is much plain common sense pervading the text, which is decidedly more than can be safely said of about one half of the phrenological nonsense that has been palmed upon the world. Mr. Jones is no stranger in the northern states, and has nothing to fear from those who are best qualified to appreciate his services by a personal acquaintance with the man. There are some new things advanced in the book, and many old theories repeated, together with some hacknied facts and stale metaphysical trash, served up so invitingly, and in such good taste, too, that it would be ungenerous not to wish the author success in the sale, and an increased reputation from this sensible exhibition of talent, industry and research. Ib.

7. Massachusetts' Charitable Eye and Ear Infirmary.—At the annual meeting of this institution, held on the last Thursday of October, the surgeons of the Infirmary reported the whole number of applicants for the year ending October 28, 1835, to have been 708. Patients laboring under diseases of the eye, 582; diseases of the ear, 126. Of the 582 cases of diseases of the eye, 442 have recovered; 23 have been relieved; 19 declined treatment; 27 result not known; 17 incurable; 3 removed; 2 not cured; 10 not treated; 39 remain under treatment. The whole number of cases which have been treated since the institution commenced, is 7,530. Ib.

8. Feuds among physicians.—A gentleman in a country town, where there are five practitioners of medicine, no two of whom can speak civilly together, desires to know how one hundred can live in Boston without quarreling? Answer. In the first place, every physician in the city is considered a gentleman, till he shows himself to be otherwise. Secondly, each one devotes himself exclusively to his own individual business. Thirdly, they have nothing to quarrel about.* Ib.

9. Massachusetts General Hospital.—There were two important operations performed at the Hospital on Saturday last. One was for an aneurism of the brachial artery of the right arm. The patient was a stout, hale man, of about 40, who made no complaint whatever. We hear he is doing well. Dr. Hayward operated.

The second was in consequence of a dreadful compound fracture of the right thigh bone and knee, in a boy not far from 12 years old, who was accidentally run over a few days before by a fire-engine. The wound was enlarged, through which the condyle previously protruded, and the bone sawed off about two inches and a half above the joint—thus completely taking away the upper half of the articulation. We hope to be furnished with a history of this interesting case to its final termination. Dr. Warren was the operator. Ib.

* We wish we could say the same of the medical profession in this city. Will the editors of the Boston Medical and Surgical Journal be so good as to inform us what they do with a physician when "he shows himself to be otherwise" than a gentleman?—*Ed's U. S. Medical and Surgical Journal.*

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THE

UNITED STATES MEDICAL AND SURGICAL JOURNAL.

No. XVIII.

JANUARY, 1836.

ART. I.—*Extracts, &c. from two Annual Addresses on Endemic Fevers, Patent Medicines, &c. delivered before the New-York State Medical Society*, 1824–5. By ALEXANDER COVENTRY, M.D., President of the Society.

"The subject to which I would solicit your attention, is endemic fever; and instead of endeavoring to recapitulate the opinions of others, either ancient or modern, I shall chiefly confine my remarks to my personal observations, and submit to you the inference drawn from many years' experience.

"I use the term endemic, rather in contradistinction to epidemic, than as fully indicating the meaning wished to be conveyed; for I would be understood as speaking of fever originating from a local cause, rather than of a disease indigenous to a district or people."

"Had I remained in the country of my birth and education; nay, had my location continued on the well-cultivated banks of the North River, I should have probably, to this day, adhered to the doctrines I imbibed from the venerable Cullen, and pursued the plan of practice taught by the admirable Gregory. But it was my destiny to pass another ordeal; to verify the observation, 'that one half of life is spent in unlearning what was taught us in the other half.' I soon found that nosological arrangements, however applicable in the mild climate of Europe, in the healthy countries of England and France, availed but little among the swamps and marshes of the New World; for there I often found fever assuming such protean features, such varying appearances, that before the ink was dry with which you had placed it in class and order, a new symptom would arise, calling on you to alter its nomenclature. More than once I have witnessed disease approach under the disguise of an intermittent; yet, before sunset of the third day, hurry the patient to his silent abode. Often have I seen it commence with decided marks of malignancy, yet terminate in a mild tertian. If in availing myself of the opportunity which your kindness has this day afforded me, of laying before this respectable society my opinion on certain forms of fever, I should differ from some of my professional brethren, I must be permitted to state, that unaccustomed *jurare in verba magistri*, I have no school tenets, no favorite hypotheses to support, claim no discovery, nor reckon on the novelty of my opinions, nothing doubting but the same conclusions have been drawn from similar premises, and probably long before the present time. I will, however, submit to you my reasons, derived from facts collected during the last thirty years; in some periods of which I had ample opportunities of observing endemic fever under all its various phases. Supposing the observation to be correct, that nine-tenths of those who die from disease, fall victims to fever; and if, of all fevers, that alluded to is the most wide in its range, the most fatal in its result; there can be no subject of more importance to mankind, or more worthy of our attention, than an investigation into the cause, origin and prevention of this form of malady. I will briefly state, when and where I first became acquainted with this species of fever, previous to which I had but an incorrect idea of its nature.

"In the month of June, 1792, I arrived with my family at my land, near the outlet of the Seneca Lake, in what was then called the Military Tract, and sometimes the Genesee country." "A glance at the map of the State will discover in the Western District a number of small lakes, whose longest range is north and south; and their combined outlets form the Seneca and Oswego rivers, the latter of which enters Lake Ontario. The tract called the Genesee or Lake country,

may be said to extend from the foot of the Allegany spurs or dividing ridge, to the shores of Lake Ontario, and may be said to be a gently inclined plane, facing the north, with some slight elevation on its surface. The levelness of the country may be estimated from its moderate elevation above the water, the sluggish movement of the streams that discharge into the Lakes, by the few rapids on the Seneca river, the immense marshes on that stream, said to contain many thousand acres, and by the route of the Erie Canal, which might have carried on the same level from Utica to Lockport, above 200 miles. This tract lies between latitude 42 and 43. 50, about 80 miles in width from north to south, and 200 miles from east to west. The centre of this tract is about 350 miles from the sea, and about 400 feet elevation above tide water, where the canal passes. It abounds with marshes at the head; while along the outlet of most of the lakes, there are swampy lands: wherever a bay extends inland from the large lake, you find low lands. When I first became acquainted with the Genesee country, it was a forest; the surface covered with lofty deciduous trees, the snow fell generally in November and December, and disappeared about the first of April. The thermometer would sometimes fall from 10 to 16 degrees below zero, and in summer rise as high as 95 in the shade. The summers were rather dry, and the rains came with thunder, and fell in heavy showers. On the 1st July, 1792, I left my family in good health. On my return about the 17th of the month, of fourteen inmates, I found thirteen in bed with fever, and in the course of a few days the other was likewise attacked. On the 15th of September, I was attacked with a chill, succeeded with a severe pain in the back, and violent headache, to the latter of which I never had been subject. This was accompanied with a species of delirium, attended with phantasms continually passing before my eyes. A violent fever succeeded, with hot skin, parched tongue, and constant nausea. On the third day, taking a powerful emetic of six grains of tartarised antimony, I vomited nearly two quarts of bile; my skin became moist, and the headache abated. On the fifth day, every symptom was much ameliorated, and the danger seemed past; yet it was five weeks before I could sustain my own weight to walk to the door. In each of the two succeeding seasons, I had an attack of fever, but milder at the commencement, and more easily managed. I attributed these attacks to the fatigues and exposures inseparable from the practice of medicine in a new and thinly inhabited country, where my visits sometimes extended from twenty to forty miles. But a circumstance for which I have not been able to account, was that for many years after, even when I had quitted that section of the country, about the same season I was seized with a fever of a single paroxysm, which invariably went off with a copious perspiration of an uncommon and nauseous odor. In the year 1793, when about to commence my harvest, every man on the farm was seized with fever. I remember to have passed through Geneva, where there was not a sick person in the place; on my return within a few days, with the exception of a Miss Tallmadge every individual in the village was confined to bed with fever. During the autumnal months, from the year 1792 to 1795 inclusive, the proportion of the sick to the well was, according to the population, much greater in the Genesee country than in either of the large cities, even in those seasons when malignant fever was most prevalent. If in the country the fatal cases were fewer in number, this might arise from different modes of living, less use of animal food or spirituous liquors, more regularity and cleanliness, a freer air, or even less virulence in the remote cause, which arises in the country principally from decay of vegetable matter. The general type of fever inclined to be remittent when the attack was violent, and the issue fatal; its course was often finished on the evening of the third day, and sometimes without the appearance of re-action. The mortal cases seldom extended beyond the fifth or seventh day, while others less violent would run on to the fourteenth and sometimes longer. Those who survived were subject to relapses, especially on any excess in eating, which it was difficult to guard against, as the fever was generally followed by a ravenous appetite, which, however, seemed not to restore the system to its former tone, as many did not recover their strength till the approach of warm weather in the ensuing season. Almost every fatal case was attended with yellow or rather orange colored skin; many had injections from the stomach of brown or coffee colored matter, the dejections were often dark colored, sometimes of a pitchy appearance, and petechial spots on the skin were not uncommon. In the robust and middle aged, if full feeders and hard drinkers, the disease had a rapid career and fatal result. Few of the emigrants from Europe, or the New-England States, escaped; those from Pennsylvania and New-Jersey were less liable; whilst the settlers from Maryland, Virginia, Delaware, and further south, seemed to enjoy an immunity. Those who had the fever were much less liable to a second attack, except when a predisposition was induced by sudden exposure to cold, after being heated, or from excessive fatigue. During the years mentioned, I can truly say, that few days occurred, from the middle or latter part of July, to the setting in of the frost, about the middle or end of October, that did not afford me an opportunity of visiting a patient with endemic fever; indeed, during no small portion of that period, there was no necessity of leaving my domicile in quest of a case. Extensively engaged in agriculture, I generally

had a number of men employed, few of whom escaped the tribute of a seasoning. I may almost say, that it was in my own house, in rearing a numerous family, in my own person, that I acquired what I esteem an approach near to a correct view of febrile action. For in hospitals, how often do we see a fever patient brought in to draw his last breath, and to receive a charitable burial! In private practice, the lady of the house has generally exhausted her skill before the physician is called in, and he only sees the disorder in its secondary stage, How often have I with joy hailed the first symptom of arterial excitement, which never failed to resuscitate hope in the parental bosom!"

"I am fully convinced from observation, that it is only under certain circumstances that marshes become more unhealty than mountains. We have seen well marked endemic fever originate on shipboard, a thousand miles distant from any marsh. Nor has time yet erased from my memory the days I spent among the mossy moors and peat-bogs of my native country, where neither pale face nor yellow eye was seen among the inhabitants. How many thousand acres of marsh have I seen, not only on the Atlantic coast, but along the course of the Detroit, Niagara, and St. Lawrence, where endemic fever was not to be found! In the first instance, a flood tide swept the face of the marsh every twelve hours; in the latter, a steady and regular moisture was kept up by these noble rivers, of which it might with justice be said,

"Though deep, yet clear, though gentle, yet not dull,
"Strong without rage, without overflowing, full."

"A residence for some years on the edge of a marsh, from which I annually procured a considerable quantity of hay, afforded me an opportunity of observing the changes to which the insalubrity of the marshes may be attributed. In some seasons, the laborers would, with impunity, remain at work in the marsh for weeks, with the water as high as their ancles every day; at other times they would sicken in forty-eight hours, and I would be under the necessity of postponing my hay making till a severe rain, or frost altered the condition of the marsh. If abundance of rain caused the water to overflow its usual bounds, and the flood continued long enough to drown the land plants on its borders, on the recession of the waters the process of vegetable putrefaction commenced on its margin. If the season proved unusually dry, the moisture was insufficient to support the aquatic plants, they perished, and underwent the same process; thus the draining of marshes is unhealthy during the first season, from the decay of the aquatics that grow in them. In observing the phenomena of two ponds, at the north end of the Seneca Lake, I learned how different seasons might affect the healthiness of a country. While these had a free communication at high water with the lake, no bad consequences resulted; but if the drought of the summer caused the surface of the lake to become low, one of these would drain off, the water plants perish, probably with the insects on them, and a most horrible stench was emitted. This commonly would last about a fortnight, when the whole surface would be covered with a crop of land plants, and the smell would cease; a heavy rain, by filling the pond, would at times prevent this; at other times, a shower would prolong the process: the other pond, whose bottom was deeper, and which was never entirely drained, would be considerably later in affecting the air. Thus, we may easily conceive, why one season is more unhealthy than another; why a violent storm and heavy rain may at one time put an end to a raging pestilence, as it did at Naples in the time of Prosper Alpinus; as it did, I believe, at Natchez, last season. It washes the surface, and operates like the inundations that Sir John Pringle said were practised in Belgium, and something similar to the overflowing of the Nile. Yet the same may be the precursor and cause of disease, as it is on the coast of Africa, which becomes sickly when the rains set in.

"During my residence in the lake country, I frequently remarked the effects of rains; if much water fell, the ponds near the lakes were kept full, and the lowlands in their vicinity continued healthy; but superabundant moisture assisted the decay of the leaves which covered the surface of the uplands, and fevers prevailed at a distance from the waters. The decay of the leaves of deciduous trees, as I think, is the true cause of the unwholesomeness of new and wooded countries. I believe the idea was first held out by Franklin, and acceded to by Dr. Rush, that wooded countries were healthy; but with the exception of the pine barrens of the south, compared with their swamps, the opinion is unsupported by either fact or reason. The woody regions of both Africa and the West Indies are the most sickly, and the name of Jungle Fever shows where it prevails in the east. Have we not witnessed, in our own times, in this country, surprising ameliorations made by removing the forest? The Genesee country is in proof, and perhaps still more so the county in which I now reside.

"Few of the first settlers escaped a seasoning; when I first became acquainted with that district, endemic disease was rife; now, agues and dysenteries have almost disappeared from the valley; yet few drains are cut; and the removal of the forest is almost the only change. I said unsupported by reason; for let us suppose an extensive area covered with a dense forest of trees, that annually deposit their foliage: the gases evolved in the process of the decomposition of the leaves are not of the most salubrious nature, as the pale languid looks of the woodman testify. Let us suppose the same area covered with a

verdant crop of grass or grain; it then becomes the laboratory of nature for purifying the air; every shower, the dews of each night deposited on the herbage, and acted on by the solar ray, evolve oxygen, the principle of vitality. If neither heat or moisture, nor that child of the imagination, marsh miasmata, can fairly be arraigned as the remote cause of fever, where shall we look for it? Having for nearly forty years observed the species of fever spoken of, always accompanied by, and never independent of vegetable or animal decomposition, the conclusion was unavoidable, that it was dependent on, or connected with that process. But whether our bodies are affected by a poisonous gas given out, or by a chemical change, a new play of affinities in the atmospheric air, rendering it less fit to support the vital principle, is to me a desideratum which none of the eudiometrical observations that I have yet seen has tended to solve. The deleterious effects of vegetable and animal decomposition on the human body are established by innumerable facts, with which the records of medicine abound. Professor Jackson, of Philadelphia, in his accurate statement of the fever that prevailed in that city in 1820, makes it appear more than probable, that the disease, as it showed itself at Hodge's and Walnut-street wharves, arose from decaying vegetables. Five of the family of a Mr. Hawley, of Luzerne county, Pennsylvania, fell victims to a fever caused by potatoes decaying in the cellar. In 1806, I was called to visit a sick woman, who lived on an elevated situation, at a distance from any marsh or swamp; no disease prevailed in the neighborhood, there was no cellar to the house. I found the mother and two children confined with remittent fever, an uncommon complaint in that vicinity. After some inquiry, I found within a few rods of the door, a deep hole, which had been dug for a well, but never stoned up; this had filled with rain water, and a number of half-decayed logs had been rolled into it, a stench arose from it resembling the bilge water of a foul ship. The place was filled up with gravel, and the sick recovered. On the 4th March, 1808, I visited a sick child of Mr. M———. The house stood on a sandy ridge, at a distance from any ponds or marshes; the country was remarkably healthy, and the situation so much so that I have not heard of a sick case in the house since that time. The child of three years of age had considerable fever. The mother attributed this to worms; and suspecting no other cause, the usual anthelmintics were given. On a subsequent visit, I found a lad of nine years old on the bed, with flushed face, blood-shot eyes, violent headache, furred tongue, full pulse; in fine, all the well-marked symptoms of bilious remittent fever. Miss M———, a young lady of 18, complained of nausea, pain in the back, bitter taste in the mouth, a dull headache, the adnata yellow, slight fur on the tongue, bowels constipated. Mrs. M——— had also lost her appetite, and complained of some pain in the back. Surprised at these appearances, I was at a loss to account for them. On my first visit, I perceived an unusual and very disagreeable smell, and looked around to discover the source; but every thing within and without bespoke the neatness and cleanliness of a respectable English family. However, on my third visit, as the fœtor continued, I ventured to inquire of Mrs. M———, whence it arose? Both mother and daughter assured me, that they were not sensible of any uncommon smell. I then inquired into the condition of the cellar: this had been well cleaned out sometime before; but on a little reflection, Mrs. M——— recollected, that about eight bushels of turnips, in a frozen state, had been deposited there since. On inspection, the turnips were found in a complete state of putrefaction, emitting a horrible fœtor. A brisk west wind, which found admittance through the cellar window, was forcing this steam through a trap door into the hall, and through every crack in the floor. The family had got habituated to the bad scent, which increasing by degrees, was imperceptible to them, although intolerable to me. The cause was removed, lime strewed on the walls and bottom of the cellar, and the sick soon recovered. Here was a striking instance, that a low temperature will not guarantee us from disease; for on the morning of the 7th, F. Therm. stood at only three degrees above cypher, nor rose above 25 during any time of the sickness. It shows also that cold does not operate so much in lessening our susceptibility as in destroying the cause. In this case, the position of the turnips in the cellar protected them from the frost, which would otherwise have arrested the process, as it is said that a degree of heat equal to 45 Fahrenheit is necessary for vegetable decomposition.

"In March, 1822, a young man in my employ, while removing some sheep dung and litter which were in a stage of putrefactive fermentation, and to the effluvia of which he was exposed for the most part of two days, on the afternoon of the second day suddenly fell down, complained of violent headache, vomited several times, had nausea, and a most obstinate costiveness supervened, which it required repeated doses of calomel and jalap to remove. After a continued catharsis, he recovered.

"On the 18th September, 1817, a fine lad, about 18, the son of my neighbor, while passing along a ditch that forms the west line of my farm, observing some small fish, endeavored to catch them, and wrought about an hour in the stagnant water. Towards evening of the next day, he had chills, nausea, headache, a severe pain in the right shoulder and arm, the latter swelled, became insensible and immovable, (he had used this in the

ditch); he became comatose, and died on the eighth day."

"When Oneida was first settled, agues, remittents, dysenteries, and other endemic diseases, were common. We may now vie with any section of the Union, or perhaps of the universe, for exemption from these maladies. Perhaps it might be prudent to stop here; but I find it difficult to forego the opportunity which your kindness has this day afforded me, of giving some evidence of the interest, which in common with my fellow citizens, I take in the prosperity of the Capital, and of throwing my mite of evidence in what I consider the side of humanity. Placed in this seat by your suffrages, I will not conceal that I feel a pride in being a citizen of the first state in the Union, whose chief city is now the emporium of America, and which has the means of becoming the first commercial city in the world. I cannot at this time dwell on the vast advantages she possesses, nor the immense territory and numerous population which through this spot must hold intercourse with the rest of the world. I confine myself to some observations on its locality, which, in point of salubrity, I feel warranted in asserting is superior to any city of magnitude, of which mention is made, either in modern or ancient history. Why, then, does disease at times visit this highly favored spot? It is neither 'the sun, showers or soil,' that makes New-York at times the seat of pestilence. Let it be remembered, that this place was the head quarters of the British army, the rendezvous of her fleets, and almost the only point of intercourse between this continent, and not only the West Indies, but almost every where else, during the chief period of the revolutionary war; yet both citizens and troops remained healthy. Perhaps a parallel instance cannot be found in history. This fact speaks volumes for the natural salubrity of the place. A glance at the plan of the city shows its advantageous position: a tongue or peninsula of primary formation, and sufficient elevation, stretching into an extensive bay, open on the south to the sea breeze, and bounded by two noble rivers, whose rocky shores afford neither swamp nor marshes. On my arrival at New York, in 1785, I found the whole space between the east side of Broadway and the river was vacant: it was a sandy soil, with a gradual descent to the west, at whose foot the tide washed a sand and gravel beach. This shore, when fanned with the exhilarating westerly breeze, which had swept the surface of the noble Hudson, might have been selected by Hygiea as her chosen abode. The citizens of New-York, at that time, bore in their faces the bloom of health, and no signs of endemic disease were discernable in their looks. Ten years afterward, my business called me to the Capital; but the change I found in the looks of the citizens astonished me. Those living near the docks and wharves, indeed on most of the streets along the East River, had the pale, sallow look, the yellow skin, and muddy eyes, with which I had become familiar in the lake country, during the preceding four years. The inhabitants bore the marks of endemic disease; and on inquiry, I found that the disorder that raged in the city had been accompanied with the same symptoms as that which prevailed in the country. A most intimate friend then resided in the lower part of Pearl-street: he had lost a son and daughter, and barely survived himself; while his eldest daughter, who nursed her relations, had escaped the fever. Although there was neither swamp or marsh, yet sources of disease were not wanting where vessels formerly lay. I found spacious streets and elegant houses, slips and basins filled up, and many acres gained from the sea, and converted, as I was informed, not into airy land, but a mass of putrefiable stuff, with which the most noxious swamp in Genesee could not compare. The North River side, where encroachment had not commenced, still remained healthy, and proved a safe retreat to the afflicted citizens."

"With timely precaution and proper regulations rigidly enforced, the port and city of New-York, (by their excellent position,) may be made as healthy as the same extent of surface in any section of the globe, where endemic fever could no more exist than at the Pine Orchard, in the Blue Mountains.

"It may be perceived, that in common with those whose chief residence has been in countries where endemic fever is prevalent, I believe in the domestic origin of yellow fever. I have never met with a gentleman from the East or West Indies, nor even from the Southern States, whose residence was on the tide waters, who entertained a doubt on the subject. We know that every, or almost every malignant case, is attended with yellow skin; and almost every fatal one closed with the black vomit, or the vomiting of black matter spoken of by Hippocrates.

"The idea of contagion was the trick of a crafty priest, who, with the aid of a physician, thereby frightened a council from Trent to his city of Bologna, as the pestilence was said to have a partiality for noble blood. The shocking scenes which took place in Spain, even as late as 1821, ought to warn the contagionists of the dangerous tendency of their doctrine. At Barcelona and Barcelonetta, when the wretched inhabitants sought refuge in the country, they were met by their friends with fire-arms, forced back to the source of pestilence, where, to complete the tragedy, the government surrounded them with a cordon of troops, thereby condemning them to inevitable destruction. Yet we have the evidence of the intrepid O'Halloran, and the veteran Jackson, confirmed by a memorial from many respectable French, English, and I am happy to add, Spanish physicians, that the disease of the peninsula was neither im-

ported or contagious, but the endemic of the country. From the medical ranks of the universe, a more proper person than the venerable Jackson could not have been selected, to ascertain the real state of the case: his long residence in the West Indies, the years he passed in our Southern States, qualified him peculiarly for the task. Actuated by the sublime love of science, and most zealous philanthropy, at his own expense, and risk of his life, this second Howard, at the age of seventy, left his friends and home, passing into a foreign country, to examine at its source the cause of disease. To you who know him by his excellent publications on fever, I need not add that he alone is a host. Indeed, the English physicians had already began to open their eyes on this subject: the countrymen of Bacon and Newton will not listen long to sophistry, even from respectable sources. Many of the most respectable French, and even Spanish physicians, have correct ideas on the subject. The nineteenth century will not be disgraced by Galilean recantations, and auto de fès of philosophical works. It is with much satisfaction that I state, the world is principally indebted to American physicians for true views on that subject. Need I mention the name of the scientific Ramsay, the magnanimous Rush, who honorably acknowledged his first mistake?"

Extracts from the Address of 1825.—"I beg leave to call your attention to the innumerable patent medicines, whose virtues are blazoned forth and fill the columns of every newspaper. I boldly appeal to every medical gentleman present, if there can be any drug, or any combination of drugs, that would be applicable to any disorder, in all constitutions, or even to an individual, under all circumstances, while laboring under any particular disease. The use of patent medicine is therefore irreconcilable to common sense.

"It was truly mortifying to see the names of two respectable professors in the oldest medical school in the Union, recommending a certain panacea. We would also deprecate all American editions of English domestic medicine; we would prefer their cooking to their medical practice, being convinced from some experience, that the latter is adapted neither to our soil or our climate. Our country is well supplied with medical men; and while the parent is following the prescriptions of Buchan or Thomas, (often erroneously,) the precious moments are lost in which the physician might have saved the child.

"Our medical brethren in Connecticut did themselves much honor, by expelling Perkins from their society. The English College of Physicians have lately struck Dr. Thornton's name from their list, for countenancing Whitlow."

"Gentlemen, I would now solicit your attention to some observations on the subject of the last year's address, which you will recollect was endemic fever. At that time, I endeavored to confine my observations to its remote cause.

"On the present occasion, I will refer principally to the symptoms and treatment; and pursuing my former plan, state to you my personal observations; which mode I prefer to recapitulating the opinions of others, with which you are as well, if not better acquainted, than I am. I cannot, however, omit mentioning a recent publication, which I have perused with uncommon satisfaction. This is an Essay on Epidemic Fever, by Dr. Cooke, of Frederick county, Virginia, which entitled him to a premium of $100, liberally offered by the proprietor of the Medical Recorder, for the best essay on epidemic fevers.* If I am not much mistaken, this gentleman describes the same kind of fever, designated as endemic, in my address of last winter, and I cannot but flatter myself that some coincidence will be found in our opinions, which living as we do some hundred miles apart, could only have arisen from a partial similarity in the locations where our observations were made."

"From the personal experience of three attacks, I will endeavor to point out some of what may be called the premonitory symptoms. Some time previous to the chill, and varying according to circumstances, the individual will be sensible of general lassitude, a dejection of mind, a reluctance to exertion, languor; his appetite forsakes him, he feels a disgust even at the scent of animal food; his sleep is disturbed with frightful dreams; the bowels are costive; there is a dryness and nauseous taste in the mouth, especially in the morning; a dull headache, an aching in the small of the back, and the pulse is slow and feeble. I have found it intermitting, and in a few cases imperceptible. To a looker on, the countenance will appear dejected, of a dull sallow, sometimes of a leaden color, the eyes sunk deeper, the pupils somewhat dilated, the adnata of a dirty yellow. The back-ache increases in severity till the chill takes place: this commences with cold in the extremities, horripilatic or goose-skin over the surface; and varies in degree, from being so slight as hardly to be noticed, to such violence and continuation as to threaten

* We believe this was the first medical prize essay ever obtained through the means of a publisher, in the United States; the credit of which belongs to Mr. Webster, the Publishing Agent of this Journal. The Essay will be found in the volume of the American Medical Recorder for 1824. We would here take occasion to say to American medical writers, strive to imitate the industry and researches of Dr. Cooke. His Essay that Dr. Coventry refers to, has not only "been productive of considerable honor" to Dr. Cooke, but of emolument, as we feel persuaded it greatly aided him to obtain the Practical Chair he now so ably fills in the second medical school in our country, viz. Transylvania University.—*Ed's U. S. Journal.*

the life, and sometimes to terminate in the death of the individual. The cold stage, however, generally, after a time, abates, and is succeeded by a burning fever, attended with a flushing in the face, red and suffused eyes, a violent headache, a dry skin with a mordent heat, bounding pulse, a pain in the region of the stomach, nausea; at times, efforts to vomit, but only a slimy mucus discharged. Should the attack fortunately be a paroxysm of an intermittent, after a time the skin becomes moist as the perspiration flows, and the febrile symptoms abate. If no diaphoresis takes place, the fever continues with violent headache, much thirst, great anxiety, a weight at the præcordia, and sometimes a slight delirium through the night. In the morning, a remission often takes place, the fever is not so high, but the thirst, hot skin, and pain in the head continue. In the afternoon, an aggravation of symptoms and increase of fever again take place, and continue through the night, followed by another remission. The bowels, during this period, are constipated, and do not respond to ordinary doses of cathartics, and about the third or fifth day, the vomiting becomes bilious; a diaphoresis appears on the skin, and the patient experiences some relief.

"This is the common course in the milder cases. An evident intermission, generally a termination of the most alarming symptoms, takes place on the third, fifth or seventh day, after which the sick begin to convalesce. The debility is however much greater than could reasonably be expected from the short period of the disease, and the system does not regain its usual tone till the accession of warm weather in the succeeding summer: in not a few cases, dropsies or rheumatisms are the sequels of the attack; and these, from the exhausted state of the system, often baffle the powers of medicine. In more severe cases among the residents, after the third or fifth day, the adnata acquires a deeper yellow. This hue shows itself in the neck, spreading along the breast and shoulders, and at length occupies the whole surface; the vomiting and distressing nausea continue; from a bilious, the matter ejected acquires a brown color; the tongue sometimes has a brown coat, and at times a fiery red appearance; the alvine evacuations are black, at times sanguineous; a clammy sweat appears on the surface, staining the linen yellow; the urine is in small quantities, and turbid; a slight delirium takes place; subsultus tendinum and hiccup succeed; the patient sinks into a coma, and death closes the scene; the corpse being invariably of a yellow, or rather deep orange color.

"I have met with cases where there was no re-action of the system, but a complete prostration of the living principle, and in which the nerves appeared to have lost their irritability. These occurred chiefly when the disease was developed in cold weather; at which time the thoracic viscera seemed the seat of complaint. There was an intolerable oppression at the breast, a great difficulty in respiration, and ultimately an expectoration of mucus streaked with blood.

"When endemic fever attacks a stranger, newly arrived from a healthy climate, in whom the phlogistic diathesis is prevalent, although he at first complains of lassitude, coldness and nausea, and his pulse will be found slower, and skin cooler, than usual, these symptoms are soon succeeded by violent re-action, high fever, flushing of the face, redness in the eyes, intense pain in the head, throbbing at the temples, dry, parched skin, oppression at the præcordia, an indescribable weight and burning sensation at the stomach, with nausea; the pulse full, bounding, and generally strong; I say generally, for in some of these cases the power of life seems stifled at once, and there seems no effort made by nature. There is frequently a white fur on the tongue; and when the patient drinks to quench an intolerable thirst, his stomach rejects the liquid, and repeated efforts to vomit succeed. At first, nothing but the usual contents of the stomach are brought up; after considerable straining, the bile passes off in quantities; and in the most malignant cases, where the emesis obstinately continues, a substance resembling coffee grounds is at last ejected. The first paroxysm will continue twelve, twenty-four or thirty-six hours, when a calm or remission succeeds; but this, too often, proves deceitful, and another storm succeeds. In these cases, the urine is in small quantities, nearly obstructed, sometimes passes involuntary, and an obstinate costiveness prevails. Too often, during the violence of the paroxysm, obstruction or effusion takes place in some vital organ, a derangement of structure follows, the skin becomes yellow, then orange, and inclines to a mahogany hue. If the individual survives the fifth day, and a gentle perspiration appears on the skin, with copious discharges of dark-colored fœces, some hopes of recovery may be entertained.

"During a residence of five years in the lake country, I have no recollection of a case of fever that assumed the typhoid type; and I believe where endemic fevers are prevalent, as in the East and West Indies, or even in the Southern States, particularly in the warm season, typhus is of rare occurrence. Endemic fever in those districts where the causes exist, seems to run a short course, in which the patient either sinks or soon convalesces. It would seem that the deleterious air becomes necessary to the due support of those accustomed to it; for I have more than once observed that natives of swampy and unhealthy districts were apt to droop and decay, when removed to the purer air of the hills, where endemic disease was unknown. There seemed to be something wanting to keep up excitement, like alcohol to the drunkard, or tobacco to the habitual smoker.

"I have reason to believe, when the foundation of disease has been laid among marshes, or arises from endemic causes, but the fever developes itself in healthy locations, that the paroxysm commences with more violent reaction, the disorder is apt to run a more protracted course, and towards the last, assume the appearance of typhus. I am aware that gentlemen high in the profession, maintain that typhus is a specific disease, and depends on a contagion sui generis; this was the faith in which I was educated, and most religiously believed. My first acquaintance with typhus was in crowded and unclean abodes, or rather polluted dens, among the narrow and ill ventilated alleys of the city, where I have seen more than one family, of which the simple picture drawn by John Hunter, and quoted by Dr. Good, is a faithful representation. In these cases, I have witnessed one after another of a large family take to the sick bed, and had no doubt but contagion was the agent. But my former opinions have received some violent concussions from many stubborn facts which have occurred to me during thirty years' practice among the sparse population of a newly settled country, where I have met not a few cases of typhus distinctly marked from the commencement, occasioned at times by excessive fatigue, exposure to wet and cold, &c. where no possibility of contagion could be traced. Nay, I feel warranted in asserting, that in the district where I now reside, it is not uncommon to see a fever commence with high arterial action, such as is common in those cases generally denominated bilious remittent, and in a few days assume the typhoid type."

"Before entering on the treatment of fever, we may devote a few minutes to the best means of preventing its accession; and if I have not deceived myself, this may be frequently achieved by pursuing a proper course.

"Whenever the resident of a country in which endemic disease is likely to prevail, feels indisposed, particularly in the sickly season, if he perceives any of the premonitory symptoms formerly spoken of, without loss of time he ought to apply to a physician, whose duty it will be to prescribe a cathartic, and the best for the purpose is the usual composition of calomel and jalap. While under its operation, the patient should drink freely of some mild liquid, chicken water, beef tea, whey or barley water. The use of solid animal food should be omitted for a few days, during which a gentle diarrhœa should be kept up, by small and repeated doses of the same medicine; or should there be any danger of ptyalism, (always unpleasant, and seldom necessary,) the sulphate of soda may be employed after the first dose. I can recommend this common medicine from much experience, and esteem it only second in power to mercury in emulging or relieving the chylopoetic viscera. After keeping the prima via lax for several days, the patient will feel relieved, and may safely venture on the cinchona, of which three drachms or teaspoons full may be taken every day. And this medicine may be continued through the sickly season, observing to avoid a costive habit, shunning the night air, and sparingly using animal food. The sulphate of quinine is an excellent substitute for the bark, and croton oil may be used as a laxative.

"A most respectable gentleman informed me, that while residing in South Carolina, he became acquainted with a wealthy planter, who had not left his plantation in the sickly season, for many years, although all his neighbors emigrated annually during the hot months. The only precaution used was a small dose of Glauber salts every morning, during the period of fevers."

"At the taking of Omoa, on the Spanish main, the British squadron suffered severely by fever; but it was remarked, that of a number of men employed to collect with their hands some quicksilver spilt from the jars in a prize vessel, not one sickened, although surrounded by the dead and dying."

"In districts subject to endemics, the tone or excitability has been exhausted by continued and excessive heats, the temperature of the body is found three or four degrees lower than that of a stranger, and the resident is enfeebled by breathing for months a poisonous air. During the disease, the deleterious agent continues in full operation, and we must calculate on, and endeavor to counteract its effects. While we endeavor to allay tumult in the system, we must not so far reduce the patient as to leave him a prey to the combined influence of the cause, and the exhaustion that invariably succeeds over excitement.

"A residence for some years in the lake country induced me to relinquish the practice which I had been taught, and seen employed by the first medical man of his age. I here found my favorite theory entirely at fault, and neither bleeding or sweating would restore health or prevent a yellow skin. The use of the lancet has been in and out of fashion, by turns, in febrile diseases, for twenty centuries: now the ægis of security, and now the infallible messenger of death; in discreet hands a useful and efficient instrument; used without discretion, scarcely behind the brandy plan of Brown, whose closet speculations were for many years more propitious to American grave-yards than war, famine or pestilence.

"The present high standing of the lancet may be in some measure attributed to the writings of the medical men attached to the European armies, who during a war of twenty-two years, had ample opportunity of testing the usefulness of venesection, among the robust young men, natives of healty countries, who composed the materiel of these armies,

"The British army and navy surgeons also found depletion indispensable, to reduce the

plethoric and inflammatory diathesis of Europeans, on their arrival at stations within the tropics.

"If I might speak from some observation, I would state, that in much the greater part of the Union, more caution is necessary in using the lancet, than in northern and middle Europe, where a milder sun, and purer air is prevalent. I have witnessed more than one case, where my opinion was, that the loss of blood accelerated the death of the patient.

"In endemic fever, however necessary the use of the lancet may be in some subjects at first, a repetition is seldom requisite, as it may be productive of a protracted convalescence, or lay the foundation of dropsy.

"Diaphoretics, from which I had formerly found much benefit in febrile cases, appeared useless in endemic fever; and experience taught me, that although the nausea seemed to indicate emetics, they too often aggravated that intolerable oppression at the epigastrium, prolonged the distressing retching, and increased the determination to the head, where the agony was already insupportable.

"I will briefly state the plan I adopted, after being taught by the experience of several seasons. When called to a patient, in the first place, I endeavored to discover the cause, and if possible have it removed, or the patient was taken to a greater distance from it: too often, neither was practicable, and sometimes the agent not cognizable. When the patient was still in the state of depression, if this was extreme, I commenced by exciting the vital powers, and found the warm bath, with frequent doses of ether, the most serviceable. With the latter I gave alternately potions of calomel, if the stomach was irritable, alone, or combined with cathartics, jalap, gamboge, or scammony; but if re-action had already commenced, and was threatening the patient with serious injury in some vital organ, and if the patient was young and robust, I opened a vein and let the blood flow till the system felt the effect. When no local determination forbade, and the skin exhibited that pungent, dry heat, cold effusion was had recourse to, and repeated as often as the heat of the surface seemed to demand. This is a powerful agent when judiciously used, and persevered in, if the state of the patient will admit of it, and when resorted to early, few febrile cases will withstand it. Should circumstances not allow of its use, as in low cases, our chief dependence is then on mercury, which in fevers is the sheet anchor. This potent medicine acts in a double capacity, as an excellent cathartic and deobstruent, exciting, and, as it were, emulging, the chylopoetic glands, and at the same time raising a specific action in the system, which subdues and regulates those abnormal motions constituting remittent fever.

"I have at times been in doubt, whether the cathartic or alterative powers of calomel were the most to be relied on. The experience of many years has taught me to hail the appearance of mercurial action in the system as an almost unerring harbinger of safety to my patient. The presence or effect may be readily discovered by the pulse, the gums, or the breath, before ptyalism takes place. This latter ought to be avoided, as troublesome and unnecessary; but the facility with which some constitutions are effected, will at times baffle the most cautious treatment.

"In such cases as will not admit of the mercurial treatment, I have derived much benefit from free and continued purging. It was the observation of nature that led me to this course. I had observed that persons seized with a diarrhœa, or even cholera morbus, generally escaped a run of fever; and instead of checking a lax, I promoted it, especially in the autumnal months; and when nature seemed reluctant or defective, the aid of art was called in. In the variety of medicine used for this purpose, I found the most benefit from a solution of the sulphate of soda in cinnamon water, with a small quantity of tartarized antimony, desiring the patient to drink plentifully of barley or tamarind water.

"The patient, instead of being exhausted by a course of purging, will find his strength increase. This I have experienced in many instances, one of which I will take the liberty of mentioning.

"In 1814, a militia man from Montgomery county contracted endemic fever at Sackett's Harbor. On his return, unable to proceed, he stopped in the vicinity of Utica. I found him worn out with disease, his eye yellow, countenance bad, pulse rapid, tendons playing, and a slight delirium. He had also the fluxus castriensis; but was unable, without assistance, to walk to the stool. I left him twelve powders, composed of camphor, nitre, calomel, and a small quantity of tartarized antimony. Being called to a distance, and detained, I did not see him again till the expiration of thirty-seven hours, when I was not a little surprised to find my patient sitting at supper, apparently in health, and eating with a tolerable appetite; the delirium and subsultus had disappeared, and he was able to walk without assistance. The directions had been religiously followed, a powder every second hour, although every dose had in ten or fifteen minutes operated as a powerful cathartic. Had I been present, the medicine would not have been continued, and probably the person would not have been able to proceed as he did next morning for his home."

"Where no objection exists, the preference should be given to calomel as a cathartic; in many cases, it is the only medicine that can be employed for that purpose, as the stomach will from excessive irritability reject every other, but seems incapable of raising this; and if given in moderate but repeated doses, it will find its way along the intestinal

canal. The catharsis must be kept up, till the dark fœces are replaced by those of a more natural color; and should the system, in the mean time, afford obvious signs of being duly imbued with the mercury, that medicine should be omitted, and other laxatives used, as the neutral salts in an infusion of senna, the ol. ricini, or a preparation of the croton oil.

"It will be understood, that it is only at the commencement of fever, that we strongly advocate the mercurial treatment; after a certain period, the system appears to become insensible to this medicine, and toward the latter period it seems injurious. When the febrile action has subsided, and the fur disappears from the tongue, the strength of the patient must be supported by wine; and for this purpose, genuine Madeira is the only suitable kind. In a short time, to this may be joined the cinchona, either in decoction or in the admirable form of the sulphate of quinine, united with some pleasant aromatic, as cinnamon. After endemic fever, there is generally a voracious appetite, and more relapses occur from over eating than from any other cause.

"In illustration of the treatment I prefer, in the case of strangers from healthy districts when exposed to endemic fever, I will state a case which occurred in my practice. On the 10th of September, 1815, I was called to visit I—— I———, a young man, of a full habit and robust form, who had never been sick before; he had just returned from the Cayuga marshes, having been a boatman on the Seneca river. His face was flushed like scarlet, eyes red, terrible headache, and full, bounding pulse. A vein was opened in the arm, and nearly 2½ lbs. of blood flowed before he grew faint. He now took a full dose of calomel and jalap; but the heat and re-action re-appearing in about an hour, he was placed on a chair before the door, and two buckets of water from a spring, poured through a sieve, on his head: the shock was great; he went to bed with a chill. Orders were given to repeat the effusion should the heat return. Next morning, he was evidently better; had got some sleep; but the skin being still hot, and the pulse rather strong, 20 ounces more were drawn from the arm; and in about an hour after, the cold effusion. Repeated and strict orders were given to repeat it, if the skin became hot and dry. His cathartic had operated, and he continued to take lessened doses. On the third day he was convalescent, and the mercury stopt.

"In several cases which appeared similar to that stated, I have found much benefit by opening the temporal artery, and allowing 20 or 30 ounces of blood to flow; but this quantity will not be obtained without the caution, not to cut off the vessel till you wish the flow to stop. Where there appears much determination to the head, 16 oz. taken from the artery will give greater and more immediate relief than double the quantity from the arm, and avoid the danger of inducing debility by repeated venesection at the arm. I have found arteriotomy particularly useful in those attacks where the danger arose from the fever assuming a typhoid state. It will often remove the oppression on the brain, and does not exhaust the strength. When an European or a native of New England, on their arrival during the summer or autumn, at a place subject to endemic disease, is attacked with a fever, a free use of the lancet is indispensable. The re-action must be kept within bounds, or some vital organ will be irrecoverably destroyed; but this must not be resorted to till the state of re-action commences, either by the efforts of nature or the aid of medicine.

"In the third or last division, which may be justly denominated malignant, where the state of the patient and the power of the agent combine to entitle the case to that appellation, we meet with disease in some instances, where the powers of life succumb to the overwhelming forces of the agent, and nature yields without a struggle. These cases are marked with a feeble pulse, a difficulty in breathing, an intolerable agony and oppression at the breast, a purple hue on the surface. Under these circumstances, our first indication is to rouse the energy of the system, and to restore nervous sensibility. For this purpose, the warm bath holds the first place, to be followed by friction with volatile lineament combined with tincture of cantharides, and at the same time exhibiting internally doses of sulphuric ether, alternated with potions of calomel and jalap, occasionally assisted by enemata. If we are so fortunate as to arouse the vital energy and induce a brisk catharsis, we may entertain some hopes of the recovery of our patient. The calomel ought to be continued, and the catharsis kept up till the evacuations lose the dark hue, and the appearance of mercurial action in the system affords reason to believe that the disease is conquered. In these low or sinking cases the lancet is a dangerous expedient, and I have witnessed fatal effects from its use.

"In other instances of this class, after a slight chill, or only a crawling sensation of cold, in stout and robust habits, a violent reaction commences; and if this is not immediately moderated, some organ essential to life is irreparably injured. Those which most frequently suffer are the head and stomach.

"Should the brain be threatened, which may be known by the deep flush of the face, the redness of the eyes, beating at the temples, intense headache, and not unfrequently delirium, the temporal arteries ought to be opened, cupping or leeches applied to the temples, the cold effusion repeatedly used, the head shaved and cold, or if procurable, iced water kept on the head, and calomel freely exhibited. Should the stomach appear to be

the organ in danger, copious depletion at the arm, cupping or leeches at the epigastrium, followed by an extensive blister over that region; and here the tepid or cold bath might be preferable, and mercury introduced by friction on the surface, the blue pill by the stomach, or even by enema.

"In the course of this and my former address, I have submitted to you the result of many years' experience and observation, on the subject of endemic fever. Whether it appears in a ship, from a decaying cargo or foul hold; has its origin in the filth, and narrow, unventilated lanes of a city; in the accumulation of that filth among the basins, ships and docks of a sea-port; from the perishable materials on which new streets are founded; or shows itself among the ponds, marshes and stagnant pools of the interior; the cause is the same, and will be found accompanied by vegetable or vegetable and animal putrefaction. To induce or promote this process, heat and moisture are the principal agents; hence, it prevails most in those countries where those agents operate powerfully, and find pabulum to act on. The effects are so varied by the idiosyncrasy of the individual, and the intensity of the agent as to induce some respectable physicians to make distinctions where there is no difference. Had I only seen endemic fever, as I met with it on the well-cultivated banks of the North River, where among the intermittents and mild remittents, erroneously called bilious, I do not remember to have seen a yellow skin during a residence of six years, I might have thought that the city endemic was a different disorder.

"But having witnessed its effects in a district where the agent was much more powerful, I cannot agree to the distinction made; and I can positively affirm, that if the fever which prevailed in New-York during the summer and autumn of 1795, was yellow fever, then yellow fever is identically the same as the endemic fever of the interior; many cases of which latter I have seen more rapidly fatal than several which were pointed out to me in the city as genuine yellow fever. Why a cause of equal intensity should operate differently in the air of the city, I cannot see. The symptoms pointed out as characteristic and distinctive of yellow fever, are exactly those most frequently found in the fatal and malignant cases of country endemic. For the truth of this, I might appeal to every gentleman who has practised in a country subject to endemic fever. But instead of detaining you on this topic, I will refer you to the writings of Lancisi, the almost innumerable facts recorded in the Medical Repository, the investigations of Dr. Bancroft, the statements of Drs. Musgrave and Ferguson, those of the veteran Jackson, (not of the West Indies, as the Medical Recorder has it,) Doctor O'Halloran, an excellent memoir by Professor Potter of Baltimore, the opinion of Dr. Rush who so sincerely regretted having ever entertained or published his first erroneous doctrine; and lastly, that excellent essay of Dr. Cooke, contained in the 27th number of the Medical Recorder. The idea of contagion and importation is now so completely abandoned, that it would be an act of supererogation to dwell on the subject."

ART. II.—*A Biographical Sketch of the late Alexander Coventry, M.D., of Utica, N.Y. Taken from the Annual Address delivered before the N.Y. State Medical Society*, 1832. By JONATHAN EIGHTS, M. D., President of the Society. *With additional observations.*

"Let me remind you, before we retire, of an event which we all have reason to deplore. Since the last anniversary of our Society, death has removed from us one of our most valued and esteemed members, and a late President thereof, Dr. Alexander Coventry, of Oneida county. When we last met, he partook in our deliberations, and we were assisted by his counsel and advice. On a similar occasion to this, his venerable figure was before me. But he is gone, never more to return. We have, indeed, resolved to clothe ourselves with the badge of mourning, and to wear it in testimony of our esteem for his character and regard to his memory. But, gentlemen, you will indulge me for a few moments, while I notice briefly a few of the incidents in the life of our lamented friend and fellow member. I stand not here, however, as his eulogist. That duty, I trust, has been, or will be, performed by some one more competent than myself, to do ample justice to his character and his many virtues; but as presiding officer of an institution, of which he was a valuable member, I consider it my duty to pay this tribute of respect to the memory of one whom I esteemed while living, and whose loss to the community, as well as to our Society, will be long felt and regretted.

"Dr. Coventry was born at Fairhill, the seat of his father, Capt. George Coventry, near Hamilton, Scotland, on the 26th of August, 1766. He received his preliminary education in the schools of Hamilton and Glasgow, and studied the profession of medicine with Drs. Stewart and Cross, of Hamilton, in 1783–4. After having attended the medical lectures at Glasgow, in the winter of 1784–5, he repaired to Edinburgh, where he heard the instructions of Monro, (secundus,) Cullen, Hope, and Gregory. It was from these ornaments of our profession, that Dr. Coventry drew his principles of practice, which, as is believed, guided him throughout his whole professional career. Some property which had been left to him by his father, requiring his personal attentions, Dr. Coventry sailed for America in July, 1785. He first located himself at Hudson, in this state,

where he remained for about three years, actively engaged in the practice of his profession, and also in agricultural pursuits, to which he was much attached. In 1790, he removed to Romulus, on the west side of Seneca Lake, where he had a fair opportunity of studying the epidemic fevers of that district in all their varied forms, But in consequence of the repeated attacks which he suffered, and the sickness of his family, he removed to Utica, then Fort Schuyler, in 1796, where he continued to reside until the time of his death. It appears to have been his wish, when first settled in that place, to abandon the practice of medicine, and to devote himself to mercantile pursuits. But finding these not congenial to his taste and habits, and that professional calls were frequent, he was obliged to relinquish them entirely. He again, therefore, devoted himself to the practice of his profession, which, together with his favorite pursuits, horticulture and agriculture, occupied his whole time.

"The estimation in which Dr. Coventry was held by his professional brethren, may be judged of by the facts, that he was for several years the President of the Medical Society of the county of Oneida; that in 1822, he was elected a Permanent Member of the State Medical Society; and in 1823 and '24, President of the same body. He was, about the same time, appointed one of the Trustees of the Western Medical College, and was also a member of the Albany Lyceum, and a corresponding member of the Linnæan Society of Paris. On the organization of the Agricultural Society of Oneida county, he was appointed Corresponding Secretary, and delivered the first address before that body.

"For forty years, Dr. Coventry kept a journal, in which he noted daily whatever he conceived useful and important in his profession, and in science. In this, no doubt, many useful and important facts are recorded; and from his known talent for observation and discrimination, it is hoped that the world will be favored with copious extracts from it, containing his private thoughts and views on many interesting subjects.

"Dr. Coventry was an occasional contributor to the agricultural and political papers of the day. His principal medical writings, are his addresses before the State Medical Society, on endemial fever; a paper on yellow fever, published in the Edinburgh Medical and Surgical Journal; and a paper on goitre, and one on dysentery, in the New-York Medical and Physical Journal. These productions are all characterized by that practical talent and discrimination for which our lamented friend was so justly esteemed.

"He was possessed of a fine and vigorous constitution, which, added to his regular habits and frugal mode of living, enabled him to endure for many years the fatigues of an extensive practice without any injury to his health. But with advancing years, these fatigues were insensibly making inroads, and preparing the way for the certain triumph of the destroyer. While engaged in professional business at the house of a friend, he was seized with the fatal distemper, the epidemic catarrh, which after an illness of two weeks, terminated his useful and honorable career.

"As a practitioner of medicine, he was justly esteemed; and while he ever maintained the full and complete confidence of his employers, his professional brethren gave abundant testimonies of their high opinion of his skill and experience. By his death, the community in which he resided has lost one of its most valued members, and our profession one of its brightest ornaments."

We regret to state that the journal kept by Dr. Coventry, referred to by Dr. Eights, was left in such a state that no one but himself could prepare it for the press to do justice to the several subjects he had written on.

Some time previous to the death of Dr. Coventry, we (the writers of this note) spent an evening with him, at his own house, in Utica. We, like Dr. Eights, were under the impression that "Dr. Coventry kept a journal," for the purpose of noting down interesting medical facts, &c. We asked the Doctor to let us see the journal, which he politely did, and which we found to be as above described. On expressing our regret at the situation of the journal, he observed, that he had from time to time intended to prepare it for the press; but that, owing to professional calls and the duties required of him at his farm, he had been compelled to neglect his literary duties; observing at the same time, "Please God, my health is spared, I will arrange my papers for the press before I leave this world." Our conversation then turned on the character and qualifications of American physicians and surgeons. We felt desirous to know his opinion on this subject; and on the question being politely put, he replied: "I have generally found them intelligent and good practitioners; and the many important and successful operations by American surgeons on record, is satisfactory evidence that that branch of the profession is not behind that of any other country." How different was the language and feeling of this late distinguished physician, from that of some of the foreign medical gentlemen that come among us at the present day! some of whom are not backward in stigmatizing American medical gentlemen as being ignorant of their profes-

sion, &c.; and what may appear strange, this by men possessed of much less medical education than those they attempt to underrate. Shortly after the death of Dr. Coventry, we applied, to ascertain if he had arranged his papers for the press; and were sorry to learn they were left in the situation we saw them. We consider this an irreparable loss to the practitioner of medicine. A few of the papers were put into our hands, from which we selected and published a short paper on Endemic Fevers, in our number for October 1834. This is, probably, the last paper (on medical subjects) that will ever be published from the pen of the talented and lamented Coventry.*

Ed's Med. and Surg. Jour.

ART. III.—*Seventeenth Meeting, Albany, February*, 1823.

1. *Officers, members and delegates present.*—The President and Vice President being absent, Dr. James R. Manley, of New-York, was called to the chair. Drs. Charles D. Townsend, *Secretary*, Albany. John H. Steel, Saratoga; Laurens Hull, Oneida; William Bay, Albany; William Wendell, do.; Jonathan Eights, do.; Abraham Allen, Washington; Henry Van Dyck, Columbia; Truman B. Hicks, Warren; Henry Van Hovenburgh, Ulster; Cornelius H. Van Dyck, Schoharie; Abraham B. Spoore, Greene.

The following gentlemen produced their certificates as delegates from their respective county medical societies, and took their seats accordingly, viz: Calvin Howard, Delaware; James M'Naughton, Col. Phy. & Surg. W. District; Hunting Sherrill, Dutchess; Lucius H. Allen, Erie; Daniel Ayres, Montgomery; Epenetus Wallace, Westchester; Stephen Todd, Herkimer; Jehiel Stearns, Onondaga.

2. *Censors' Report.*—The Censors of the Middle District report, that since the last meeting of the Society, they have examined one candidate, viz. Vernon Cuyler, of the county of Albany.

The Censors of the Southern District report, that in conformity to statute, they have examined since the last meeting the following candidates, viz: Horatio G. Torbert, of New-York: Francis Dubois, of do.; Fletcher W. Norton, of Massachusetts; Edwin James, of Vermont; and Morris Willis, of Connecticut.

3. *Permanent and Honorary Members.*—Dr. Luther Guitteau and Dr. Thomas Broadhead, were elected permanent members; and Dr. Josiah Noyes, of Herkimer Co., and Dr. Nathaniel Chapman, of Philadelphia, were elected honorary members. Drs. Wm. Hammersley, of New-York, and John D. Henry, of Rochester, were *nominated* honorary members.

4. *Petition to the Legislature by County Societies.*—Resolved, As the sense of this Society, that whenever it shall be deemed expedient by any County Medical Society to petition the Legislature of this state for any amendment to the laws regulating the practice of physic and surgery, it is expected that previous to the presentation of the petitions or memorials, they be submitted to the consideration of this society.

5. *Election of Officers for* 1824.—Drs. Alexander Coventry, Oneida, *President*. John H. Steel, Saratoga, *Vice President*. Charles D. Townsend, Albany, *Secretary*. Jonathan Eights, do. *Treasurer*. Felix Pascalis, James R. Manley. Charles Drake, William Bay, T. Romeyn Beck, Peter Wendell, Abraham Allen, Daniel Ayres, Truman B. Hicks, Laurens Hull, Erastus D. Tuttle, Luther Guitteau, *Censors*. Amos G. Hull, Erastus D. Tuttle, Westel Willoughby, James M'Naughton, Stephen Todd, Abraham Allen, Henry L. Van Dyck, *Committee of Correspondence*.

It does not appear that anniversary addresses were delivered at the two last meetings.

ART. IV.—*Eighteenth Meeting, Albany, February*, 1824.

1. *Officers, members and delegates present.*—Drs. Alexander Coventry, Oneida, President; John H. Steel, Saratoga, Vice President; Charles D. Townsend, Albany, Secretary; Jonathan Eights, Albany, Treasurer. Laurens Hull, Oneida; T. Romeyn Beck, Albany; William Bay, Albany; Peter Wendell, Albany; Henry L. Van Dyck, Columbia; Truman B. Hicks, Warren; Henry Van Hovenburgh, Ulster; Daniel Ayres, Montgomery; Erastus D. Tuttle, Cayuga; Gamaliel H. Barstow, Tioga; Abraham Allen, Washington; E. Wallace, Westchester; Cornelius H. Van Dyck, Schoharie; Stephen Todd, Herkimer.

The following gentlemen produced their certificates as delegates from their respective County Medical Societies, and took their seats accordingly:—

Drs. John B. Beck, College of Physicians and Surgeons, New-York; Ralph P. Allen, Clinton; Thomas Spencer, Madison; Royal Ross, Chenango; John L. Cleveland, Yates; Horatio Orvis, Jefferson; Eliel T. Foote, Chautauque; John Van Name, Rensselaer; Amos Botsford, Greene.

2. *Permanent and Honorary Members.*—Drs. Henry Mitchell, Laurens Hull, John H.

* We are aware that we are a little out of the regular track of publishing the Transactions, &c. of the State Medical Society; but we believed it would be acceptable to our readers to have the papers of the late Dr. Coventry and the biographical sketch of him brought together in the manner we have done.

Steel, and Jonathan Eights, were nominated as permanent members.

Drs. Philip S. Physick and Joseph Gallup were nominated as honorary members of this Society.

Drs. John H. Steel and Laurens Hull were elected permanent members.

Drs. Daniel Drake, of Lexington, (Kentucky,) and John D. Henry, of Rochester, were elected honorary members.

3. *Election of Officers for* 1825.—Drs. Alexander Coventry, Oneida, President; John H. Steel, Saratoga, Vice President; Charles D. Townsend, Albany, Secretary; Jonathan Eights, Albany, Treasurer. Felix Pascalis, James R. Manley, Charles Drake, William Bay, T. Romeyn Beck, Peter Wendell, Abraham Allen, Daniel Ayres, Truman B. Hicks, Laurens Hull, E. D. Tuttle. Luther Guiteau, Censors. Thomas Spencer, Gamaliel H. Barstow, Henry L. Van Dyck, Stephen Todd, H. Van Hovenburgh, Horatio Orvis, Amos Botsford, Committee of Correspondence.

Art. V.—*Nineteenth Meeting, Albany, February,* 1825.

1. *Officers, Members and Delegates present.*—Drs. John H. Steel, Vice President, Saratoga; William Bay, Albany; Henry L. Van Dyck, Columbia; E. T. Foote, Chautauque; E. Wallace, Westchester; John Van Name, Rensselaer; Royal Ross, Chenango; Felix Pascalis, New-York; Peter Wendell, Albany; James R. Manley, New-York; Henry Van Hovenburgh, Ulster; Daniel Ayres, Montgomery; T. Romeyn Beck, Albany; Abraham Allen, Washington; Stephen Todd, Herkimer; James McNaughton, College of Physicians and Surgeons, Western District.

The following gentlemen produced their certificates as delegates from their respective County Medical Societies, aud took their seats accordingly:—

Drs. Platt Williams, Albany; Laurens Hull, Oneida; James McGoffin, Schenectady; Joshua Converse, Schoharie; Delos White, Otsego; Anthony Gage, Yates; Thomas Greenly, Madison; Samuel Freeman, Saratoga.

The following gentlemen, members of the Legislature, and ex. officio members of the Society, were introduced, and took part in the proceedings of the Society:—

Drs. James Faulkner, Livingston; James Pettit, Onondaga.

2. *Censors' Report.*—The Censors of the Southern District reported that they had examined and permitted to practice, the following gentlemen:—

James B. De Witt, New-York; Edward W. Wells, Philadelphia; Peter S. Staats, Albany; Daniel W. Cole, Edward Livingston, Madison Lawrence, Robert B. Folger, New-York; John St. John, Montgomery county.

3. *Regulations for the Government of the Society.*—The Committee appointed to draft a system of rules and regulations to govern this Society in its deliberations, report the following, as in their opinion sufficient for the due government of the Society:—

1. Upon the appearance of a quorum, the presiding officer shall take the chair, and the members shall be called to order.

2. Immediately after the presiding officer shall have taken the chair, the minutes of the preceding meeting shall be read by the Secretary, to the end that any mistakes therein may be corrected.

3. The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Society.

4. Every member previous to his speaking, shall rise from his seat, and address himself to the chair.

5. When two or more members rise at once, the chair shall decide who is first to speak.

6. No member shall speak more than twice on the same question, without leave of the Society; nor more than once, until every member choosing to speak, shall have spoken.

7. No motion shall be debated or put, unless the same be seconded. When a motion is seconded, it shall be stated by the chair before debate; and every such motion shall be reduced to writing, if desired by any member.

8. After a motion is stated from the chair, it shall be deemed in possession of the Society, but may be withdrawn at any time before decision or amendment.

9. When a question is under debate, no motion shall be received, unless to amend it, to adopt a substitute, to lay it on the table, to postpone it, or to adjourn.

10. A motion to adjourn shall always be in order, and shall be decided without debate.

11. All communications to the Society shall be presented by the President, or a member in his place.

12. Every member who shall be present when a question is stated from the chair, shall vote for or against the same, unless excused by the Society.

13. A member called to order, shall immediately sit down, unless permitted to explain; and the Society, if appealed to, shall decide on the case without debate: if there be no appeal, the decision of the chair shall be submitted to.

14. All questions relating to the priority of business to be acted on, shall be decided without debate.

15. All committees shall be appointed by the chair.

16. None of the above rules shall be altered unless by the consent of two thirds of all the members attending a regular meeting.

Whereupon,

Resolved unanimously, That the above rules and regulations be adopted.

And be it further ordained, That the system of Medical Ethics reported and adopted February 5, 1823, be considered as authoritative to govern the profession in the State of New York.

4. *Permanent and Honorary Members.*—Drs. Jonathan Eights, of Albany, and Henry Mitchell, of Chenango, were chosen permanent members.

Drs. Philip S. Physick and Joseph Gallup were elected honorary members.

5. *Election of Officers for* 1826.—Drs. James R. Manley, President; Theodric R. Beck, Vice President; Platt Williams, Secretary; Jonathan Eights, Treasurer and Librarian. Felix Pascalis, Charles Drake, John B. Beck, William Bay, Peter Wendell, Jonathan Eights, Abraham Allen, Daniel Ayres, John H. Steel, Alexander Coventry, Laurens Hull, Luther Guiteau, Censors. Royal Ross, Stephen Todd, Eliel T. Foote, Henry P. Van Dyck, Delos White, Joshua Converse, Samuel Freeman, Anthony Gage, Committee of Correspondence.

ART. VI.—*Twentieth Meeting. Albany, February,* 1826.

1. *Officers, members and delegates present.*—Drs. James R. Manley, President, New-York; T. Romeyn Beck, Vice President, Albany; Platt Williams, Secretary, Albany; Jonathan Eights, Treasurer, Albany. Laurens Hull, Oneida; E. T. Foote, Chautauque; Daniel Ayres, Montgomery; Peter Wendell, Albany; John Van Name, Rensselaer; John B. Beck, College of Physicians and Surgeons, New-York: Joshua Converse, Schoharie; Truman B. Hicks, Warren; Delos White, Otsego; Henry Van Hovenburgh, Ulster; William Bay, Albany; Horatio Orvis, Jefferson; Amos Botsford, Greene; James McNaughton, College of Physicians and Surgeons, Fairfield; John H. Steel, Saratoga; Samuel Freeman, Saratoga; E. D. Tuttle, Cayuga.

The following gentlemen produced their certificates as delegates from their respective County Societies, and took their seats accordingly, viz:—

James Stevenson, Washington; Thomas G. Evans, Orange; Ira H. Smith, Cayuga; Harvey W. Doolittle, Herkimer.

The following gentlemen, members of the Legislature, and ex. officio members of the Society, were introduced, and took part in the proceedings of the Society:—

Drs. Campbell Waldo, Cayuga; John Lynde, Cortland; Robert Collins, Rensselaer.

2. *Censors' Report.*—The Censors of the Southern District reported, that during the year 1825 they had examined and permitted to practise, the following gentlemen:—

Ananias M. Brewster, State of New-York; Joseph Nichols, Montreal; Lucius Hyde, Rensselaerville; John S. W. Parkin, New-London; Sanford R. Knapp, State of New-York; B. Guernsey, State of New-York; James Hubbel, Yorktown, (Dutchess Co.); Henry Van Antwerp, Albany; Asa J. Buddock, Franklin county, (Mass.); Samuel W. Denton, Wallkill, (Orange county.)

3. *Permanent and Honorary Members.*—Drs. John Watts, of New-York, and Daniel Ayres, of Montgomery county, were elected permanent members.

The following gentlemen were nominated as honorary members:—

Joseph Lovell, M. D., Surgeon General, Washington; John Lizars, Fellow of the Royal College of Surgeons, Edinburgh; Dr. John Onderdonk, New-York; Joseph Bloodgood, M. D., Queens County.

4. *Election of Officers for* 1827.—Drs. James R. Manley, President; T. Romeyn Beck, Vice President and Librarian; Platt Williams, Secretary; Jonathan Eights, Treasurer. Felix Pascalis, Charles Drake, John B. Beck, William Bay, Peter Wendell, James McNaughton, John H. Steel, Daniel Ayres, James Stevenson, Alexander Coventry, Laurens Hull, Luther Guiteau, Censors. Harvey W. Doolittle, Eliel T. Foote, Delos White, Ira H. Smith, Henry Van Hovenburgh, Samuel Freeman, Truman B. Hicks, Thomas G. Evans, Committee of Correspondence. John B. Beck, Peter Wendell, T. Romeyn Beck, Charles Drake, James R. Manley, Committee on Prize Dissertations and Questions.

5. *Anniversary Address by the President, Dr. Manley. Extracts from.*—"Called to occupy a station which has been occasionally filled by the most distinguished medical talent in this country, it is the monition both of interest and of duty to accept it with diffidence, and to use its influence with discretion.

"The medical community of this State, since the incorporation of this Society, whose business it is to supervise and regulate for the good of the whole the police of the medical profession, has assumed a more fixed scientific character than could have been reasonably anticipated for many years, without its agency. Without appearing to control, and without imposing any other restraints upon its members than such as commend themselves to the understanding and the conscience of every enlightened individual, it has silently but successfully operated such a change in medical education as cannot fail, if properly improved, to make the character of the physician honorable and respected. But much yet remains to be done. The pro-

gress of improvement must of necessity be slow, where philosophy has at every step to contend with ignorance and prejudice."

"The profession which we have chosen is one of awful responsibility: it puts in requisition and gives continued employment to all the powers of the understanding, and all the kindly affections of the heart. The physician is not only obliged to be well informed, but his knowledge must at all times be at command; not only to act with decision, when occasion requires, but to do ungracious acts, and such as will jeopardize his reputation if success should not attend the results. To be well furnished for his profession is not only his duty, but his deficiency is sin; his ignorance is his crime. He is not only obliged to administer relief, but the relief must be extended in the best and speediest manner, and with the least possible suffering. And if any thing can render the duty still more arduous, it is the conviction, that his feelings must be so disciplined by his judgment as in no case to be permitted to control it. It is his exclusive business to shield from the dangers and assuage the pains of disease; to furnish the means which alone can give to life its enjoyment, or mitigate the sufferings which must inevitably terminate in death; and to give additional force to all these responsibilities, there are no human sanctions to enforce the obligations. He who made him, and conscience his only representative, can estimate his deficiencies or rebuke his neglect. How important, then—how vitally interesting to the public—is the subject of medical education! and how essential is it, that its foundation should be laid in a deep and abiding sense of moral obligation!"

"A medical reputation, though in years past it might have been easily acquired, must now be maintained by severe application to study and industrious habits of observation; and those who fail in either, or who content themselves with their attainment, betray not only a neglect of the progressive improvements of the science, but a contempt for the intelligence of the public, which will not fail of its desert, whenever their claims to distinction are questioned.

"It is necessary, therefore, that those who devote themselves to the practice of physic, should be fully educated, in order to warrant the expectation of acquiring character in their profession; and as an indirect stimulus to their exertions, they ought to be made acquainted with the difficulties which lie in their way, that they may not, in disgust, when too late to retrace their steps, abandon the high road to honorable preferment, and study to compensate themselves for their disappointment, by converting the privileges they possess into mere trade-stock to accumulate wealth. It is a truth, which if not immediately obvious, experience will soon teach, that the path to wealth, if not to eminence, is best found in a spirit of worldly accommodation, which consults the prejudices rather than the reason of the multitude; for, however ignorant that multitude may be, (and they are not scandalized by being charged with total incapacity to judge of medical character,) there is not an individual of them who will not accept a deference to his opinions as a compliment to his intelligence. It is also true, that the profession of physic addresses itself to the heart rather than to the understanding—to the feelings, rather than the judgment; and that this is the fruitful source of much of the difficulty with which the physician must contend, in his pursuit of medical distinction. Sympathy with suffering makes a firm friend: hence, the intelligent discharge of the obligations of duty are merely acknowledged or forgotten altogether; while a tythe-part of the services, rendered with apparent and officious interest for the distressed, is received with a gratitude which memory will always cherish. So universal is the operation of these principles, that the uninformed, the impudent, and the cunning, who *per fas aut nefas* become legally authorized to practise our art, make their advantage of them, to conceal their ignorance or to mask their hypocrisy; and they so admirably answer either purpose, that they are successful for both."

"Perhaps there never was a time since the organization of this Society, when the calls of duty were more imperative than at the present. The rivalries of the numerous schools for medical instruction, distributed throughout the country, many of them offering very limited courses of instruction; the neglect on the part of most of these schools to require from the candidates any evidence of proficiency in those studies which should form the ground-work of a medical education; the facilities with which degrees in medicine are obtained; the inducements offered to young men to enter themselves as pupils, while they are deficient in the elements of general science, which alone will enable them to study to advantage when their period of pupilage shall have expired; and especially, that mistaken liberality of our statute, which, while it gives full effect to the evils above enumerated, is calculated to perpetuate them; all threaten to degrade and deprave the medical character; and, unless this Society suggest some decisive measures to arrest this wholesale manufacture of physicians, by more particularly determining the qualifications which shall admit to license in this State, the consequences must be alike disastrous to the respectability of the profession, and the interests of the public."

"However much we, as individuals, may regret the injury done to medical degrees by the indiscreet or interested distribution of them, it is only as they affect the character of the license, and as they are calculated to defeat the intentions of the law of the State, that they interest us in our corporate capacity.

But while I feel constrained to charge upon them so large a share of the abuse of medical privileges, I should do injustice to my subject were I to permit the evasions of the law in respect to the licenses themselves, as they are occasionally issued by the County Societies, to pass unnoticed. Those infractions, it is true, are not numerous; and they appear to have arisen more from the latitude of construction given to its provisions, than from a contempt of its restraints; still, as it is of the first importance that the law should not only be rigidly but impartially executed, they are proper subjects for the cognizance of the Society."

"There is no court for the correction of errors in the practice of physic, at least none which can afford relief to the unfortunate subject of an ill-advised, or perhaps, under the circumstances of the case, a poisonous medicine. The most that may be expected, (and this is far too much,) is that the victim's misfortune may serve as a lesson to others equally unskilled in the profession, and teach them another truth, of which it was always their sin to have been ignorant. There is scarcely any person whose experience is so limited as not to have presented evidence of the truth of the above remark. Those who have witnessed the desolation of a wide-wasting epidemic, who themselves have tasted all the bitterness of widowed hope; who have been called to inter in rapid succession every staff of their support, whether present or in prospect, and who, but for the anodynes which even protracted sorrow kindly furnishes to the distressed, would have drained the cup of unmingled wretchedness, and found their only refuge in despair, and there are some such—they know the immeasurable difference between a well-instructed physician and one who merely values his vocation for the profits which it yields. There are times when the intelligence of the best informed is taxed to the utmost limit of its ability to arrest the march of disease, or suggest a remedy which shall avail to ward off the stroke of death; and when they do occur, where shall the half-educated or the imprudent physician be found? 'When the files of recorded fact afford no precedent;' when, if they did, the disastrous issues which await a moment of indecision forbid a reference; when the impending gloom of the grave affrights from their wonted exercise the kindliest affections of the heart; and death, clothed with all the terrors which its realities possess and its fears can borrow, oppresses with heartless despair both the patient and his attendants; then it is that the intelligent physician stands, as it were, between the living and the dead, the honored instrument of blessing, qualified alike to dispel the distracting doubts of friends, and to calm the anxieties of the suffering victim of disease; or, in failure of success, to justify himself before God, his conscience, and the sorrowing family: while the ignorant practitioner, affecting for the first time, to have been made sensible of his deficiencies, contemplates in stupid amazement the event which he can neither avert or control, and is *too* happy if peradventure he can solace himself with the reflection, that the distress which he witnesses he had no ageney in creating."

ART. VII.—*Twenty-first Meeting, Albany, February*, 1827.

1. *Officers, Members and delegates present.*—Drs. T. Romeyn Beck, *Vice President*, Albany; Platt Williams, *Secretary*, Albany; Jonathan Eights, *Treasurer*, Albany; Laurens Hull, Oneida; Joshua Converse, Schoharie; James Stevenson, Washington; Peter Wendell, Albany; William Bay, Albany; Eliel T. Foote, Chautauque; Delos White, Otsego; Henry Van Hovenburgh, Ulster; Truman B. Hicks, Warren; Harvey W. Doolittle, Herkimer; James McNaughton, College of Physicians and Surgeons, Western District; Charles D. Townsend, Albany.

The following gentlemen produced their certificates as Delegates from their respective County Societies, and took their seats accordingly:—

Drs. Samuel Osborn, New-York; Thomas G. Evans, Orange; Daniel Ayres, Montgomery; Moses Hale, Rensselaer; Asa Lee Davidson, Allegany; Enos Barnes, Yates; Thomas Spencer, Madison; Miles Stevenson, Clinton; Alexander McIntyre, Wayne; Joshua W. Bowron, Westchester; John McClelland, Columbia.

2. *Premiums awarded, and Censors' Report.*—The Committee on Prize Questions reported that they had awarded one of the premiums, for 1826, to Daniel L. M. Peixotto, M.D., of New-York, for a Dissertation on Hooping Cough.

The censors of the southern district reported, that since the last meeting of the Society, they had examined and licensed the fellowing gentlemen:—John B. Loring, New-York; Michael Malone, Albany; John P. Tarbell, Newburgh; John Truax, Schenectady; Leonard G. Warren, Bethlehem.

3. *Doctor of Medicine.*—A communication from the Regents of the University was received and read, in the following words:—

At a meeting of the Regents of the University, held pursuant to adjournment, in the Senate Chamber, January 31st, 1827: The Regents have taken into consideration the Report of the Committee, made at the last session of the Board, on the communication from the State Medical Society, on the subject of conferring the honorary degree of Doctor of Medicine on a certain number of practitioners in medicine, not to exceed six annually, and to be nominated by the said Society at its regular meetings, by the

votes of two thirds of the members present; and having spent some time thereon, it was thereupon

Resolved, By the Regents, that they would receive with respectful attention any recommendations that the State Medical Society might make to them, for conferring honorary degrees of Doctor of Medicine.

Resolved, That the Secretary communicate to the President of the State Medical Society a copy of the preceding resolution.

A true copy.
G. HAWLEY,
Secretary of the Regents.

The Committee, to whom was referred the communication from the Regents of the University, report—

That as a preliminary to their nomination, it is deemed necessary, (in conformity with the application to the Regents,) to consider age as a requisite, as well as professional standing; and therefore, that it is inexpedient to offer any name, where the person has not attained the age of 45 years.

SAMUEL OSBORN, Chairman.

Whereupon,

Resolved, That the report be accepted.

Resolved, That the Society will not nominate any one for the honorary degree of Doctor of Medicine, unless he shall have attained the age of 45 years.

4. *Permanent and Honorary Members.*—Dr. Eliel T. Foote, of Chautauque, and Dr. John C. Cheeseman, of New-York, were elected permanent members.

Dr. Joseph Lovell, Surgeon General, Washington, and Dr. John Onderdonk, New-York, were elected honorary members.

The following gentlemen were nominated as honorary members:—

Drs. Thomas Miner, Connecticut; Samuel White, Columbia county, N. Y.; Benjamin J. Mooers, Clinton county; Richard Charles, Allegany county; John T. Jansen, Ulster county.

5. *Election of Officers for* 1828.—Drs. T. Romeyn Beck, *President;* Laurens Hull, *Vice President;* Platt Williams, *Secretary;* Jonathan Eights, *Treasurer and Librarian.* Felix Pascalis, James R. Manley, Samuel Osborn, Charles D. Townsend, William Bay, Peter Wendell, John H. Steel, James Stevenson, Daniel Ayres, Luther Guiteau, Alexander Coventry, Thomas Spencer, *Censors.* Harvey W. Doolittle, John B. Beck, Henry Van Hovenburgh, John McClelland, Thomas G. Evans, Delos White, Truman B. Hicks, *Committee of Correspondence.* John B. Beck, Jonathan Eights, James McNaughton, T. Romeyn Beck, James R. Manley, *Committse on Prize Questions and Dissertations.*

6. *Anniversary Address by the President, Dr. Manley.*—This address, like the last, embraces much interesting information in relation to medical education; also, a "succinct history of medicine in this state;" but not calculated either to analyze or extract from; therefore, we must refer such of our readers as wish to peep at the various manœuvres of trustees, professors, &c. to the address itself, where they will find some faint specimens of what has been acting in Philadelphia for the last eight or ten years.

ART. VIII.—*Twenty-second Meeting, Albany, February*, 1828.

1. *Officers, Members and delegates present.*—Drs. T. Romeyn Beck, Permanent Member, President; Laurens Hull, Permanent Member and Delegate, Oneida, Vice President; Platt Williams, Delegate, Albany, Secretary; Jonathan Eights, Permanent Member, Treasurer; James R. Manley, Permanent Member; David Hosack, Permanent Member; John H. Steel, Permanent Member; Jas. Stevenson, Delegate, Washington; Harvey W. Doolittle, Delegate, Herkimer; James McNaughton, Delegate, College of Physicians and Surgeons, Western District; William Bay, Permanent Member; Peter Wendell, Permanent Member; Thomas G. Evans, Delegate, Orange; Henry Mitchell, Permanent Member; John McClelland, Delegate, Columbia; Samuel Freeman, Delegate, Saratoga; Samuel Osborn, Delegate, N. York; Charles D. Townsend, Permanent Member; Moses Hale, Delegate, Rensselaer; Daniel Ayres, Delegate, Montgomery, and Permanent Member.

The following gentlemen produced their certificates, as Delegates from their respective County Societies, and took their seats accordingly, viz:

Drs. Bushnel B. Cary, Oswego; Frederick F. Backus, Munroe; George Cox, Kings; Ten Eyck Gansevoort, Steuben; Cornelius P. Heermans, Tompkins; Alpheus S. Greene, Jefferson; Elijah Baker, St. Lawrence.

The following gentlemen were invited to take seats as *ex. officio* Honorary Members:

Drs. Elijah Porter, President Med. Society, Saratoga; J. A. Billings, President Medical Society, Genesee; Sylvanus Guernsey, President Med. Soc. Madison; Truman B. Hicks, Warren, a former Delegate, and now a Member of the Legislature; Jonathan Mosher, Washington, a Member of the Legislature.

2. *Degree of Doctor conferred.*—The President reported, that in compliance with the request of the Society, the Regents of the University had conferred the honorary degree of Doctor of Medicine on the following gentlemen, nominated by the Society at its last meeting, viz:

Drs. John Onderdonk, New-York; Jonathan Eights, Albany; Laurens Hull, Oneida; James Stevenson, Washington; Thomas Fuller, Otsego; Gain Robinson, Wayne.

3. *A Member stricken from the List.*—The following resolution, with its preamble, was unanimously adopted; the preamble, on motion

of Dr. Hosack, and the resolution on motion of Dr. Osborn:

Whereas, Dr. Benjamin Waterhouse has lent his name in support of and in sanctioning the empirical practice of Samuel Thomson; therefore,

Resolved unanimously, That the name of Benjamin Waterhouse be stricken from the list of honorary members of this Society.

4. *Censors' Report.*—The Censors of the Southern District reported, that since the last meeting of the Society, they had examined and licensed the following gentlemen:

Zelotus H. Munroe, Utica; De Witt Hasbrouck, Orange county; N. Slocum, N. York.

5. *Permanent and Honorary Members.*—Drs. Platt Williams, of Albany, and Richard Pennel, of New-York, were elected permanent members.

John Lizars, Esq. Surgeon, Edinburgh, and Dr. William Hammersley, of New-York, were elected honorary members.

The following gentlemen were nominated as honorary members:

Drs. John W. Gloninger, Lebanon, Pennsylvania; Henry Schneck, Lebanon, Pennsylvania; Eli Ives, New-Haven, Connecticut; John Augustine Smith, New-York; Thomas W. Henry, Kings county, N. Y.

6. *Intemperance.*—Dr. Heermans, from the committee to whom was referred the communication from the medical societies of the counties of New-York, Yates and Tompkins, on the subject of intemperance, reported the following preamble and resolutions, which, after being considered and amended, were adopted by the Society:

The Medical Society of the State of New-York, taking into consideration the duties they owe to the public, as members of a profession to whose care is committed the health of its citizens, recognise with deep solicitude one of the most alarming causes of disease that exist in human society, to wit, intemperance in the use of ardent spirits.

And whereas it is an evil that is growing to an alarming extent among all classes of society; and from the cheapness and facility of procuring distilled spirits, has become the common beverage of almost every class of the community: And whereas there is reason to believe, that the habitual use of ardent spirits is often the consequence of an opinion that their use contributes to the health of the body, and becomes necessary to sustain it under great fatigue and exhaustion; that it is a preventive of disease from contagious and miasmatic causes, and that it is necessary as a medicine in diseases accompanied with debility, to restore tone and vigor to the system: And whereas it is a duty peculiarly belonging to the medical profession to oppose and correct these insidious errors; therefore,

Resolved, That in the opinion of this Society the habitual use of ardent spirits is not a source of strength and vigor, but that it is generally productive of weakness and disease.

Resolved, That in the opinion of this Society, ardent spirits are not a preventive of disease under any circumstances, but that more frequently their use predisposes the body to the reception of complaints of an aggravated form.

Resolved, That this Society will discourage the intemperate use of ardent spirits, as far as their example and influence will extend.

Resolved, That the free and habitual use of wine and fermented liquors is often the source of obstinate and incurable diseases; and that, although their moderate use may, under some circumstances, be beneficial in giving activity and vigor to the system, yet their use in many cases is often carried too far, and continued to the injury of the constitution.

7. *Election of Officers for* 1829.—Drs. T. Romeyn Beck, President; Laurens Hull, Vice President; Platt Williams, Secretary; Jonathan Eights, Treasurer. James R. Manley, John Watts, John C. Cheeseman, William Bay, Peter Wendell, Charles D. Townsend, John H. Steel, Daniel Ayres, James Stevenson, Alexander Coventry, Thomas Spencer, Frederick F. Backus, Censors. ——— Garretson, John McClelland, Thomas G. Evans, Ten Eyck Gansevoort, Samuel Osborn, Laurens Hull, Peter Wendell, Committee of Correspondence. John Watts, Jonathan Eights, T. Romeyn Beck, James McNaughton, James R. Manley, Committee on Prize Questions and Dissertations.

8. *Anniversary Address by the President, Dr. Beck*, on "Medical Evidence in Courts of Justice," is a valuable paper to gentlemen of both the legal and medical professions; but it is not of a character to give a synopsis. The subject is more fully embraced in Dr. Beck's excellent new work on Medical Jurisprudence, which ought to be in the library of every physician.—*Ed's U. S. Journal.*

Art. IX.—*Twenty-third Meeting, Albany, February*, 1829.

1. *Officers, members and delegates present.*—Drs. T. Romeyn Beck, President; Jonathan Eights, Treasurer; Platt Williams, Secretary; James Stevenson, Washington; Thomas G. Evans, Orange; Harvey W. Doolittle, Herkimer; Henry Mitchill, Chenango; John McClelland, Columbia; Moses Hale, Rensselaer; Richard Pennell, New-York; Elijah Baker, St. Lawrence; Charles D. Townsend, Albany; Peter Wendell, Albany; William Bay, Albany; Alpheus S. Greene, Jefferson; Frederick F. Backus, Munroe; Daniel Ayres, Montgomery.

The following gentlemen presented their certificates as Delegates from their respective County Societies, and took their seats accordingly:

Drs. Alexander Coventry, Oneida; Levi Farr, Chenango; Richard Pennell, Kings; Joel A. Wing, Albany; Joel Foster, Schoharie;

Gaius Halsey, Delaware; John G. Morgan, Cayuga; Richard Wells, Ontario; Asa C. Barney, Saratoga; Samuel Freeman, Oswego; James McNaughton, College of Physicians and Surgeons, Western District.

The following gentlemen were invited to take seats as *ex. officio* honorary members:

Drs. William Tibbits, Pres. Saratoga Med. Society; Elijah Porter, late President do.; Peter Van Beuren, Member of the Legislature; John Lindsley, do.

2. *Censors' Report.*—The Censors of the Middle and Southern Districts reported, that since the last meeting of the Society, they had examined and licensed the following gentlemen:

Edward L. Crane, Coeymans, Albany Co.; James Kennedy; Frederick W. Ostrander, Queens county; Alexander H. Burrit, Rensselaer county; Edgar Olcott, New-York.

3. *Diploma.*—The committee appointed to report, Is a diploma of membership granted by the Royal College of Surgeons of London or of Edinburgh, a license to practise physic according to the laws of this state? respectfully report:

That a question essentially the same has been discussed and decided in the Medical Society of the county of New-York, and the opinion of eminent legal counsel had thereon; the result of which is, "that such diplomas, although they entitled to membership in the various medical societies of this state, gave no right to *practise physic*, but *surgery only*." In this opinion your committee fully accord.

Respectfully submitted.
J. R. MANLEY, M.D., Chairman.

4. *Degrees conferred.*—The Regents of the University conferred the degree of Doctors of Medicine on the following gentlemen, recommended by the State Medical Society:

Drs. Thomas Brodhead, of Columbia county; John D. Henry, of Munroe county; Eleazer Gedney, of Orange county.

5. *Permanent and Honorary Members.*—Drs. John B. Beck, of New-York, and Harvey W. Doolittle, of Herkimer, were elected permanent members

Drs. Samuel White of Columbia county, and John Augustine Smith, of New-York, were elected honorary members.

6. *Election of Officers for* 1830.—Drs. T. Romeyn Beck, President; Henry Mitchell, Vice President; Joel A. Wing, Secretary; Jonathan Eights, Treasurer. James R. Manley, John C. Cheeseman, John Watts, jr, Peter Wendell, Charles D. Townsend, William Bay, John H. Steel, Daniel Ayres, James Stevenson, Alexander Coventry, Thomas Spencer, Frederick F. Backus, Censors. John McClellan, Thomas G. Evans, Laurens Hull, Levi Farr, Alpheus S. Greene, Platt Williams, John G. Morgan, Committee of Correspondence. James McNaughton, T. Romeyn Beck, Jonathan Eights, John Watts, jr, James R. Manley, Committee on Prize Questions and Dissertations.

7. *Anniversary Address by the President, Dr. Beck. A notice of the late Dr. Wilson, and illustrations in medicine, &c. Extracts from.*—"Since we last closed our annual deliberations, events have occurred to remind us, that as well in our corporate as in our individual capacity, we are not exempted from the common lot of man. An aged and respected practitioner, one of the early Presidents of this Society, has, during the last year, yielded to the inevitable stroke of fate.* Nor ought an allusion to his name be omitted, under whose magistracy we held our last meeting. The friend and eulogist of our profession, the scholar and the statesman, the pride of his native state, has suddenly been removed."

"*The advancement in pathological research.* If there be a single individual in later times, to whom the honor of exciting and directing to this particular branch is pre-eminently due, it is the illustrious Bichat. His life was closed at the early age of thirty-three years; but that short span was sufficient for him to produce his volumes in General and Descriptive Anatomy, his Treatise on the Membranes, and his Essay on Life and Death. And these works were the result of numerous and varied experiments and observations: of laborious and unwearied employment in the dissecting room; and finally, of the application of rare intellectual powers to their generalization and arrangement. The division of the body by him into its elementary textures, and the inquiry into their distinct properties, with the changes they undergo from disease, form the basis of discoveries of which we cannot yet appreciate the extent or the value."

"Need I suggest that many diseases are yet imperfectly understood, and can only be elucidated by the light of this torch. How many have been thus developed by the labors of Morgagni, Baillie and others! How many, even within the present century, have been successfully explored by Laennec and his compeers in France, by Bell and others in England!† The nature of new or unknown diseases can thus alone be discovered. Allow me, in illustration, to refer to a case of mortality, the sudden announcement of which is feelingly remembered by every man in the community who was then living. If the death of our beloved and lamented Washington was owing, as would seem from the brief account we have of his symptoms, to the disease now styled laryngitis, where was the instruction to guide the practitioner? It was not until several years thereafter that the sudden decease from it of two distinguished physicians in London, led to a pathological examination. Its nature became evident; its mortality was rendered less certain; and dangerous as it must ever prove, instances are even multiplying of recovery from its effects. And yet this disease must have occurred centuries ago; and who can

* Hon. William Wilson, M.D., of Columbia County, President of the State Medical Society during the year 1813.

† Dr. Beck might with great propriety have mentioned the names of several American medical gentlemen who have done much for pathological anatomy, &c.; among them, the lamented Wistar and Godman. In the death of Dr. Godman, it may be truly said that the medical profession lost one of its brightest stars.—*Ed's.*

tell how many lives might have been prolonged, had its character been thus specially marked and investigated at an early period."

"The tendency of these observations necessarily leads me to notice the importance of dissection. I am aware of the prejudices that must be encountered in discussing its necessity; but they must be overcome."

"To neglect the practice of dissection would lead to the greatest aggravation of human misery; since anatomy, if not learned by that practice, must be learned by mangling the living. Though all classes are deeply interested in affording protection to the study of anatomy, yet the poor and middle classes are most so: they will be the most benefited by promoting it, and the principal sufferers by dissouraging it. The rich, when they require professional assistance, can afford to employ those who have acquired the reputation of practising successfully. It is on the poor that the inexperienced commence their practice."

It gives us pleasure to present to our readers the commencement of a series of reports of select cases in the Bellevue Hospital, which, we believe, will be found of practical utility to the profession. We are under the impression that these medical reports are the first published, emanating from the Bellevue Hospital. The manner in which the cases are reported, viz. simply the disease and mode of treatment, is what the profession stand most in need of. We feel under obligation to Dr. Van Hovenburgh for the example he has set to other institutions; and we trust that those particularly of our own City and State, will give us their interesting cases for publication in our Journal.—*Ed's.*

ART. X.—*Select Cases that have occurred in the Bellevue Hospital, New-York. Commencing July* 17, 1835. Reported by Dr. HENRY VAN HOVENBURGH, Principal and Resident Physician of the Institution.

CASE 1. SYPHILITIC ERUPTION.—*James Brady*, born in Ireland, aged 32, admitted 17th July. An eruption spread over his whole body: it was of a copper color: pustules were larger than others: they had a deep centre, with hard and elevated edges; others were on the level of the skin: an ulcer, the size of a dollar, was upon the instep, midway between the moleoli. The patient said that he recollected of having, two years ago, some sores upon the prepuce, which healed up kindly without the internal use of medicine; he paid no farther attention to them. A fortnight previous to his admission the eruption spoken of made its appearance.

Treatment.—Sulp. mag. ℥ j. dissolved in ℥ ii aqua. Three evacuations were obtained through the course of the day.

19*th.*—A pint of decoction, to which was added ℥ ji of the compound syrup of sarsaparilla daily; a pill, consisting of hyd. murias. gr. i, gum guiac. gr. xxxii, pulv. opii gr. iv. Simple syrup q. s. masse fiat, in pill No. xvi. A poultice, made of Indian meal, flax-seed, and yeast, was applied constantly on the whole ulcer.

20*th.*—Slept well: some weak tea, milk, and toast bread, was ordered: meat of every kind forbidden.

21*st and* 22*d.*—The patient is better. Sulp. mag. ℥ i, water ℥ ii, repeat immediately.

23*d and* 24*th.*—Keeps improving: has the same medicine.

25*th.*—Administered xxv gutt. aceta opii, in ℥ j of peppermint water.

26*th and* 27*th.*—Eruption is disappearing. Seidlitz powder was administered.

28*th*, 29*th*, 30*th*, *and* 31*st.*—Improving: same medicine continued: the eruption going off very rapidly.

August 1*st.*—Same treatment continued until the 31st, when the patient's mouth became slightly touched.

September 1*st.*—Improving; the ulcer is healed up in the instep.

3*d.*— ʒ i of nitric acid was added to ℥ iij syrup sarsaparilla, a table spoonful to be taken morning and evening.

8*th.*—He was discharged cured: the eruption has entirely disappeared, and the sores healed.

CASE 2. SYPHILITIC ERUPTION AND ORCHITIS.—*John Gillet*, aged 26, born in N.Y., was admitted July 17th. He gave the following description of his disease: In October last, after having had connection with a woman, several sores appeared upon the glans and prepuce. He applied to a physician in the city, who prescribed pills and wash: the disease disappeared for a few weeks. He could not tell the name of the medicine. In the beginning of May, the disorder again appeared. A copper-colored eruption over the surface of the body: some of the pustules were of a large, others of a small size: they ulcerated, and presented a conical and crusty appearance: some of them were the size of a half dollar: the throat became sore at the same time. Upon looking in the pharynx, two ulcers, of a syphilitic nature, were observable on the soft palate, (the ulcer of the left tonsil being the largest,) the tonsils of both sides, and the mucous membrane, descending into the pharynx. In short, he appeared to be affected with syphilis in all its forms. He had a discharge from the urethra; the extremity of the glans was the seat of a large ulcer, and the corona glandis was covered with warts. The testicles, especially the left, were highly inflamed, hard, and excessively painful to the touch.

18*th.*—*Administered* ℥ j sulp. mag.: three stools were obtained. Bell's gargle ℥ iv was given during the day.

19*th.*—Patient slept part of the night. A decoction of sarsaparilla, with ℥ ii of the compound syrup of sarsap. A pill was also administered of ℞ mur. hyd. gr. i, gum guiac. gr. xxxii, pulv. opii gr. iv, pulv. glycyrrh and simp. syr. q. s. massa fiat, et divide in pilulæ No. xvi.

20*th.*—Remains the same. Fomented the testicles with hot water, passed a string aroung the cord, and opened the veins with a lancet.

21*st.*—Is better: pills and syrup continued: testicles less inflamed, swelling slightly diminished.

22*d.*—Improving: sores were dressed with tinc. oxid. nitric: ulcers of prepuce and glans were dressed with sulp. cupri ℈ ss. aqua fort. ℥ viii for wash.

23*d and* 24*th.*—Same treatment: repeated fomentation of the scrotum, and opened the veins: bled freely.

25*th*, 26*th*, 27*th*, 28*th*, 29*th*, 30*th and* 31*st.*—Same treatment: again opened the veins of the scrotum. The patient being troubled with night sweats, ordered elix. vitriol gutt. xv, twice a day, and anodyne occasionally at night.

August 1*st*, 2*d ad* 14*th.*—Same medicine continued: improving. ℞ Nitric acid ʒ ii, syrup sarsap. ℥ ijii, nitrate of silver lotion as wash.

15*th ad* 19*th.*—Anodyne draught discontinued.

19*th ad* 25*th.*—General health improved: walks out of the ward. The same medicines continued.

26*th and* 27*th.*—Same medicine is given.

29*th.*—Went to the city.

31*st.*—Returned this morning.

September 1*st.*—Continues same medicines. Sores of the body, throat, and glans, entirely disappeared. Glands of the neck still enlarged, but smaller than when admitted.

Discharged cured 2*d inst.*

Case 3. Acute Gastro-enteritis.—*Jane Cook*, aged 28, born in Ireland, widow, was admitted July 27th. Head large, full and plethoric habit. Duration and progress of disease unknown. Tongue hard, dry, coated with a brown mucus in the centre, slightly red at the tip and edges: lips and tongue sordid. Is almost insensible, answers with difficulty, speech very much impeded; pupils slightly dilated, but sensible to light; countenance anxious, face flushed, eyes injected; pulse strong and hard, 85 in a minute. No pain in the epigastric region on pressure; bowels costive; violent headache.

Treatment.—6 P.M. administered sub mur. hyd. gr. v, cum pulv. antim. gr. iv; rice water and gum arabic for drink. 10 P.M. powder repeated. No stool during the night.

28*th.*—Was restless all night. Pulse more full and frequent, eyes more injected. Cupped on the temples ad ℥ vii: blister on the nape of the neck. Pain of the head relieved by the local bleeding. 9 o'clock, A. M., administered sub mur. hyd. gr. v, cum pulv. antim. gr. iv, followed two hours after by seidlitz powder: had three copious evacuations. 2 o'clock, P. M., is better; pulse slower and softer; pain in the head much relieved; speaks better, and answers in a more rational manner; tongue cleaner and moist, although it shows a little more redness at tip and edges. 6 P. M. is worse; much delirium; pulse increased, more full and hard: blister applied on each leg. Repeated sub mur. hyd. cum pulv. antim.

29*th*, 6 *A. M.*—Is insensible; was restless and delirious the whole night; got up and walked frequently; is entirely deranged. Tongue no longer to be protruded. No stool during the night. 9 A. M., is covered with clammy sweat; lies in a comatose state; pulse sinking rapidly. Died half past nine.

Post mortem examination four hours after death:

Abdomen.—Peritoneal coat covering the intestines, very vascular; great omentum, exhibiting traces of great inflammation; mucous membrane of the stomach in the most intense state of inflammation, looking as if it had been painted with a dark red color; duodenum also very vascular.

Liver.—Enlarged and spongy; gall bladder enlarged and distended, containing a very dark green fluid. Other viscera healthy.

Head.—Dura-mater vascular; substance of the brain in the same state; the vessels of the brain generally enlarged. Ventricles: the right and left filled with serum.

Case 4. Acute Gastro-enteritis and Pneumonitis.—*Ann Cook*, aged 16, born in England, admitted August 14th. Light complexion, blue eyes, rather delicate, breasts not developed. She states that she was taken sick on the week previous to being admitted, and had experienced a general uneasiness for a few days before being attacked.

Symptoms.—Great headache, pains in the loins, epigastric region tender upon pressure, also the left side directly under the left breast; skin warm and moist; pulse small and frequent, 112 in a minute; great thirst; face flushed; pupils dilated; countenance showing great anxiety and uneasiness; tongue very red at the tip and edges, hard, dry and sordid; slight delirium; bowels costive; abdomen hard and distended.

Treatment.—8 P. M. applied 17 leeches to the epigastric region, a blister on the nape of the neck: drink, gum water.

15*th.*—7 A. M. remains in the same state; was restless all night: pulse the same as last evening: administered protochloride mercur. gr. iv, cum pulv. antim. gr. v. 10 A. M. repeated calomelas cum pulv. antim, iv and v.

Applied C. C. 8, on epigastrium, ad. ℥iv. A warm poultice was immediately applied after the cupping.

12 *M.*—Is a little better: pulse 94, tongue moist and soft, skin less warm, headache less violent. Drink, gum water.

2½ *P. M.*—Repeat protochl. mercur. pulv. antim. iv and v. Gum water continued. No evacuation from the bowels; delirium, though slight, still continues. 4 P. M. seidlitz powder. 6 P.M. is not improved, has had a large stool: delirium continues: tenderness and distention of the abdomen remains. Repeat seidlitz powder.

8 *P. M.*—Complains of pain in the chest; the least pressure made with the finger on the left side, between the ribs, brings on violent pain. Twenty leeches applied on the anterior part of the thorax. Gum water continued.

15*th*, 6½ *A.M.*—Is not better; slept part of the night; had two evacuations during the night; tenderness and distention of the abdomen lessened; pulse less frequent, but more feeble and intermittent; rather comatose; great thirst; tongue cleaner, but dry, less red at tip and edges; delirium continues; pain in chest relieved by the leeches. Protochlo. mer. cum pulv. antim. gr. iv iii. Drink, sup. tart. potass ʒji cum gum arabic ʒiv, put in a pint of cold water.

8 *A.M.*—Half a teacup (℥ii) of arrowróot with 3 table spoons of wine. 9 A. M., an evacuation.

10 *A. M.*—Pulse is better and fuller. A wine-glass full of snake-root tea, with two table-spoonfuls of Madeira every half hour. 12 M. snake-root every hour.

2 *P. M.*—Delirium still continues. Face flushed, conjunctiva highly injected, headache. Applied C. C. on the temples, a camphor poultice on the abdomen. Immediately after the cupping, the patient slept 3 hours. A blister to calf of the legs.

7 *P.M.*—Is better: countenance improved: allowed half a cup of arrowroot: had three evacuations.

17*th*, 7 *A.M.*—Is not better: pulse frequent but fuller: delirium greater than yesterday: was restless all night. 8 A. M. James's powder gr. iv, a wine-glass full of snake-root tea every hour.

12 *M.*—Repeated James's powder gr. iv. An evacuation.

4 *P.M.*—Repeated James's powder: delirium increases: pulse so frequent not to be counted: thirst very great: an evacuation.

9 *P.M.*—Pulse less frequent and full: was sleeping when examined.

Died at 4 o'clock, 18th inst.

Post mortem 19th inst:

External appearances.—Face pale, abdomen distended, fingers of a blueish color.

Head.—Vessels of the brain, especially those of the left side, were larger than usual; left ventricle containing three tablespoonfuls of serum. Dura-mater slightly inflamed.

Thorax.—Some air rushed out upon opening it. The lungs showed marks of most acute inflammation; they were in a complete state of hepatization. There was not the smallest part of them that had a healthy appearance: they were soft, of a dark color, resembling coagulated blood: the pleura pulmonalis adhered each side to the pleura costalis, which was also in a high state of inflammation. Pleura covering the diaphragm was highly injected.

Heart.—Natural: pericardium slightly inflamed.

Larynx.—Mucous membrane was the seat of great inflammation, and of a dark brown color.

Pharynx.—Mucus membrane healthy, of a pale color.

Stomach.—Distended, containing a brown fluid; mucous membrane was covered with bright red spots; in some parts, coagulated lymph was poured out. Pyloric and cardiac orifices were also very vascular; small intestines, especially their terminations, presented strong marks of acute inflammation; large intestines were distended and healthy.

Liver.—Concave surface of this organ was inflamed; gall bladder healthy.

Spleen.—Larger than usual, and soft.

Pancreas, Kidneys & Bladder.—Healthy.

Case 5. Fever, accompanied with Cerebral Affection.—*Russell Briggs*, aged 21, born in New-York, shoemaker, admitted August 20th. He could give no account of the progress or duration of his disease.

Symptoms.—Body emaciated, face pale, eyes injected and rolled a great deal, forehead hot; pulse full, and very frequent; tongue moist, red at tip and edges, covered with a white fur in the centre; no pain in the epigastric region on pressure; complains of giddiness, but says he is well.

6 *P.M.*—Two blue pill, 4 grs each.

21*st*, 7 *A. M.*—Did not sleep during the night; got out of his bed and walked about the room; talks about soldiers coming to kill him: emp lyttæ ad nucha: eccoprotic mix ℥iv; for drink, sup tart potash ʒii ad ℥j water.

2 *P. M.*—Cathartic operated four times: tongue is cleaner; pulse full and frequent; head warm.

22*d*, 7 *A. M.*—No better; had no sleep; walked and talked as the night previous; (observe that the delirium comes on about sunset): gave sulphate quinine gr xvi, elix vitriol gutt xxv, simp sump ℥j, aqua fort ℥iii, mix, four table-spoonfuls twice a day.

8 *P. M.*—No better; delirium as usual; pulse more frequent, eyes injected, headache; C C on temples ℥iv.

23*d*, 7 *A. M.*—The same as day previous; sulp quinine continued; tongue cleaner in the centre, moist at tip and edges: wants to go out.

4 *P.M.*—Delirium increases as usual; fore-

head very hot; says he is well; hirudines No. xx ad temp; emp lyttæ to calf of each leg.

24*th*, 7 *A. M.*—Slept part of the night; countenance better; pulse softer and less frequent; eyes less injected.

10 *A.M.*—Gave half cup of arrowroot.

12 *M.*—Applied lotio frigida ad caput; is more rational; tongue cleaner; great susceptibility in the epigastrium on the slightest pressure.

2 *P.M.*—C C ad epigastrium at ℥ ij, hirudines xviii temples, camphor poultice to the epigastric region.

7 *P. M.*—Is better, more quiet, skin hot; pulse continues intermittent; tongue cleaner, but still continues dry; lotio frigida ad caput, protochlo hyd gr x, pulv antim gr x.

25*th*, 7 *A. M.*—Was quiet, and slept well; pulse more full, less intermittent; delirium greatly diminished; tongue moister; oleum ricini ℥ i.

9 *A. M.*—Half a cup of arrowroot, sweetened.

12 *M.*—Slept from 9 till this time; pulse less frequent.

4 *P.M.*—Tongue moister, pulse more consistent; had two stools; slept two hours.

6 *P. M.*—A camphor poultice was applied to the abdomen; arrowroot; is more quiet than usual.

9 *P. M.*—Found the patient in a tranquil sleep.

26*th*, 7 *A. M.*—He was quiet, and slept through the night; his mind is still confused; pulse better; tongue moister and less red; sensibility of the abdomen diminished; countenance is brighter; he asks for food; camphor poultice repeated; arrowroot and milk was given.

12½ *P. M.*—Slept for two hours; rice, sugar and milk was given.

6 *P.M.*—Countenance and tongue improved; slight headache, no delirium; sensibility of abdomen diminished.

27*th*, 7 *A. M.*—Pulse 62, slower and less frequent; tongue the same; slept part of the night; two stools; feels hungry; arrowroot boiled with milk, half a cup; repeat camphor poultice; no headache.

2 *P.M.*—Is not so well; complains of headache; pulse increased in frequency and intermittent; repeat C C ad temples et nuchæ ad ʒ ii.

5 *P. M*—Took a few spoonfuls of arrowroot; had no stool during the day.

6 *P.M.*—Protochloride hyd gr x cum pulv antim gr ij.

28*th*, 6 *A. M.*—Slept during the night; pulse slower and less frequent; asks for food; had a stool during the night; administered a seidlitz powder.

8 *A.M.*—Had arrowroot boiled with milk.

11 *A.M.*—Repeat seidlitz powder.

4 *P.M.*—Pulse more frequent; no evacuation; an enema ordered.

6 *P.M.*—Had an evacuation: 9 P. M, an evacuation.

29*th*, 7 *A.M.*—Slept well during the night.

12 *M.*—Had a little soup for dinner; one stool.

30*th*, 7 *A.M.*—Slept well.

4 *P. M.*—Is a little feverish; bowels costive: repeat enema.

31*st*, 8 *A. M.*—Is better; slept well; had two evacuations during the night.

September 1*st*.—Improving; 2 P.M. is not so well; begins to be delirious; speaks incoherently; app C C ad nucha ℥ iv; pulse full and frequent, 94; skin very warm.

6 *P. M.*—Administered Protochloride hyd gr vjii cum pulv antim gr iv.

2*d*, 7 *A. M.*—Pulse less full and frequent; slept well; no evacuation; repeat seidlitz powder.

2 *P.M.*—In the same state; no stool; repeat seidlitz powder.

6 *P. M.*—Has some fever; pulse full and frequent; repeat protochloride hyd gr iv cum pulv antim gr iv.

3*d*, 7 *A.M.*—Slept part of the night; pulse 96, frequent; tongue moist and clean; eyes slightly injected.

9 *A.M.*—Administered pulv rhei, gr xv, in aqua menth pip ℥ i. 12 M., no stool; pulse intermittent and frequent, 102. 3 P.M., oleum ricini ℥ i.

8 *P.M.*—No better; had two stools; pulse 98.

4*th*, 8 *A.M.*—Slept well; had three stools; tongue cleaner.

12 *M.*—Slept part of the forenoon.

6 *P. M.*—Had two stools; pulse 82; no headache.

5*th*, 7 *A.M.*—Slept well during the night; pulse 72, frequent; had a stool early this morning.

6 *P.M.*—Is a little delirious; pulse 95, feverish: administered pulv ipecac comp gr v cum pulv opii gr ss, hora somni.

6*th*, 7 *A. M.*—Slept part of the night; no delirium; pulse 61, softer and less frequent; a wineglass full of bitter infusion was ordered morning and evening.

6 *P. M.*—Slept part of the day; pulse 90; no delirium; repeat pulv ipecac comp gr v, cum pulv opii gr ss, hora somni.

7*th*, 8 *A.M.*—Slept part of the night; pulse 68.

6 *P.M.*—Sat up two hours during the day; had four stools; pulse slower and softer, 66; repeat pulv ipecac comp gr v, cum pulv opii gr ss, hora somni.

8*th*, 7 *A.M.*—Slept well; pulse 79; no delirium; two stools.

8 *P.M.*—Had two stools: repeat pulv ipecac comp, cum pulv opii.

9*th*, 8 *A.M.*—Slept well; had three stools.

6 *P.M.*—Had two stools; pulse slower and softer; administered pulv ipecac comp gr vjji cum hyd cum creta gr iv, hora somni.

10*th*, 7 *A. M.*—Remains the same as the day before; continues two glasses of wine with bitter infusion daily.

6 *P.M.*—Had three stools; pulse soft; ad-

ministered pulv Doverii gr viii cum opii gr ss.

11*th*.—Slept well; no stool; pulse soft.

6 *P.M.*—Had two stools.

12*th*, 7 *A M.*—Had two stools; set up part of the day.

6 *P.M.*—Continues improving.

13*th*.—Is convalescent.

16*th*, 12 *M.*—Was *discharged cured.*

Case 6. Injury of the Knee Joint—*Patrick Cunningham*, admitted August 25; born in Scotland, aged 35. History: a fortnight before he came, he fell on his right knee while walking through the ruins in Ann street, which had been burnt. He had considerable pain immediately after the injury, but went to his work the following day: did not pay attention to it until the 22d, when he was attacked with severe pain: the knee was much inflamed and swelled; directly in the median line of the joint was a slight excoriation: the integuments around it were very vascular. Patient is a strong, stout man, of plethoric habit, accustomed to stimulants.

Symptoms.—Pulse full, tongue loaded with a thick fur, and trembling.

Treatment.—℞ Sulp mag ℥ i cum aqua fort ℥ iv. Twenty leeches were applied around the joint, without benefit; applied C C, and took ℥ xvi of blood; applied immediately a poultice: two hours after, the poultice was removed, the parts washed, and the following lotion applied: ℞ Goulard's ext. tinc opii aa ʒ ii aq font ℥ jii M applied cold.

26*th*—Knee joint is better; pain and swelling are diminished; had eight evacuations. Repeat lotio saturni cum opii.

27*th*.—Swelling is increased; fluctuation is distinctly felt in the centre of the knee: made an incision longitudinally; about three ounces of pus was discharged. Repeat lotio satur. cum opii.

4 *P. M.*—Repeat C C ad ℥ jii; anodyne haust in evening; swelling diminished.

28*th*, 8 *A.M.*—Improving; joint less painful. ℞ Eccop mixture ℥ iv.

5 *P.M.*—No stool. ℞ Sulp mag ℥ i hora somni.

29*th*, 8 *A. M.*—Better; pain and swelling diminished; had six stools during the night.

30*th*, 8 *A.M.*—Improving; slept well during the night.

31*st*, 7 *A. M.*—Pain and swelling greatly diminished on the external side of the joint; inflammation of an erysipelatous character began to appear: repeat C C ad ℥ x, repeat lotio mur ammo cum spts vini et aqua.

6 *P.M.*—℞ Harts niger ℥ iv.

September 1*st*, 7 *A. M.*—Had six evacuations during the night; knee less inflamed.

5 *P.M.*—Redness of external part of knee is gone. ℞ Acet opii gutt xxx aqua ammon acetas ʒ i, aqua menth pip ℥ ss hora somni.

2*d*, 8 *A.M.*—Slept well; knee improving. ℞ Anod hart, hora somni.

3*d*, 7 *A. M.*—Slept well; bowels costive. ℞ Calomelas gr xii, to be taken at 10 o'clock A. M., and followed in afternoon by oleum ricini ℥ i.

6 *P. M.*—Had two stools. ℞ Anodyne draught, hora somni.

4*th*, 7 *A. M.*—Heat of joint and swelling greatly diminished. C C ad ℥ xii.

5*th*, 8 *A.M.*—Improving.

6*th*.—Still improving; move the joint better.

7*th*.—Repeat lotio frigida, repeat anodyne haust, hora somni.

8*th*.—Ordered the joint to be rubbed with the following ointment: ℞ Ung hyd fort ʒ iv. pulv camphor gr xxx, m.

9*th*.—Continue the same medicine.

10*th*.—Improving; patient walks about the ward.

11*th*.—Patient walks as well as before the injury was received.

Discharged cured.

Case 7. Typhus Gravior.—*Patrick Haggerty*, aged 36, (born in Ireland,) admitted August 22d. He had been sick for three weeks before admission: could get no account of his disease: he was emaciated, countenance dull and languid, head large.

6 *P. M.* *Symptoms.*—Lies in a comatose state; answers with difficulty; eyes half closed; countenance dull and heavy; tongue dry, hard, slightly red at tip and edges, covered with a brown fur in the centre; pulse full and strong, 65 in a minute; abdomen soft; no tenderness of epigastrium upon pressure; skin warm and dry; lips and teeth sordid, lower lip especially; bowels costive.

Treatment.—Calomelas cum pulv Doveri, aa gr x, a blister on nape of the neck, and on the calf of each leg.

23*d*, 7 *A. M.*—Slept part of the night; powder did not move his bowels; pulse less full, but more frequent, 78; no alteration of countenance; blisters raised well, and were dressed; did not show any sensibility when the epidermis was removed.

9 *A. M.*—An enema was administered, which brought away a large quantity of offensive matter: an ounce of aristol serpent was put in a pint of water; the patient was allowed a wine-glass full of this infusion, with a drachm of spts mindereri every half hour.

6 *P. M.*—Two more stools were obtained; pulse better, less full and strong, 84 in a minute; tongue cleaner, but still dry and hard; countenance improved; sensibility more acute; skin warm.

9 *P. M.*—Found the patient in a deep slumber.

24*th*, 6 *A.M.*—Better; countenance brighter; slept part of the night; pulse softer; skin less warm; tongue begins to be moist at the edges: a wine-glass full of snake root every hour, with a tea-spoon full of spts mendereri

in each glass, to be continued; also, add to each glass two table spoonfuls of Madeira wine.

9 *A.M.*—Had a large stool. 10 A.M., the patient took some arrowroot and wine; asked for food; no delirium. 11 A. M., turned in bed; countenance more anxious.

5 *P.M.*—Eyes are brighter; pulse has risen, full and strong; discontinued snake root and wine; ordered calomelas gr x, cum pulv antimonialis gr iv.

25*th*, 7 *A.M.*—Slept very little; passed his urine involuntary; pulse full and strong: administered oleum ricini ℥ i: repeat blisters to calf of the legs; countenance better; two black spots appeared upon the blister of the neck.

9 *A. M.*—Half a cup of arrowroot with wine.

12 *M.*—Has been very restless; no evacuation.

4 *P. M.*—Is now quiet; had four stools passed in bed; pulse better; tongue has a better appearance; slept for an hour.

6 *P.M.*—Took some arrowroot and wine; the snake root, with two table spoonfuls of wine, to be taken every half hour.

8 *P. M.*—Better; countenance brighter; pulse more consistent, 68 in a minute; snake root and wine continued; was restless, turned in his bed until 12 o'clock, when he fell in a good sleep.

26*th*, 7 *A.M.*—Passed one or two stools in bed; tongue is better; pulse slow and soft; repeat snake root and wine every three quarters of an hour; took some arrowroot and milk.

12 M.—Remains the same; took some sweetened rice and milk.

6 P.M.—Countenance better; tongue moister, brown fur in centre disappearing: infusion of bark, with half a glass of Madeira wine, every half an hour; pulse slow and soft; skin warm.

27*th*, 7 A. M.—Pulse better; passed one stool in bed during the night, and slept a few hours; was not restless as usual; blister looks better; two sores the size of the hand on each thigh: half a cup arrowroot boiled with milk every half hour.

12 M.—Repeat arrowroot and milk.

4 P. M.—Is worse; countenance dull and anxious; cannot answer to questions asked him; is very restless; pulse increased in frequency; skin still warm; tongue dry in centre; blisters look better; same medicine continued; no evacuation.

6 P.M.—Is no better.

28*th*, 6 A. M. Is worse; insensible: in a comatose state; pulse full and strong; no evacuation during the night.

12 M. Remains in the same state.

4 P.M. Pulse feebler; bark and wine continued.

Died 9 P. M. 28th inst.

N. B. This patient, owing to circumstances, could not be examined.

Case 8. Acute Gastro-enteritis. *Daniel John Malone*, aged 15, born in Ireland, admitted August 31st. Small, full face; constitution strong; was attacked ten days before admission, with pain in his back and limbs, headache. The disease had been let alone.

Symptoms. Skin very warm; pain and noise in the ears; eyes injected; tongue loaded with a white fur in centre, tip and edges very red, moist; coughs a little; calls for drink incessantly; great tenderness in the abdomen, particularly of the side; pulse 94, frequent and feeble; bowels costive, have been so for four days.

Treatment. Calomelas gr x, cum pulv antim gr x, drink barley water with ice.

5 *P.M.*—C C temples and nuchæ, ad ℥ ij.

8 *P.M.*—Repeat calomelas gr v, cum pulv antim gr v, lemonade for drink: sick at the stomach, pulse more frequent, skin warmer, heat diminished since cupping.

September 1*st*—Pulse fuller, no stool, slept part of the night, headache less, abdomen tender; tongue more loaded, redder around the tips and edges: oleum ricini ℥ i.

12 *M.*—One stool; no improvement; a seidlitz powder.

3 *P. M.*—Better; abdomen tender; pulse fuller. C C on epigastrium, ad ℥ ij. A camphor poultice was applied; had two stools since taking the seidlitz powder.

6 *P.M.*—Calomelas gr viii, cum pulv antim gr iv.

7 *P. M.*—Had two stools.

2*d.*—Better, abdomen less tender, pulse less frequent, slept during the night, a stool early this morning.

12 *M.*—Countenance is brighter, eyes more lively, slept part of the forenoon, two stools, pain in his ears, and noise; oat-meal gruel was ordered.

6 *P.M.*—Pediluvium, with pulv capsicum.

8 P. M.—Calomelas gr iv, emp lytta 2×3 ad nucha.

3*d.*—Is better; slept well during the night; blister raised well; no stool; abdomen less tender; pulse 86; brighter countenance.

7 *A.M.*—Oleum ricini ℥ i. 2 P M. tongue is almost clean in the centre: had three stools.

6 *P. M*—Better; had two stools; tongue moist and cleaner; abdomen less tender; half a cup of arrowroot was ordered.

4*th.*—Better; slept well during the night; tongue cleaner and less dry; no tenderness.

12 *M.*—Slept part of the forenoon; was given some beef tea, with rice.

6 *P. M.*—Tongue cleaner, less red, moist; pulse 62; repeat calomelas gr iv, hora somni.

5*th*, 7 *A. M.*—Better; slept during the night; no stool; oleum ricini ℥ ss; tongue clean and moist; pulse 70.

9 *A. M.*—Had a stool.

6 *P. M*—Slept some during the day; had three stools; pulse 62; tongue clean and moist, less red.

6*th*, 7 *A.M.*—Better; has had four stools; pulse 85; slept during the night.

6 *P. M.*—Tongue clean and moist; skin cool; no headache; pulse frequent, 78; two stools; had some toast bread and tea.

7*th*, 8 *A. M.*—Better; had three stools; slept well; pulse frequent, 78; tongue clean.

6 *P. M.*—Is much better; no headache; skin warm; pulse still frequent, 89.

8*th*, 7 *A.M.*—Pulse slower and softer, 68; no headache; had two stools.

9*th*, 7 *A. M.*—Tongue clean and moist; had two stools; countenance natural.

10*th*.—Convalescent; walks about the ward.

13*th*, 7 *A. M.*—Found the patient in the same state as when first admitted: all the symptoms returned: headache; pulse full and frequent, 102; tongue very red at tip and edges; abdomen tender; bowels costive. I attribute the relapse to the imprudence of the patient, who, in spite of all that was said to him, walked out too soon, and ate too much.

Treatment.—Calomelas gr viii, cum pulv antim gr iv, statim; hirudines No. xvii on epigastrium; camphor poultice applied immediately after; drink, barley water.

4 *P M.*—Oleum ricini ℥ i.

14*th*.—Is better; had four stools; slept part of the night; headache diminished; pulse slower and softer, 82; tongue cleaner and less red: repeat camphor poultice; drink, barley water.

2 *P. M.*—Had two stools; venesection ad ℥ xii; repeat camphor poultice; repeat sub mur hyd, cum pulv antim gr aa v.

15*th*, 7 *A.M.*—Pulse less full and frequent; tongue cleaner; no headache: administered seidlitz powder.

6 *P.M.*—Had three stools during the day; pulse slow and soft; tongue less red and cleaner.

16*th*, 7 *A. M.*—Is worse; complains of headache; noise in the left ear; pulse 110, frequent; tongue more red at tip and edges, dry, and covered with a brown fur in centre.

12 *M.*—Emp lyttæ, ad nucha: ℞ Sub mur hyd, cum pulv antim gr v, C C ad temp ℥ ij.

6 *P. M.*—Tongue less furred and dry, redness still continues; had six stools.

17*th*.—Slept well; tongue cleaner, less red and dry; pulse soft.

5 *P.M*—Had three stools; improving.

18*th*, 8 *A. M*—Slept well; tongue has a better appearance; had two stools.

19*th*.—Remains in the same state.

20*th*.—Improving; tongue improving.

21*st*.—Improving.

22*d*.—Improving.

23*d*.—Improving; tongue clean.

24*th*.—Improving.

25*th*.—Improving.

26*th*.—Convalescent; slight cough.

30*th*.—*Cured.*

Art. XI.—*A case of Cerebral Affection, with some Remarks on the Indispositions of Children.* By W. C. Roberts, M.D.

It is admitted by two most eminent and recent authorities, Doctors Abercrombie and Bright, that acute hydrocephalus, as distinguished from chronic, is an inflammatory disease terminating in effusion. Mere effusion, however, is rarely met with; other pathological conditions occur to mark the existence of the destructive irritation which has existed in the organ. These are softening of the cerebral tissue, thickening of the membranes, the interposition of a false membrane between the arachnoid and pia mater, suppuration between them, between the arachnoid and dura mater, or between the dura mater and the bone, shreds of coagulated lymph, &c. &c. It is most usual to meet with one or more of these conditions of the brain, complicating the effusion of serum.

Certain symptoms, again, occur in a majority of cases, to point out the existence of meningeal or encephalic inflammation. Among these are fever, heat of the head, intolerance of light, convulsions, paralysis, contraction of the pupils, and squinting. Coma not unfrequently supervenes for days before the fatal issue; and for some one or other of these symptoms we are authorised to look during the progress of a cerebral irritation, of which effusion may be the result. Yet all these, and many more symptoms, which I have not enumerated, may exist without the presence of hydrocephalus; and the case I am about to detail will prove that hydrocephalus may exist, and yet many of them be wanting; a fact which the writings of many have now established with certainty. It will show also, I think, that *deep congestion of the vessels*, and particularly of the veins of the meninges, no other traces whatever of inflammation being present than serous fluids and arborescent capillaries, is sufficient to give rise to fatal effusion. Dr. Bright observes, that mere congestion of vessels will give rise to hydrocephalic symptoms; and Dr. Abercrombie says, that interruption of venous circulation causes an effusion wholly distinct from inflammatory effusion. The knowledge of this fact is of two-fold importance: it may teach us not to dread debility, nor overlook the danger of an outpouring of fluid in all cases in which evidences of inflammatory action are not clear; and not too vigorously to ply our depletory measures in every case, lest in some we induce the very result we wish to avoid. The recommendation given by Dr. Bright, of using antiphlogistic remedies, is judiciously guarded by restrictive cautions on this very account; and in his 24th case he blames himself that he carried his depletion too far.

Case.—*N. G. Henry*, a stout, colored child, aged 8 months and some days, who had hitherto enjoyed good health, was attacked on

Sunday, October 4th, with restlessness and undefined indisposition. A mild cathartic was given (p. rhei gr v, c. ipecac. gr ss.) In the night, *vomiting and drowsiness* came on. The next day the pulse was 140, the skin *not hot*, and some little cough existed. The drowsiness persisting, and the vomiting being frequent, calomel, followed by senna infusion, was given, with a warm bath, sinapisms to the feet, and blister on the back of the neck. On the following day, (the 7th), six leeches were applied to the temples, and bled so as to produce some exhaustion. On the 9th, six more leeches were applied to the head, and the pulse was reduced to 110, which it never afterwards exceeded. From the time of the first leeching the skin was *always cool, and at times cold;* and at intervals, also, for a day or two after the second depletion, there were slight paroxysms of something like deliquium. Cold to the head, and mustard pediluvia, were steadily employed; but the sleepiness continued unabated. The bowels were very loose, and little medicine was given. A medical friend, of great experience, saw him with me at this time. He advised a continuance of the cold applications, and of the foot baths; told the parents of the child that it was impossible to say whether dropsy existed in the brain or not; but that as he had frequently seen a similar state of things in children laboring under fever, he rather thought the little fellow would do well. For two days, things bore a more promising aspect; *animation in some degree returned;* and once, the child being seated near a table, it took up and played with a dinner knife. The cough was now frequent, and the ch ld appeared to be embarrassed by mucus in the bronchia, for which it was gently vomited, and blistered on the chest. This blister remained open and discharging until its death. On the 16th, the drowsiness had returned as badly as before. By loud noises, and particularly by the offer of drink, it was readily roused. It drank eagerly, then threw back its head and slumbered again. The mouth was always open, the tongue furred and dry. The pulse was soft, not very frequent, and the skin rather cold. The pupils acted naturally; the countenance was composed: there were neither convulsions nor paralysis, but a cataleptic state of both arms. The bowels were loose; the stools not unhealthy; a little cough continued to exist, but with no morbid thoracic sounds. The child nursed tolerably, and vomiting had ceased; occasionally it rolled its head on the pillow, and was fretful when touched. I had ℥ ij of blood taken from the temples by cups; blisters were kept open on the calves of the legs, and calomel given as a purgative. On the 18th and 19th, *the stupor was again diminished* in degree, though it still existed. A blister was placed on the head, over the anterior fontanelle, but rose very badly. The bowels were loose, and the kidneys acted very freely, which was encouraged by occasional draughts of parsley tea, with a few drops of sp. nitr. dulc. The cough was now more frequent: cold to the head, and occasional hot pediluvia continued. On the 20th, he slumbered constantly; though, as before, when drink was given him, he was perfectly intelligent, and swallowed it eagerly: he nurses well. Skin cool, pulse rather frequent and very soft. On the morning of the 21st, the hands and arms twitched, and were spasmodically affected. The muscles of the face and one leg were also in action. *Drinks eagerly, and nurses well.* Pulse rapid and irregular; cough and mucus rattle in the bronchia. Sago and wine given occasionally. 5 P. M., convulsions had recurred severely after my first visit. The child lay calm, cold, insensible, and breathing laboriously. It died in a few minutes after I entered the room.

On the following morning, assisted by a friend who had watched the progress of the case, I examined the brain. The dura mater adhered firmly to the bones. In removing them, it was wounded, and a free discharge of serum ensued. Both surfaces of the membrane were healthy, and free from vascularity. On slitting it up in the direction of the hemispheres, a quantity of serum was seen between it and the tunica arachnoidea, and escaped: none appeared to exist under the arachnoid. The superficial veins, particularly of the left hemisphere, were numerous, large and congested, and bled freely on being punctured. In the base of the brain, the capillaries of the pia mater were minutely injected. The brain itself was large, and fluctuated like a bladder half full of water. Its substance was no where softened or otherwise altered; the grey portion was untinged with redness, and no red points were exhibited on a section of the white. The lateral ventricles were as large as in the adult, and contained much serum: no disease could be detected within them. The plexus choroides was not congested, nor was lymph any where thrown out. The quantity of fluid lost could not have been less than five ounces, and was deeply tinged with the blood of the veins. An examination of the thorax and abdomen was not allowed.

It appears from this detail, that the only morbid states were venous congestion and its effect, serous effusion. The quantity of fluid proves that this was not a post mortem exhalation. If there be any who think it so, it remains for them to account for the symptoms, and to explain the cause of death. The slight catarrhal affection which accompanied the stupor can scarcely be supposed to have given rise to the congestion as a secondary lesion, for *drowsiness and vomiting came on from the first;* and the former was never absent, though sometimes present in a less severe degree. If this circumstance be a proof that congestion existed from the day of at-

tack, the case was probably all along an incurable one. Nothing seems so likely to have relieved it as bleeding; and yet it is possible that depletion was carried too far. We know that in animals which are bled to death, there occurs serous effusion in the brain. A week, however, elapsed between the second leeching and the abstraction by cups of two ounces of blood more, which produced no sensible effect. Mercurials could not have been given except in combination with opium, because they purged the very irritable bowels, and of opium I was afraid. The urine was largely secreted. The skin was never moist, *nor the head hot;* and the case must, I think, every thing taken into consideration, be looked upon as one of hydrocephalus, *not* of an inflammatory character. For the sudden attack no apparent cause existed: the gums were healthy, no teeth at hand, and the general health but little disordered. At what time effusion commenced, I know of no criterion by which to judge; and the symptoms seem to me to have borne but little proportion to the state of the brain; *the functions of that organ, and the power of deglutition, were perfect, six hours preceding dissolution.*

There is much that favors the view I have now taken of this case of dropsy, in Doctor Monro's very excellent volume, called "The Morbid Anatomy of the Brain," 1827. "The combination," he observes, "of the above symptoms, the morbid sensibility to light and hearing, great irritability of temper, the head hotter than the rest of the body, and often covered by a clammy perspiration, sufficiently mark this disorder in its early stage." "Some patients," he says, "continue sensible during the whole progress of the disorder, except for a few hours before death." Dr. Munro enters very fully into the cause of the effusion, which must operate, he justly remarks, powerfully on practice. He considers the disease as imputable rather to debility, as connected with a scrofulous habit; he argues that its symptoms, and those of phrenitis, do not correspond in many particulars; that the effused fluid differs from that which is the product of inflammation, in not being turbid, and in containing no coagulable lymph. "The morbid appearances," he continues, "most frequently discovered on dissection, are generally hostile to the hypothesis, that hydrocephalus acutus is connected with inflammation." And he concludes, "that instead of regarding hydrocephalus as *generally* connected with inflammation, it is rather to be imputed to those causes which occasion a derangement in the circulation of blood in the brain." "We are glad," says the reviewer of this work in the Med. Chir. Rev., March, 1828, "to have the authority of Dr. Monro in support of a doctrine that we have long advocated, viz. the possibility of watery effusion from other causes than inflammation." I will merely add, that in assigning reasons for the unfavorableness of the prognosis in hydrocephalus, Dr. Monro reasons thus: "If we adopt the opinion of some authors, that it arises from a *congestion of blood in the veins*, the observations and ingenious experiments of Dr. Kellie have shown that it is very difficult to remove such a congestion."

Having now given a case in which the symptoms of disease were not in correspondence with its intensity, I shall subjoin the particulars of one of a different kind; one in which the symptoms were out of all proportion to the morbid lesions discovered after death. It is from the Medicinisches Conversations Blatz, and is entitled "A disease which dissection did not explain; by Doctor Heyfelder."

A little girl, not quite three years old, sat down to table, on the 15th September, 1832, with gaiety: she ate her soup with appetite, but left the vegetables untouched before her, saying she was tired, and wished to sleep. This was not surprising, for the child had risen early, had played much, and taken a very long walk with her mother. Having slept for an hour, she arose, played as usual, and complained neither of pain, heat, nor cold. The pulse was then regular; the tongue was clean and moist; the belly not tense, her thirst not excessive, but her appetite deficient. She passed a restless night, started frequently, ground her teeth, and talked in her sleep. In the morning, she complained of cephalalgia, and hung her head; her cheeks were flushed, her pulse hard and frequent, her tongue not furred, no extraordinary heat of skin, and respiration natural. The urine was scanty, thick and milky, and no stool had passed since the preceding evening. In walking, she tottered, and her pupils were slightly dilated. Leeches and cold applications to the head; sinapisms to the legs, and calomel gr. ij every two hours. The leech bites bled for three hours, the child got some restless sleep. When she awoke, she possessed her full consciousness, and played with her mother and with her toys. At 2 P.M., a clyster and a bath were given; several greenish stools, containing some worms, followed. The cephalalgia nevertheless, increased; the child cried a great deal, and carried her hand from time to time to her temples; she slept with her eyes half open, awoke easily and perfectly, and asked for cold drinks. Eight leeches were applied, and the other measures continued. From 9 o'clock, the child slept peacefully till midnight. The pulse was softer and less frequent, and the skin natural. As the clock struck 12, the little girl suddenly uttered some piercing shrieks, struck about her with her hands and feet, then sat up and spoke to those around her. But we remarked that she could no longer pronounce correctly; for *vater* she said *mater*, *ruder* for *bruder;* deglutition had become difficult; and the tongue, when projected, inclined to one side. Intelligence was unclouded, and the child

played as usual. At 7 in the morning, after some disturbed sleep, she awoke, and asked to be dressed to breakfast with her parents. Her pulse was regular, the heat of the head and face was normal; she spoke naturally, and her tongue was less diverted. She carried a cup of milk and water eagerly to her lips, and attempted to drink; in spite of every effort, the liquid remained in her mouth, and part escaped by the nose. From this moment the evil sensibly increased. The child showed much agitation, writhed in her bed, cried, asked for drink, and strove in vain to swallow, rolling her eyes fearfully. At the same time the larynx and trachea seemed to be full of thick and tenacious mucus, and respiration was effected only by gasps. The child next became blue about the lips and nails; cold in the face and extremities, and her pulse small and intermitting. She was placed, and well rubbed in a hot bath, had a sinapism on the chest; and as she could not swallow, a clyster of 10 grs. of musk was given every hour. Every moment, her restlessness increased, though from time to time it intermitted, and she played with her parents. At midnight, the pulse became feeble; at 1, the child was pulseless, but in perfect possession of her senses; at 3 o'clock, she cast her arms convulsively around the neck of her mother, pressed her cold lips to her cheek, and expired.

The brain was, upon autopsic examination, wholly unaltered in color or consistence. All its parts, the cerebellum, the medulla oblongata, were examined with care, and found healthy: the same was true of the œsophagus, eighth pair of nerves, larynx, heart, lungs, and organs of the abdomen. No where could there be found congestion or inflammation. "A veil," says Dr. Heyfelder, "hides from my sight the cause of this series of symptoms, and he may raise it who can. It was my own child!" (*Gazette Med. May*, 1833.)

I shall not weaken this most interesting narrative by comments, but proceed to a third occurrence met with in practising among children; I mean the unexpected advent of dissolution without any apparently sufficient cause. The following will serve as an illustration: A remarkably plump and healthy child, aged seven months, who had been perfectly well all the morning, was found by his mother, at 3 P. M., shivering in the cradle. A warm bath was given it, and complete reaction ensued. When seen, its skin was moist and warm; its pulse soft, full, and rather frequent, and occasionally it cried, as if in some pain. It vomited once or twice; its belly was supple, and not tender; its intelligence perfect. A dose of calomel was given, preceded by a stimulating enema, which operated very freely. A sinapism was also put upon its belly. A few drops of the syrup papav. were next given it, and it soon fell asleep. It continued comfortable all the evening, took the breast once freely, but was not purged. At half past 11, the mother, who lay next to it, observed its eyes to be fixed and its body to be cold. A warm bath was used, and stimulants applied by the friends, but it soon died. A post mortem examination was resolutely refused, and the seat of the cause of death remains to me unexplained.

The following observation is illustrative of the same event. It has been kindly communicated to me by a medical friend: "A child, aged three years, was apparently in perfect health during the morning of June 4, 1835; and having dined upon his usual simple food about 2 P. M., was laid in bed immediately afterwards, to take his accustomed nap. About 3 o'clock, he awoke with an anxious cry, great restlessness, and occasional vomiting, at first of his undigested food, but afterwards of a thin, glairy fluid, slightly tinged with bile. There existed a remarkable insensibility to the action of external irritants, and an inability of recognizing external objects, combined with constant jactitation. The heat of the skin was not above the natural standard, nor the pulse accelerated. At 5½ o'clock he passed a healthy alvine evacuation, and at 6 he died. An autopsy was refused."

This case differs from that which I have myself reported, inasmuch as there were more symptoms of disease to account for the death of the subject; yet the cause of his decease seems very obscure. The suddenness of the attack, and the brevity of its duration, with the normal state of the pulse and skin, preclude almost the possibility of any inflammatory action, as gastritis; whilst the results of the post mortem examination of Dr. Heyfelder's child, render it very uncertain whether any morbid lesions would have been found in the brain sufficient to have explained the fatal event. I may add, in reference to this point, that the paralysis of the organs of deglutition, which supervened some hours before the death of the illustrious Baron Cuvier, could be traced to no diseased condition of the brain, upon autopsic inspection of that organ. The observations now recorded prove conclusively the fact, that children do occasionally die very unexpectedly, and often without a cause sufficient, in appearance, at least, to have terminated their precarious existence.

Art. XII.—*A Biographical Sketch of the late David Hosack, M.D., LL.D., F.R.S. &c. of New-York.*

The medical world, and the cultivators of the fine arts, have recently been deprived of one of their brightest ornaments, by the recent demise of the distinguished individual whose name we have placed at the head of this notice. Dr. Hosack died of apoplexy, accompanied with paralysis of the right side, after

an illness of five days, on the evening of the 22d of December, ultimo, at his city residence in Chambers-street. He had just passed his 66th year.

Dr. Hosack was born in the city of New-York, in August, 1769. His father was by birth a Scotchman; his mother, a native of New-York. Dr. Hosack received his earlier education first in Columbia College, but subsequently took the degree of A. B. at Princeton, New-Jersey. He was a private pupil in medicine and surgery under the care of the late eminent Dr. Richard Bayley. He graduated M. D. at the medical school in Pennsylvania, in 1791. Shortly after this period, he entered upon the practical duties of his profession in Alexandria, in Virginia; but the limited sphere of that place not corresponding with his wishes, he returned, after a short experiment, to his native city, and finding that many of the cultivators of the healing art, in order the better to secure a becoming patronage, had terminated their medical studies in Europe, he determined to set out for the Scottish metropolis, which then justly boasted of its far-famed university. Thither he repaired, and passed his terms at this renowned school, and formed a large circle of literary and scientific acquaintance, with whom he maintained a correspondence up to the last of his life. Upon his return to New-York, in 1795, he formed a connection in business with Dr. Samuel Bard, subsequently the second President of the College of Physicians and Surgeons in this city. Dr. Bard was eminently distinguished by his professional merits and by his widely extended practice. Upon his retirement, Dr. Hosack assumed the entire responsibility; and for a period of nearly forty years, was recognised as the head of his profession in his native place. The limits of these obituary remarks forbid us to dwell upon his peculiar characteristics as a physician: though it deserves to be stated that his practice partook largely of the anticipating method of cure: the temporizing expedients of the expectant system found little favor in his views. As a teacher of several branches of medical science, he also merits special notice. He was first appointed professor of Botany in Columbia College, in 1795, to which was shortly after added the Materia Medica, both chairs of which he held till the dissolution of the medical faculty of that institution in 1813. Upon the organization of the College of Physicians and Surgeons in the city, by the Regents of the University, in 1807, he was appointed professor of Obstetrics and lecturer on Surgery. The former course he delivered during the first session of this new school of physic. Upon the re-organization of the College in 1813, and the union of the faculty of Columbia College with that of the College of Physicians and Surgeons, he was appointed professor of the Theory and Practice of Physic. This branch of study he continued to teach until 1826, when causes not now necessary to dwell upon, induced him, with his colleagues, to resign his appointment. Upon the establishment of the Rutgers' Medical College, he again resumed the duties of professor of the Practice of Physic and Clinical Medicine, which he fulfilled with his wonted ability until 1830—31. As a teacher of the several branches of medical science, and particularly of the practice of physic, it may be safely said that he has never had a superior in his native country, as the practical expositor of clinical medicine. The thousands of students who have witnessed the illustration of his precepts in his attendance as physician at the New-York Hospital, will bear testimony to his medical tact and efficiency.

Dr. Hosack was the author of numerous medical papers and essays; many of them monographs on particular diseases; besides occasional addresses and discourses. He was unanimously elected Fellow of the Royal Society of London, in 1816. In connection with his partner in business, and subsequently his colleague in the University, he for several years published a medical journal, the American Medical and Philosophical Register, 4 vols. 8vo, edited by David Hosack and John W. Francis. His various medical writings have been brought together in 3 vols 8vo; in the third volume of which he has detailed at great length the vicissitudes which have marked the progress of the profession in New-York, both by individual difficulties and legislative measures. His writings on the yellow fever have been long familiarly known. He was the advocate of the specific character and contagious nature of that disease. The first edition of his Practical Nosology appeared in 8vo, in 1819. His Memoir of De Witt Clinton, in 4to, in 1828. A more disinterested tribute to the memory of a great benefactor, never was given to the public. Of his merits as associated with the New-York Historical Society, as President of the Literary and Philosophical Society of New-York, and as connected with other public institutions and private undertakings, we forbear at this time to speak. He deserves, and will doubtless receive, the just consideration of his various merits by some surviving friend, adequate to the responsible task. His remains were accompanied to their place of interment in the marble cemetery, with a regard which became so distinguished a character.

In conclusion we may venture to say, that in the death of Dr. Hosack the medical profession has lost one of its most substantial pillars; and that the many productions of his pen will be held in esteem side by side with those of the lamented Rush.

ANALYSIS OF MEDICAL JOURNALS.

ART. I.—*Bulletin Générale de Thérapeutique Medicale et Chirurgicale. May* 30, 1835.

1. NOTES UPON THE MEDICAL PROPERTIES OF COFFEE.—A number of disorders are instanced in this paper, in which coffee, given in powder, extract or decoction, is said to evince excellent remedial effects. In women subject to menstrual suppression, or whose catamenia are tardy, coffee is found to be a remedy as salutary as agreeable. With persons disposed to obesity, and that kind of torpor which is sometimes the prelude of paralysis or of apoplexy, it is an agreeable stimulant. It is especially in familiar use against sick headache, which it often very promptly calms, as also prevents tic doloureux. Gout and gravel are scarcely known in Turkey or the Antilles, where this drink is common. Its anti-febrile virtues have been attested by several distinguished physicians. According to Dr, Grindel, untorrefied coffee possesses the antiseptic and febrifuge properties of quinquina. M. Martin John has used it very beneficially in typhus fever, accompanied with a predominance of stupor and faintness. It should be avoided in typhus attended with inflammation of the meninges or with gastro-enteritis. In countries exposed to malaria, it proves eminently prophylactic.

It should be interdicted in nervous habits and those disposed to restless sleep; in plethoric constitutions or those subject to hemorrhages, to visceral irritations, or painful hemorrhoidal affections. Inflammations of the larger vessels have been observed to be common in the Antilles, where it is much used. Coffee receives no mercy from Hahnemann, who has published a short dissertation on it. He compares it with the worst poisons.

The utility of this article in cases of poisoning by opium and the narcotic plants, is strongly advocated, after the stomach has been emptied by emetics. A case is related, in which coffee proved eminently useful in restoring to animation several persons who had been asphyxiated by the vapor of charcoal. A strong decoction was administered immediately their situation was discovered.

2. RESEARCHES UPON A NEW TREATMENT OF ITCH. *By M. Emery, Physician of the Hospital St. Louis.*—The simple itch is marked by the existence of little acuminated vesicles, with a transparent summit, but a more or less large base, more or less hard, according to the susceptibility of the subject and the duration of the disease; a little, black cicatrice succeeds the tearing of the vesicle, which may become yellowish, and transform itself into a true pustule after some days' duration, and finally there exist furrows, in which the acarus is concealed. There exists a species of itch, which is accompanied almost from the commencement by large pustules, more or less approximated, which presents, like the other, numerous furrows, containing the acarus; it is observed especially upon the hands and feet. An attentive examination of the insects has not made it possible for me to recognise the slightest difference between them and those of the ordinary itch. This malady must not be confounded with confluent ecthyma, which I have observed a number of times, and which I have not found described. The former attacks the wrists, the back, the palms of the hands and all the fingers, the feet, and the toes. It is accompanied by a considerable swelling in all these parts, raises the epidermis, and forms a large number of little purulent foci, circumscribed and isolated from each other. Issue must speedily be given to the pus in this disease, by dividing the epidermis. Next to the hands and feet, the acarus is found principally in the armpits. Regarding the destruction of the insect as the true curative principle, the following unguent was successfully employed:

℞ Black Savon ℥ i.
Marine Salt.
Sulphur āā ℥ ss.
Alcohol ʒ i.
Vinegar ʒ ij.
Chloride Lime ʒ ss. M.

3. NEW CAUSTIC, WITH THE CHLORIDE OF GOLD, FOR THE TREATMENT OF CANCEROUS AFFECTIONS.—Attention is directed at this moment to this new agent of cauterization. It is the regal water, holding in solution a certain quantity of the pure chloride of gold. The origin of the use of this substance was this: A goldsmith had a cancerous pimple upon his cheek. Its nature was unequivocal, and obliged him frequently, from its unpleasant sensations, to carry his hand to it. After touching it frequently in this way, while the artist was preparing a solution of gold in regal water, the appearance of the pimple

changed, and at the end of some time it disappeared. In order to test the utility of the application still further, M. Recamier made several applications of it to an advanced canceromatous affection, on a woman. The disorganized tissue resumed its natural texture, and returned to its healthy state; but, unfortunately, the constitution of the patient had been so undermined by the cancerous diathesis, that in spite of the striking retrogradation of the local disorder, she sunk under the progress of the cachexia. A second subject yielded better than the preceding to the efficacy of the auriferous solution. This was another woman, affected with a fungus of the neck of the uterus. M. Sanson, and several other practitioners of merit, had touched the patient, and all had recognised the presence of an ulceration, with hard, fringed edges, painful, having destroyed almost the whole of the neck of the uterus. The general symptoms accorded with those of the touch, indicating the carcinomatous nature of the ulcer. The patient was likewise subject to characteristic lancinating pains, which all attested the rapid course of the cancer. Seven to eight applications, with the above caustic, were made to the seat of disease, allowing a sufficient interval between them, when the general and local symptoms were arrested. The touch indicated the ravages produced by the ulcer, which had destroyed the neck of the womb; but at the same time, it showed that the disease had been arrested and cured. The entire body of the uterus, which had been engorged previously by the disease of its neck, was restored to its primitive volume. Two or three other cases are now submitting to the action of this caustic. In one of these, at the Hotel Dieu, which we have seen, the progress of the cancerous tumor, which has also the neck of the uterus for its seat, has already suspended, although the application has already been made only two or three times. The caustic is prepared in the following manner: The nitro-chloric acid is combined with the chloride of gold in the proportions of *one ounce of the acid, with six grains of the chloride of gold, very pure.* By this means we obtain a regal water, with excess of chloric acid, holding in solution a certain quantity of gold. The application is made in the same manner as with other liquid escharotics. An eschar is thus produced, of a whitish color, which falls off at the end of three or four days, when the caustic is to be re-applied; and it must be repeated according to the extent of the surface and the depth of the lesion.

4. Remarks upon secondary cataract, and notice of a new instrument to prevent its formation.—Secondary cataract is often the result of the effort to extract the opaque lens by the method of Boyer, whose instrument makes but a small opening in the capsule, through which the lens is forced by external pressure, and often tears its way through; thus producing inflammation and opacity of the anterior capsule. The posterior capsule, which is ordinarily three times thinner than the anterior, (Scarpa,) is also torn.

There is another species of secondary cataract, which often results from the ordinary manner of extracting the crystalline: it is that produced by the remnants of the lens, which often remain between the two membranes, and are imperceptible at the time of the operation. The volume of these is soon augmented, and soon occupies the crystalline chamber left free by the cataract, and becomes opaque. The fault in these cases lies in the fact of the ordinary instruments not making an opening sufficiently large to permit the free exit of the entire lens. When the capsule is ossified, as in some old persons, is it not true that the ordinary kystotomes are entirely useless? Wenzel relates a case of this kind. There are many unforeseen circumstances by which secondary cataract is unavoidable with the common mode of operating. To obviate these difficulties, especially that of the expulsion of the opaque lens, M. Rognetta, lecturer on ophthalmology in the School of Medicine, has employed a new instrument, of his own invention, which he calls the "*kyslotome emporte-piece.*" It consists of two principal parts, viz: a steel rod, which is terminated at one end by a cutting circle; and a silver canula, into which the rod fits; so that the cutting end may be just concealed within one end of the canula, while the other end is surmounted by a ring-handle. (A dissected representation of the instrument is given in the journal.) The diameter of the cutting circle is about one line, and the entire length of the instrument about three inches. The cutting circle may be pushed forward beyond the blunt end of the canula about half a line. The canula, with the cutting circle concealed, is passed through a flap in the cornea, made by the process of Wenzel, through the pupil, and when lightly placed upon the cataract, the cutting circle is gently pushed forward, by which a round piece is cut out of the capsule, and adheres to the instrument. The cataract then instantly escapes through the opening, without any effort of the organ, and without tearing any thing in its passage. M. Rognetta is fully satisfied of the superiority of this instrument, and answers satisfactory all objections to it.

5. Note upon faam, and some of its preparations.—M. Giraudy made known, in 1828, a plant called *Faam* by the Africans, which is employed in affections of the chest, and spasmodic nervous maladies. A syrup and pastilles, of a very agreeable taste, have

been made of it, which have been preferred by some practitioners to combat affections of the chest and some nervous diseases. Faam, when dried, possesses a sweet odor, similar to fresh honey. Its leaves possess a somewhat bitter taste, nearly similar to bitter almonds. M. Giraudy has found Faam to possess the property of facilitating digestion, calming the pains of the chest, appeasing cough, dispersing spasms and oppression, and favoring expectoration. The Faam is a parasitical plant, of the family of the Archides, of which it possesses some of the physical properties. In odor it resembles vanilla, and in taste, salep. It is still a rare plant.

6. Upon the causes of the discredit of vaccination.—There appears to be some reason for the fears expressed by many medical journals, of the ulterior development of epidemic variola, (says this paper,) owing to the discredit which the practice of vaccination has received, and the diminution since 1828, so manifestly observed in the number of vaccinations. It is the duty then of the physician, both for the honor of the science, and the interests of humanity, to seek out the causes of the evil complained of, and the means of avoiding it. The writer suggests as one cause of the difficulty, the manner in which the emulation of vaccinators is excited by government, viz. by recompense. A medal is given in France to him who vaccinates the greatest number. By this, many who are willing to sacrifice honor and public safety, to ambition, will postpone to a distant time what ought to be done at once, in order that the number of their operations may be increased within a certain period, and the prize be thus won. To obviate this, the prize should be awarded not to him who vaccinates the greatest number, but to him who does it most regularly and most opportunely.

Another *depopularising* cause is, that numbers of priests, veterinaries, charlatans, wise women, and gossips, think it sufficient to know *how* to perform the operation, but who having no medical knowledge, cannot distinguish between the true and false vaccination. Many persons become the victims of the ignorance of these vaccinators. It becomes as much the duty of the public authority to prevent such injurious operations by ignorant persons, as to restrict the vending of noxious or inert medicines.

The salutary law practised in the large cities of France, requiring every one desiring admission into a school, to bring a certificate of his having been well vaccinated, seems not to be strictly adhered to in country schools, or even in those of many villages. In many cases it is necessary to force the people, deprived of light, to accept the benefits offered them.

Cautious, however, as we may sometimes be, accidents will sometimes happen, for which we cannot account, but which cannot invalidate the general rule of the utility of vaccination as a preventive of variola. A varioloid eruption has been known to follow the introduction into the system, of what we have had every reason to be assured was genuine vaccine virus.

7. Disarticulation of the thigh.—M. Gerdy practised this operation at the Hospital St. Louis; but the subject of it succumbed on the ninth day. The patient was a country woman, about 42 years of age, who had had, for a long time, an enormous cancerous tumor at the anterior and upper part of the thigh, which she wished to get rid of at all hazards. The tumor was moveable, and the surgeon hoped to be able to remove it by an incision and dissection, without being obliged to resort to a more serious operation. But a jet of blood soon obliged him to put a ligature around the femoral artery. MM. Richerand and Jobert, called by their colleague, thinking the patient too weak to bear the loss of much blood, advised the disarticulation of the thigh. This was performed; but the operator, unfortunately, did not attempt to bring about a union by the first intention, by means of points of suture. This is, in our eyes, a grand fault. On the ninth day, tetanic symptoms; and in spite of the administration of large doses of opium, the patient sunk. The pulmonary pleura was found studded with cancerous tumors, and the same existed in different parts of the lungs. The economy was highly vitiated by the cancerous diathesis, or by absorption, so that death would be the inevitable consequence of the operation. But in this case, death was caused by the wound not uniting by the first intention. The system was unable to support the drain caused by the immense suppuration. The only case of success with this operation, in France, in an adult, is that of Delpech, practised in 1823, in the hospital of Montpelier; and he attributed his success to his having produced union by the first intention.

8. Homœopathy—Is poorly sustained in Paris. Despised by reputable physicians, rejected from the hospitals, *cliniques*, lectures and learned societies, this poor doctrine, (if doctrine it can be called,) has no patrons but a few physicians of no authority. Even the public—always burning for illusions, always enthusiastic and credulous—begin to be weary of it, its deeds not having answered its promises. We are assured that Hahnemann, at the *age of* 80 *years*, is about to marry a *young* French girl. He certainly in this case proves faithless to his principles, not joining similar to similar.*

9. The lithontriteurs and the lithoto-

* We understand that Dr. Hahnemann has actually taken his own dose, and that the young lady (about 18,) is beautiful. There certainly must be some secret charm in this homœopathic folly.

MISTS—At the Royal Academy of Medicine, have had several very animated discussions concerning the relative advantages of the two modes of removing calculi. The former appear to have the better of it. The benefits of lithontrity will approach more and more near to universality, as the instruments become improved.

ART. II.—*An Analysis of a Recapitulation of the Proceedings of the Royal Academy of Medicine at Paris, during the year* 1833. By M. PARISET, Perpetual Secretary. From the 4th Volume of their Memoirs. 1835, fas. 1.

1. A double bladder has been seen by M. Velpeau; or rather a bladder divided into two pouches, an anterior and a posterior one: the one being emptied, and the other remaining full, and giving rise to a continuance of a desire for micturition. They communicated by a small opening near the trigone. The anterior one contained a stone, which might have been extracted by the supra-pubic operation; the lateral incision would have opened fruitlessly into the posterior sac. In a bladder opened by M. Sanson, existed on each side, an aperture, some lines in diameter, which communicated with a sac organized like the bladder: the right opening contained seven calculi, which could not have been extracted by any operation.

2. Nature, says M. Pariset, seems sometimes to sport with our knowledge in producing disease. It is a truth admitted in physiology, that atrophy of the great hypoglossal nerve is followed by the destruction of smelling; and yet, a fact which ill accords with this truth, has been stated to the Academy. A tongue was atrophied in the whole extent of its left half, and yet preserved in this half the faculty of recognising flavors.

3. In a memoir read to the Academy, M. Bally had maintained that choladrrhea, or the intestinal lymphatic flux, was a necessary and essential characteristic symptom of Asiatic cholera. Hence he concluded, that what is called *dry* cholera was, in reality, not a form of that disease; but he soon discovered that dry cholera is often such in appearance only. In the case of a patient who had all the symptoms save the serous discharge, the intestines were gorged with choleric fluid. A spasmodic constriction of the rectum to the size of a quill, for a distance of three or four inches, had prevented its exit.

4. M. Ricord stated to the Academy, that according to his experiments, inoculation with the matter of consecutive venereal sores produced no pustules. They are not then contagious. That with the virus of primitive sores generally induces chancre, but not constantly.

5. A long discussion on the subject of apoplexy, originated from a memoir sent by M. Larroque. This physician having seen seven apoplectic persons who were affected with hypertrophy of the left ventricle, was led to regard this condition as a cause either of congestion or of cerebral hemorrhage. A third cause, which renders apoplexy almost inevitable, is cretaceous degeneration of the cerebral arteries. An opinion, which is admissible within certain limits, is, that pregnancy favors hypertrophy, and ultimately apoplexy. From this, the practical caution may be drawn, to effect speedy deliverance in cases of puerperal cerebral congestion.

6. A fatal case of hernia, passing through Gimbernat's ligament, and mistaken for crural hernia, was communicated by M. Laugier. In an operation by M. Velpeau, the loop of the intestine was found to be a violet brown, and upon it, 3 manifest perforations, whence serum exuded. These, nevertheless, were returned, and the case did well. But in a case related by M. Begin, an intestine, which was returned with three small gray eschars upon it, sloughed on the third day, and the effusion gave rise to fatal peritonitis.

7. A solution of an interesting obstetrical problem has been attempted by M. Paul Dubois. The situation of the fœtus in utero varying in the early periods of pregnancy, becomes fixed only at a certain period; that period at which it is about to pass into the outer world. This position cannot be effected either by the weight of its head, by suspension at the end of the cord, nor by any organic arrangement of the womb. What, then, is its cause? This cause, says M. Dubois, resides in the fœtus itself. In the presentation of its head, it obeys an impulse, an instinct, an inward stimulus. The explication was denied, as wanting proof, and as unsatisfactory; and by some it was proposed to attribute it in some degree to the pulsations of the basilar arteries and those of the basis cranii. To the public it belongs to decide upon the case in dispute.

8. M. Ferrus opened the body of a lunatic, affected first with hemiplegia, then with complete paralysis, and next with blindness. Besides some traces of disease in the corpora striata, about thirty cysticerci were lodged upon the convex surface, and on the convolutions of the brain.

9. M. Moreau has seen a double uterus; or to speak more accurately, a womb exactly divided into equal halves, separated from each other by a double septum, each having one tube and one ovary, and each having one cervix and one os. Death supervened upon

labor; a male child had been developed in the left half.

10. M. Martin Solon had observed the pulmonary artery much dilated in a man, aged about 40 years: the two auricles communicated by an opening sufficiently large to admit the end of the finger. The two currents of blood intermingled, and some parts of the face were cyanosed.

11. M. Cullerier laid before the Academy, a heart, whose interventricular septum was hollow, forming a cavity which extended to the base of the organ, and had no sensible effect upon the circulation.

12. Four cases were cited of persons attacked with cough, at first dry, and then humid, and offering every symptom of pulmonary consumption, yet cured by anthelmintics alone. There exists between the most similar diseases, natural differences, effected by the secret influence of medical constitutions; differences which are inappreciable to the senses, but manifested by the treatment. Thus, if to be treated, a malady must be known, so also to be known, it must be treated.

13. A strange case was reported by M. Renauldin. In the heart of a woman, he found a carcinomatous tumor, as large as a good-sized nut. The two kidneys, and the left especially, were in a state of cancerous degeneration. Yet no derangement had been evident either in the circulation, nor in the secretion of urine. An analogous case was seen by M. Velpeau. A woman, who was under treatment for an inversion of the womb, died suddenly. The whole stomach was cancerous; yet she digested wonderfully well, and had no vomiting.

14. As an evidence of the influence of place, food, changes of climate, moral affections and the like, upon the health of man, it may be stated, that the cases of scrofula among the inmates of the central House of Detention, at Fontevrault, took on this year a sudden and extreme increase. The bread manufactured for their use was of an inferior quality. The proportion of gluten, in flour, is extremely variable in different years, and in different seasons.

15. Dr. Montesanto, of Milan, transmitted to the Academy an account of a hemiplegia, which followed a fall from a height of fifty feet, and an abundant hemorrhage from the mouth, ears and nose, on which supervened torpor, depression of strength, and various disturbances of the nervous system. The accident occurred fourteen years ago, since which time neither urine nor fœces have been discharged. What is the condition of the spinal marrow? is it softened or compressed?

16. A dilatation of the right kidney led to a belief in the enlargement of the liver. The case was furnished by M. Tanchon. A patient died after amputation of a gangrenous leg. The arteries of the extremities were found wholly obliterated; although, at the moment of the operation, their pulsations were perceptible. The parts of the kidney were separated by pus, and it contained a calculus.

17. M. Dugès offered to the Academy a memoir upon the eclampsia of young children, which is an excellent monograph. It always depends, he says, upon an irritation of the encephalon, either intermittent, continuous, remittent, or chronic. It differs from apoplexy, from tetanus, from epilepsy, though it often assumes the characters of either; and demands a varied treatment, according as it is idiopathic or symptomatic in its nature.

18. Cases of speedy cures of burns of the mouth, from the discharging pistols into that part, were recorded by Messrs. Bédor and Larrey. The latter attributed them to the sponginess and vascularity of the soft and hard parts of the face; and exhibited the crania of two men, in one of whom the upper, and in the other the lower jaw, were shot away by cannon balls, who soon convalesced, and lived many years after their recovery.

19. An operation was performed by M. Bérard, for the removal of a piece of polished marble, which had remained for three quarters of an hour in the trachea of a child, ten years old, who was threatened with suffocation. Convulsive action of the sterno-hyoid and sterno-thyroid muscles, rendered access to it difficult; but no sooner was the trachea opened, than the foreign body was ejected, and the child perfectly recovered.

20. M. Philip communicated to the Academy a case of extra-uterine pregnancy. The commissioners of the Academy considered it, however, as only a new instance of monstrosity by inclusion. In the first of these cases there exists a placenta; in the second, there is none. The following fact was derived from Dr. Mojon, of Geneva:—A 3 months' fœtus was found in the abdomen of a woman 78 years old, in the centre of a cartilaginous tumor, which occupied the right half of the pelvic excavation, and adhered to the vagina, bladder and uterus by very thick filamentous tissues. Was this a case of extra-uterine peritoneal pregnancy? or was it a case in which the two germs being together in the uterus, had entered one into the other, which, as in the instance of the young Bissieux, we now know to be possible?

21. M. Roux, in the course of a single year, has obtained four cures of lacerated

perineum, by the quilled suture. The cases being of old standing, the lateral incisions, advised by M. Diffinbach, of Berlin, to lessen the tension of the skin, and prevent the threads from tearing out, were not needed.

22. A hermaphrodite, seen by M. Bouillaud, had a uterus and ovaria, with a penis, prostate, glands of Cowper, but no testes. The skin was white, and the limbs rounded. She had, from some oversight in the civil officer at the time of her birth, been married as a man. In an ulterior session, M. Castel offered some peculiar views on the subject, and proved by indisputable argument, supported by facts, that in the superior animals, perfect hermaphrodism is absolutely impossible.

23. The great work which has so long engaged the attention of the Academy, verges to a conclusion; and the report, by M. Double, on behalf of the committee, of which he is secretary, will be contained in the next recapitulation of its transactions. It has for its object the organization of the medical art in France; a reform which the wants of the period call for, and which touches on many interests, public and private.

ANALECTA.

1. Case of moschosmia.—This singular phenomenon was observed in a female, who was affected with chronic peritonitis, attended with remarkable emaciation, at the Hospital La Charité. She entered the hospital September 27th, and died on the 11th of November. During the last week of her existence, a very strong odor of musk was perceived from her body and upper extremities. The strict inquiries which were made forbid the possibility of any deception on the part of the patient, or the idea that any musk had been introduced into her apartment. Nor is this the only case of the kind on record. Three cases of the odor of musk exhaled from the left axilla, have been detailed by Van Swieten, Wedel, and Galwiess. Gazette des Hopitaux.

2. Cases of cerebral affections. By M. Duchault, *of Charost*, (*Cher.*)—Margueritte Carillot, residing at Champenvise, Department of Indre, of a very marked lymphatic temperament, forced by necessity to remain a whole day with her feet in the cold water of a brook, was attacked, while returning to her house in the evening, with vertigo, which rendered her gait unsteady; and as she addressed those whom she met upon the road, with unconnected words, was thought to be intoxicated; but when she had entered her house, an attack of apoplexy, which prostrated her as by a thunderbolt, soon dissipated the bad opinion formed of her. Her neighbors, after having raised and placed her upon a chair, sent for me in great haste.

I found her entirely deprived of sensation; pulse small and soft, respiration laborious and stertorous, face swollen, lips thick and pale: an abundant slaver of viscous matter escaped from her mouth. After having collected some information from the persons who were about her, I could attribute the cause of the great accidents with which I had to contend, only *to a receding of the perspirable serous humors towards the head*, by the action of the cold to the feet, that this woman had so long supported, and in a very cold season; nor could I mistake the existence of the serous apoplexy, so well described by the ancients. I introduced into the nose of the patient, by means of a spoon, marine salt, which procured a considerable evacuation of viscous matters: afterwards, I applied a large blister to the back of the neck.

After some hours, she was sensibly better; and having permitted the wound resulting from the vesication to suppurate some days, she was completely cured.

Marie Trotigrois, wife of Vivard, of Buyon, experienced, some years ago, and without appreciable causes, a nervo-muscular commotion, for which I can find no suitable name. The first parts of the body which were put in movement, were the hands, arms, afterwards the legs and thighs; then came the head. What was remarkable in this nearly general disorder, this woman preserved her reason entire. When she experienced the first attacks of this affection, a physician who was called at the time of the fit, probably wishing to know how much force the muscular action would acquire, seated himself on the knees of this woman; but the agitation of the extremities, upon which he bore all his weight, not having been at all relaxed by it, he there confined his investigations, and did nothing for her. Some days after, having been requested by the husband of this woman to see her, I found her seated in the midst of her children, eating with them beans out of a large dish placed upon her knees. From the appearance of her face, which had nothing

marked, and at the sight of the appetite that she appeared to have, I could not prevent myself asking, why they had called me, since, apparently, she was in good health. Then she related to me that she had been attacked by a disease, which caused her to move all her limbs, and even her head, with an incredible rapidity; that a physician had seen her, and had seated himself upon her knees during an attack, and that she had made him bounce (these are her words) as a child. While she was speaking, I perceived her hands commence moving with a certain rapidity. A moment after, the arms, legs, thighs, and head were agitated so smartly, that the dish which she had upon her knees, had been overturned in the violence, had not the children, fearing to lose their small provision, held it with all their strength in its place.

This attack lasted at least twenty minutes. M. D——— attributed these disorders to an alteration of the locomotive nervous fluid, (a fluid apparently secreted by the cerebellum,) either by suppression of the perspiration, or some other cause. He at first applied a blister to the nucha; and when suppuration was well established from it, gave this patient a strong decoction of valerian, sweetened with the syrup of ptœchas, an ounce to a quart (litre) of the decoction.

She took three doses a day of this remedy: first morning fasting; second, an hour before her dinner; and the third an hour before supper. Under the influence of this medication, at the end of some days the nervous attacks became less frequent, and soon disappeared entirely. Lancette Fran aise, 1835

3. A medical gazette, published at St. Petersburgh, contains the following case:—

On the 5th of July last, during a terrible storm which passed over the villages of Kranve-silv, one of the grenadiers of the Emperor of Austria was struck by lightning. After having been bled copiously on the spot, he was transported to the town. The face and body of the patient were livid; eyes haggard, rolling in their orbits; respiration accelerated and oppressed; his jaws were convulsively closed; voice feeble, rather resembling groans than the regular articulation of sounds; pulse strong and quick; the agitation of the patient was such, that six attendants could hardly hold him in his place; extremities and body cold.

M. Nagrumovitch, physician of the guard, ordered a hole to be made in the garden, in which to inter the patient to his neck. His extreme agitation rendered this operation difficult. He was not entirely surrounded with earth, when all the assistants remarked a visible change in his features. At the end of five minutes, the patient returned to himself. He was taken from the hole, and no medicine except a slight purge and tea given him. The next day, he could stand and answer all questions addressed him. He was entirely cured.

Another soldier, struck at the same moment with the lightning, whose symptoms, though analogous to those of the former, were less intense, was only copiously bled, without being placed in the ground. This man, notwithstanding the mildness of his symptoms, suffered a long time under hemiplegia.

Gaz. Med. 1835.

4. Death from fasting.—Prof. Walthen, of Munich, gives, in a German journal, the history of a man, 29 years of age, who, after having been treated some time for amaurosis, was given up to an individual, who had promised to cure him by fasting. M. W——— B——, of D——, had taken, during 47 days, no solid food, and during four weeks nothing but pure water, except four cups of sweetened tea, which he drank on new year's day. Before this treatment, his body weighed 130 pounds; and under it, diminished in weight 37 pounds. He had reached the greatest degree of emaciation, and died of a nervous apoplexy, without having been cured of the amaurosis.

Autopsy.—Total want of blood, serous and bilious secretions in a normal state; 8 to 10 ounces of serosity in the pericardium; lungs having a great quantity of tubercles, some of which were in a state of ramolissement and ulceration; no inflammation in the intestines, which appear to be contracted in all their extent, especially the transverse colon. All the organs in the chest and abdomen atrophied. The brain and spinal marrow were not examined. Ib.

5. Dyspnœa. *By Thomas Davies, M.D.*—What is the value of the sign of dyspnœa? In one sense it has no value: in another, it is of the highest importance. Dyspnœa will never determine what is the nature of the lesion: it will not determine whether the lungs be affected, or the heart, for you see it is common to them both; it is common to every disease of the lungs, and to a certain extent to every disease of the heart; and therefore it is an *equivocal* sign: nay, it even occurs in diseases that are placed out of the cavity of the chest; in dropsy, and even in pregnancy; and therefore I say it is of no value in determining a specific lesion. But it is of the highest importance in a practical point of view, in determining the degree of the loss of equilibrium, and therefore gives the most valuable indications. Lond. Med. Gaz.

MEDICAL INTELLIGENCE.

1. Death from arsenic taken by accident for calomel and jalap.—F. A. D., aged 23, clerk, took at 2 o'clock, in the morning of September 4th, a powder, which was followed by vomiting in the course of half an hour; soon afterwards, several dejections. Vomiting and purging, at short intervals, continued through the day. Evacuations consisted mostly of a serous fluid and bile. Quantity vomited during the day amounted to six or eight quarts by estimation. In the afternoon, on attempting to walk from one bed to another, he fell down senseless, was convulsed, had cramps in extremities, and was cold. At 7 in the evening, which was seventeen hours after the taking of the medicine, I saw him, and found him as follows: Extremities cold, bathed in perspiration; skin blue and corrugated, feeling as if parboiled; no pulse perceptible at wrist; pulsations of carotids rapid and fluttering; eyeballs retracted in orbits; countenance livid; voice husky and guttural; extreme thirst; distress at epigastrium; frequently vomiting; mind clear; no dejections after first visit; his whole appearance was much like that of a person affected with malignant cholera.

He was told at once that he had taken a poisonous substance; and on being questioned in regard to the medicine he had taken, he said he obtained it eighteen months since in the city of New-York, for calomel and jalap, put it into his trunk, (where it remained till the evening before he took it,) went a voyage to Europe, and had lately returned to his native place. For a few days past, he had been suffering with pain in his head; a complaint he was subject to, and for which he procured this powder. This he took in molasses, at the time above stated. He remarked that the powder was of a yellow color, and in quantity about a teaspoonful. None of the powder could be obtained from the paper, spoon, or vessels into which the evacuations had been received.

Laudanum, wine, and brandy, were given internally, and friction and dry heat applied externally. Whites of eggs, lime-water, &c. were ordered to be given; but all without any material benefit. Cramps and coldness of extremities increased, vision failed, voice faltered, throat became dry, tongue swollen, annoyed by hiccoughs, delirium, and at last death ensued, which took place at 3 o'clock in the morning of the 5th, making twenty-five hours from the time the medicine was taken. Permission to examine the body after death could not be obtained; therefore, the character of the medicine he took must be inferred frem the symptoms of the case, which accord well with those symptoms stated by the best authors as following an over dose of arsenic. Mr. D. had the same symptoms that two other persons presented who took arsenic, as they confessed while living, and whose bodies were examined after death. His case resembled theirs so closely, from its commencement to its termination, that there was not any doubt in my mind that death was produced by the same cause.

Boston Med. and Surg. Jour.

2. Medical miscellany.—There are about 250 medical students at the Transylvania University.—The small pox is said to be rife at Covington, S.C.—Forty thousand peasants and pilgrims, it is supposed, have died of cholera, the past year, in the neighborhood of Mecca, hastened on by fatigue and want of water.—A proposition has been laid before the Legislature of Georgia, to authorize an organization of the steam doctors.—A system of Simplified Anatomy has been published at Columbus, Ohio, by Dr. William Spillman, which is well recommended by the *author*.—J. A. Brown, B.P., advertises in Providence, R.I., that any persons who prefer having their *fevers* cured in from four to eight hours, may have the business done by the job, by the public's humble servant.—Dr. Mussey is lecturing at the Andover Institution, on the philosophy of health.—Mr. Graham is about commencing a course of lectures, on the science of life, at Dedham, Mass., and also a second series on hygiene, at Phillips' place, in this city.—A new tooth instrument has been announced, but it possesses no advantages, we should judge, over those already in use.—Dr. J. S Bartlett, of this city, has become associate editor of the Boston Pilot, devoted to literature and the interests of Catholicism in America.—Dr. Strobell's private anatomical demonstrations at Columbia, S.C. have probably been very successful, as he is extremely well qualified for teaching the science.—The lectures at the Mass. Med. College will close in about four weeks.—The Cæsarean operation has recently been per-

formed at Birmingham, Eng., and both mother and child were doing well.—Dr. Elliot, of New-York, who is said to have acquired some reputation as an oculist, has become very expert in the manufacture of artificial eyes.—There is now in Boston, at the Bromfield House, Dr. Williams, called, par excellence, the celebrated English oculist, whom, by the way, we never heard of until he announced himself through the papers. Ib.

3. Answer. *A Question.*—The editor of the U. S. Medical and Surgical Journal asks —"Will the editor of the Boston Medical and Surgical Journal be so good as to inform us what they do with a physician when he shows himself to be otherwise than a gentleman?" *Answer.*—Nothing at all; total neglect being the severest of all punishments for medical infractions. Ib.

4. Good.—The government of Leghorn, where the cholera is now raging, has recently published the following order: "The space of three days is allowed for physicians and surgeons, who are now out of the city, to return to it. In case this order be not complied with, they will be declared incompetent to practise their profession."

Better.—A short time since, the king of Sardinia, indignant at the cowardice of some physicians who left their posts when the epidemic was raging, erased the names of a dozen of them from the list of physicians, and declared them incompetent to practise their profession.

5. To the members of the several legislative bodies in the United States.—*Gentlemen:* We respectfully beg leave to call your attention to the following notice of "Morison's Pills." For a cure of the evils of vending quack medicines, selling spoiled drugs, &c., please see a memorial, (intended to be presented to the legislature of the State of New-York,) published in our number for November, 1835, pp. 156, 157, 158, four first articles under the head of Medical Intelligence.—*Ed's.*

"A coroner's inquest was lately held in London on the body of Mrs. Sarah Porter, aged 35, whose death was occasioned by taking Morison's pills. The relatives of the deceased deposed, that she had taken three boxes of the pills, in doses of fourteen or sixteen at a time. The jury severely animadverted upon the sale of the pills in question, and after some discussion, returned a verdict, 'That the deceased died from inflammation of the intestines, caused by taking Morison's pills.' Deceased was the wife of a working jeweller, and the mother of seven children."

6. Woodstock medical institution.—An act incorporating the Woodstock Medical Institution, has passed our Legislature; so that the objections heretofore attempted to be made against the validity of its degrees, will probably be no longer urged. It is incorporated with power of conferring degrees, and all other powers incident to similar institutions.

We understand, however, that the connection with Middlebury College is to be continued, and the Faculty of the Institution the same as last year. Lectures will commence on the 10th of March, and continue thirteen weeks. Vermont Republican and Courier.

7. A notice of the late Dr. Giraud.—The truth of the declaration, "that in the midst of life we are in death," is seldom, indeed, more forcibly brought home to us, than it has been by the sudden and unexpected demise of Frederick Giraud, M. D., of this city.

But a little while, and we beheld him high in hope, elated with joy, and with a full promise of many years to come. After scarcely one brief week's sickness, icy death has selected him for his victim.

Educated under the first teachers of medicine in this city; a distinguished graduate in medicine of the University of Pennsylvania; possessing the most exalted and honorable feeling; with a full determination to proceed onward in his professional career, there cannot be the slightest doubt that he would have reaped the rich rewards which industry, perseverance and integrity ever bestow.

But God, in his providence, has otherwise directed. In the morning of his life, suddenly, and with but brief warning, he is removed from us for ever. It remains only for devoted friendship to offer this unworthy tribute of respect to his memory. Let his friends take consolation, that although he was not an open professor of religion, he reposed, during his illness, in the Lord Jesus Christ. While the knowledge of this fact affords us a well-grounded assurance, that he had made his peace with God, and that he sleeps in Jesus, and will rise again, and enjoy never-ending felicity. Let his sudden sickness—a sickness which baffled the best of human skill, even when aided by the untiring and constant kindness and exertions of affectionate relatives and friends—be to the young a warning, not to be forgotten or unheeded, "Be ye also ready." Commercial Advertiser.

8. Drs. Hamilton and Barry.—Among the deaths of eminent medical men abroad, we find those of James Hamilton, sen., aged 87 years, the author of the well known work on Purgatives; and of Sir David Barry, who had distinguished himself by his experimental researches on the blood, and on the Asiatic Cholera, which disorder he believed to be contagious. Sir David died suddenly, of an aneurism of the descending portion of the thoracic aorta.

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THE

UNITED STATES MEDICAL AND SURGICAL JOURNAL.

No. XIX.

FEBRUARY, 1836.

ART. I.—*Select Cases that have occurred in the Bellevue Hospital, New-York. Commencing July* 17, 1835. Reported by Dr. HENRY VAN HOVENBURGH, Principal and Resident Physician of the Institution.

[Continued from page 235.]

CASE 9. GASTRO-ENTERITIS AND INTERMITTENT FEVER.—*Michael Broder*, aged 22, born in Ireland, admitted September 1st. Was taken sick six days before admission. Pain in all his limbs, headache, great prostration, had chills; the third day, took calomel and jalap; is a hard working man; face pale; countenance dull; is restless.

Symptoms.—Tongue dry and glossy in the centre, red at tip and edges; great thirst; skin warm; pulse 98, hard and frequent; bowels costive, so for four days; great headache; no tenderness of the abdomen. C C ad nuchæ ℥ vi. calomelas gr v, cum pulv antim gr v, drink barley water.

6 *PM.*—Is relieved, complains of great heat.

9 *P.M.*—Repeat calomelas gr x, cum pulv antim gr x.

2*d*, 7 *A.M.*—Tongue furred greatly; headache continues; restless during the night; no evacuation; pulse 65. Administered a seidlitz powder.

12 *M.*—Had an evacuation; countenance is improved; pulse 55; allowed half a cup of oat-meal gruel.

6 *P.M.*—Is better; headache diminished; repeat calomelas gr iv, hora somni.

3*d*, 7 *A.M.*—Improving; slept well; pulse 60; skin warm; no stool: repeat ol ricini ℥ i.

8 *A.M.*—Half a cup of thin arrowroot.

12 *M.*—Two stools; some rice and molasses was given him for dinner.

2½ *P.M.*—Another stool; great headache; was attacked with a chill.

6 *P.M.*—Emp lyttæ 2x3 v ad nuchæ; gave some arrowroot gruel; calomelas gr ii, cum pulv rhei gr v, hora somni.

4*th*, 7 *A.M.*—Is better; slept well. 8 A.M. repeat oleum ricini ℥ ss; pulse less frequent; was given some thin arrowroot.

12 *M.*—Had two evacuations; was given some thin beef soup, with rice.

6 *P.M.*—Had three evacuations in the afternoon; no headache; pulse 68; repeat calomelas gr ii, cum pulv rhei gr v, hora somni.

5*th*, 7 *A.M.*—Slept well; had two stools: arrowroot gruel half a cup.

1 *P.M.*—Had no chill; had a stool in the forenoon.

4 *P.M.*—Ordered sulph magnes ℥ i.

6*th*, 7 *A.M.*—Slept during the night; had three stools; tongue loaded with a thick brown fur in the centre.

6 *P. M.*—Took pulv ipecac ℈ i, cum tart ant gr i, in aqua font ℥ ii; threw up a quantity of bile; had five stools; had no chill; pulse softer and slower, 64.

7*th*, 8 *A.M.*—Slept well during the night; had three stools; took a wine-glass full of infusion of bark.

6 *P. M.*—Had no chill; tongue cleaner; pulse slower, 58; had two stools; repeat infusion of bark.

8*th*, 7 *A.M.*—Slept well; took sulph mag ℥ i.

9*th*, 8 *A. M.*—Had no chill; four stools; no headache.

6 *P.M.*—Had two stools; had a chill at 2 P.M.

10*th*, 6 *A.M.*—Had two stools in the night; slept well; administered sulp quinini gr viii in two doses.

6 *P.M.*—Had no chill; had two stools.

11*th*, 6 *A. M.*—Improving; had a stool during the night: repeat sulp quinini gr iv.

6 *P. M.*—Had no chill to-day; had two stools: repeat sulp quinini gr iv.

12*th*, 7 *A.M.*—Keeps improving; had an evacuation during the night: repeat sulph quinini gr iv.

13*th.*—*Convalescent:* a wine-glass full of infus cinchonæ, bis in die.

20*th.*—Cured; discharged.

Case 10. Typhus Fever.—*Patrick Kellegan*, aged 18, born in Ireland, shoemaker, admitted September 2d. Was sick ten days before admission; was attacked with diarrhœa, headache, pain in all his limbs. Is a stout young man, slightly emaciated, rather tall.

Symptoms.—Pulse feeble and frequent 102, intermittent; tongue dry in the centre, red around the tip and edges; face flushed; eyes injected; much inclined to sleep; countenance dull and heavy; is delirious; begins to be comatose; answers with difficulty; skin warm; rolls about in his bed; bowels confined for two days.

Treatment.—Calomelas gr iv, cum pulv antim gr iv, taken hora somni; emp lyttæ 2x3 to calf of each leg; drink, barley water.

3*d*, 6 *A.M.*—Worse; passed a stool in bed; was restless and moving all night; lays occasionally in a comatose state; face flushed; eyes highly injected; pulse 98, intermittent and frequent; tongue more slimy, dry, and loaded with brown fur in centre.

7 *A.M.*—Oleum ricini ℥ i, emp lyttæ 2X3 ad nucha.

12 *M.*—Worse; very difficult to rouse him; teeth and lips sordid; head shaved; applied lotio frigida.

2 *P.M.*—Passed another stool in bed; coma; head hot; repeat C C temp ad ℥ vi.

6 *P.M.*—Remains in the same state; passed a stool in bed: repeat calomelas gr v, cum pulv rhei gr vi, hora somni; lemonade for drink.

8 *P. M.*—Had a stool; is better; skin slightly warm; tongue more clean, less dry in the centre; pulse 72, better.

4*th*, 7 *A. M.*—Slept tolerably well; no delirium; more easy; quite sensible; had a stool; pulse less frequent, but very feeble; skin good; tongue is not so slimy, but dryer and less furred in the centre: ordered ʒ ii spts mendereri to be taken every two hours; also, some thin arrowroot gruel.

12 *M.*—Pulse fuller but less frequent; had another stool.

6 *P. M.*—Better; pulse 90; tongue moist in the centre, less red around the tip and edges; no delirium; slight headache; answers plainly when spoken to; skin warm; had a stool: repeat calomelas gr iv, cum pulv rhei gr v, hora somni: continue lotio frigida.

5*th*, 7 *A.M.*—Slept part of the night; had a stool in the night; no delirium; pulse 82; skin warm; tongue remains brown in centre, moist at tip and edges: repeat oleum ricini ℥ ss, to be continued, spts mendereri tablespoon full every two hours.

9 *A.M.*—Had an evacuation; allowed some arrowroot gruel; lotio frigida continued.

1 *P.M.*—Had two stools; tongue less dry.

6 *P.M.*—Had two stools; tongue clean and moist, less brown in the centre; pulse full and frequent, 98; no delirium, no headache.

6*th*, 7 *A.M.*—Slept well part of the night; had two stools; pulse softer and less frequent, 70; tongue still brown and dry in centre, moist around tip and edges.

6 *P. M.*—Had a stool this morning early; tongue cleaner and moister in the centre; pulse 80: continue lotio frigida; repeat calomelas gr iv, cum pulv rhei gr vi.

7*th*, 8 *A.M.*—Slept part of the night; pulse 70, softer and slower; repeat ol ricini ʒ iv.

5 *P. M.*—Pulse slower and softer, 65; tongue cleaner in the centre, less furred and dry; slept part of the day; had four stools during the day.

8*th*, 9 *A. M.*—Tongue clean and moist; slept well; pulse 75; two stools during the night.

9*th*, 6 *A.M.*—Countenance brighter; pulse slow and soft; tongue clean and less bright; had a stool.

6 *P.M.*—Has remained quiet all day; pulse 78; tongue clean; repeat calomelas gr iv, cum pulv rhei gr vi.

10*th*, 7 *A. M.*—Countenance very much improved; had a stool; slept well; pulse soft and natural; tongue clean; repeat oleum ricini ʒ iv.

6 *P. M.*—Had two stools during the day; improving.

11*th*, 7 *A.M.*—Slept well; had an evacuation; pulse soft and natural.

6 *P.M.*—Had four stools during the day; walked about the ward in the forenoon.

12*th*, 8 *A.M.*—Still improving; slept well; pulse soft and natural; tongue clean and natural; had three stools since last evening.

13*th.*—*Convalescent.*

Discharged cured, 18th September.

Case 11.—*James Smith*, aged 21, carpenter, born in Ireland, admitted September 10th. Had been only five weeks in New-York; had been unwell several days before attacked; was sick ten days before being admitted.

Symptoms.—Countenance dull and heavy, face flushed, eyes slightly injected, tongue red around the tip and edges; pulse full and slightly bounding, 82 in a minute; lips sordid; headache; bowels costive.

Treatment.—Administered calomel gr viii, cum pulv antim gr v, barley water for drink.

6 *P.M.*—Oleum ricini ℥ ss.

11*th*, 6 *A.M.*—Tongue cleaner, pulse softer and slower; slept part of the night; had two stools.

6 *P. M.*—Pulse full and frequent; tongue coated and slimy: repeat calomelas cum pulv rhei gr iv.

12*th*, 8 *A.M.*—Did not sleep well; had no stool; violent headache; pulse full and frequent; tongue slimy: repeat ol ricini ʒ iv.

6 *P.M.*—Had two stools; pulse fuller and frequent; face very much flushed; eyes highly

injected; delirium; answers with difficulty: C C ad temp ℥ ij, emp lytta 2X3 ad nuchæ.

13*th*, 7 *A.M.*—Is better; tongue cleaner; slept part of the night: repeat ol ricini ℥ ss.

14*th*.—Improving; had five stools; tongue cleaner; pulse softer; countenance improved; slept part of the night; had no delirium. ℞ pulv rhei ℈j, aqua menth pip ℥ ii.

5 *P.M.*—Had one stool: repeat calomelas et pulv rhei āā gr viii, to be taken hora somni.

15*th*, 8 *A.M.*—Slept part of the night; administered a seidlitz powder.

6 *P.M.*—Had three stools during the day; pulse slow and soft; tongue is still coated.

16*th*, 7 *A. M.*—Slept well; pulse soft and less frequent; tongue, although moist, is still coated; no headache.

6 *P. M.*—Repeat calomelas et pulv antim āā gr x, hora somni.

17*th*, 7 *A. M.*—Bowels still inactive. ℞ sulph mag ℥ iss statim.

5 P M—Had but one stool; bowels still inactive. ℞ Haust niger ℥ iv statim.

18*th*, 8 A M—Better; countenance brighter; pulse soft and slow; slept well; had five stools during the night; tongue cleaner and less red.

19*th*, 8 A M—Same state; bowels inactive.

6 P M—℞ Calomelas gr xii, hora somni.

20*th*, 7 A M—Better. ℞ Haust niger ℥ iv, statim.

6 P M—Much better; had eight evacuations; tongue clean.

21*st*.—Convalescent.

Discharged cured, September 26th.

Case 12. *John Gaff*, aged 19, gardener, born in Scotland, admitted September 17th, the sixth day of the fever.

Symptoms.—Had nausea, vomiting, pain in the head; pulse full and frequent, slightly bounding; countenance anxious; eyes and face very much suffused; tongue red at tip and edges, coated with a white mucous in centre; violent headache; skin very warm; great thirst; a slight cough.

Treatment.—℞ Calomelas cum pulv antimonialis āā gr x, hora somni.

18*th*, 7 A M—Was restless the greatest part of the night; pulse frequent and somewhat full; face and eyes highly injected. ℞ Haust niger ℥ iv.

5 P M—Better; had eight stools; C C ℥ ii ad temp, emp lytta ad nuchæ, pediluvium cum pulv cyahne.

19*th*, 8 A M—Was more quiet during the night; had three stools; pulse softer; tongue cleaner; appearance more favorable.

6 P M—Still improving; had six stools since morning; pulse slower and compressible; tongue cleaner: repeat calomelas cum pulv antimonialis āā gr v, hora somni.

20*th*, 7 A M—Is not so well; was restless; had two stools during the night; complains of headache; has pain on the anterior part of the chest, which is increased by a full inspiration; dry cough; slight ephyema; pulse full and frequent: repeat oleum ricini ʒ iv.

6 P M—Is in the same state; pulse full and bounding; left side of the thorax gives a dull sound on percussion, none by auscultation: V S ad ℥ xviii; infus polygala seneca, for drink; had five stools during the day.

21*st*, 7 A M—Slept well during the night: breathes with more ease; pulse less full: infus polygala continued.

6 P M—Pulse slower and softer; had six stools during the day. ℞ Emp lytta 4X4 on the anterior part of the chest.

22*d*, 7 A M—Remains the same; pulse softer; breathes easier; continue snake root.

23*d*, 7 A M—Better; pulse softer; skin warm; tongue clean; bowels regular.

24*th*, 7 A M—Not so well; pulse fuller and frequent; bowels inactive.

25*th*, 7 A M—Was restless during the night; was seized at 8 o'clock with vomiting, headache, violent pains in the epigastrium; abdomen swelled, hard, and excessively tender; countenance anxious; pulse frequent and intermittent; had three stools during the night. ℞ Flaxseed enema, C C on the epigastrium, ad ℥ iijj, applied a camphor poultice; repeat calomelas gr x, barley-water for drink.

6 P M—Had four stools; pulse softer, skin less warm; abdomen less tense; tongue cleaner.

26*th*, 7 A M—The same; was restless; had five stools during the night; pulse more feeble, less frequent: repeat flaxseed enema and camphor poultice.

27*th*.—Died, 3 o'clock this morning.

N. B.—This patient was not examined.

Case 13. Typhus fever.—*Mary Allwany*, aged 22, born in Ireland, admitted September 22d. Had been sick a few days before admission.

Symptoms.—Countenance anxious, tongue red at tip and edges, pulse small and wandering, bowels costive.

Treatment.—℞ Calomelas cum pulv antim āā gr iv.

23*d*, 7 A M—Remains the same; no evacuation. ℞ Oleum ricini ℥ i.

24*th*, 7 A M—Tongue still red at tip and edges; pulse quick but feeble; bowels costive; no pain of head or on pressure of epigastrium. ℞ Calomelas gr x, pulv rhei gr xx; barley-water for drink.

25*th*, 7 A M—Tongue better; bowels moved once in the day.

6 P M—No evacuation. ℞ Seidlitz powder.

26*th*, 8 A M—Continues the same. ℞ Sub mur hyd cum pulv antim āā gr iv.

27*th*, 8 A M—Repeat calomelas cum pulv antim āā gr iv.

6 P M—Tongue cleaner; had three evacuations.

28*th*, 7 A M—Not so well; tongue brown in centre, red at tip and edges; bowels not moved. R Sub hyd mur gr iv, pulv antim gr iii.

29*th*, 7 A M—No alteration; bowels moved but once; pulse intermittent. ℞ Oleum ricini ℥ i.

30*th*, 7 A M—Tongue covered with a thick coat of a dark-colored fur. ℞ Calomelas gr v, cum pulv antim gr iv.

October 1*st*.—Tongue brown, red at tip and edges; pulse quick but feeble; tenderness of epigastrium; C C ad epigastrium ℥ ij; applied camphor poultice. ℞ Sub mur hyd, cum pulv antim gr iv.

6 P M—No evacuation. ℞ Sub mur hyd gr x, pulv rhei gr xv,

2*d*, 7 A M—Tongue brown in centre; complains of a burning sensation of the soles of the feet; pulse slower; continue barley-water for drink.

6 P M—Bowels still costive. ℞ Oleum ricini ℥ iss.

3*d*, 7 A M—Tongue cleaner, pulse slower and softer; had four stools.

6 P M—No fever.

4*th*, 7 A M—℞ Sulp mag ℥ i, senna ℥ i, manna ℥ ss, mix; half a cup full every hour, until a free evacuation is produced.

5*th*, 7 A M—Improving; barley water continued; gave her some oat meal.

6*th*, 7 A M—Improving; gave arrowroot.

7*th*, 7 A M—Tongue clean; pulse slow and soft; takes arrowroot.

8*th*, 7 A M—Tongue furred. ℞ Calomelas cum pulv antim āā gr iv.

10*th*, 7 A M—Did not see her on the 9th: tongue furred, red at edges and tip. ℞ Calomelas gr x, pulv antim gr iv.

11*th*, 7 A M—Refused to take any medicine, wants beef and potatoes; gave polyg senna.

12*th*, 7 A M—Tongue red in centre, but clean; continue polyg sen for drink.

13*th*—Remains the same; no fever.

14*th*—Improving, but weak.

15*th*, 7 A M—Remains the same; continue polyg sen.

6 P M—Bowels costive. R Calomelas gr vi, pulv antim gr iv.

16*th*. 7 A M—Tongue clean; pulse soft and natural: gave a spoonful of wine to a teacup of arrowroot.

17*th*, 7 A M—Same medicine continued.

6 P M—Complains of costiveness. R Calomelas cum pulv antim gr āā iv.

18*th*, 7 A M—Had three evacuations during the night.

6 P M—Continues wine and arrowroot.

19*th*, 8 A M—Is dressed, walks about the ward.

20*th*—Convalescent.

24*th*—Discharged cured.

Case 14. Typhus Fever.—*Edward McMann*, aged 22, coachman, born in Massachusetts, admitted September 27th. A week previous to his being attacked, he had pains in his loins, loss of appetite, sleep disturbed, violent headache.

Symptoms.—Eyes and face highly injected, face emaciated and sharp; countenance anxious; tongue coated with a brown fur in centre, moist, bright red at the tip and edges; lips sordid; violent headache; pulse quick, 104, slightly hard; abdomen tender upon pressure, hard and distended; bowels inactive; skin of a burning heat.

Treatment.—2 P M, C C ad nucha et temp ad ℥ xvi, epigastric region ad ℥ v. R Calomelas cum pulv antim āā gr x statim; barley water for drink. 8 in evening, pulse less full and frequent: repeat calomelas cum pulv antim āā gr vi.

28*th*, 7 A M—Was restless during the night; pulse is full and more frequent; had three evacuations. R Haust sulp mag, cum manna et senna ℥ iv, statim.

6 P M—Had eight stools since morning; skin less warm; pulse less full; abdomen less tender. R Sup tart potass ʒ ii, aqua font ℥ xvi, for drink.

29*th*, 7 A M—Is better; slept part of the night; pulse is softer and less frequent; had four stools; a cup of thin oat meal was given.

6 P M—Has some fever; pulse fuller; had five stools since morning: repeat calomelas cum pulv rhei āā gr viii, hora somni.

30*th*, 7 A M—Better; slept a few hours during the night; had three stools; tongue still coated with a brown fur in centre. R Oleum ricini ℥ i statim; has a slight cough; infus polyg sen for drink.

9 P M—Remains the same; had four stools in the day.

October 1*st*, 7 AM—Tongue cleaner, pulse softer; slept three hours during the night; had four stools during the night: repeat polyg sen for drink.

6 P M—The same; pulse fuller: abdomen tender: had but one stool during the day: repeat calomelas cum pulv antimonialis āā gr x, C C ad temp ℥ ii, emp lytta on the inner part of the thighs.

2*d*, 7 A M—Tongue cleaner, pulse softer, countenance brighter; had a stool in the night; slept but little. R Sulp mag ℥ i statim, continue polyg sen for drink.

6 P M Had four stools in the day; pulse softer and slower. R Pulv Doveri gr x, cum pulv opii gr ss.

3*d*, 7 A M Slept well, pulse soft, skin slightly warm.

6 P M Has fever; pulse increased in frequency; had three stools during the day. R Lotio frigida to be applied to the head.

4*th*, 7 A M Did not sleep well; had four stools; pulse frequent.

6 P M Discontinued lotio frigida; had four stools during the day. R Pulv ipecac compos gr v, cum pulv hyd, et creta gr x, hora somni.

5*th*, 7 A M Slept well, pulse softer, tongue cleaner.

6 P M Had two stools during the night: pulse softer; countenance brighter: repeat hyd cum pulv antimonialis āā gr vi: pediluvium.

6th, 7 A M Improving; slept well; had two stools during the night: repeat haust niger ℥ iv.

6 P M Had three stools during the day; pulse is softer: repeat pediluvium.

7th, 7 A M Is better; slept well during the night; countenance bright, pulse soft.

8th Continues to improve.

6 P M Tongue slightly furred in centre. R Calomelas cum pulv antim āā gr viii, hora somni.

9th, 7 A M Had three stools in the night. R Haust niger ℥ iv.

10th Had six stools; tongue clean; pulse natural.

11th Convalescent.

16th Cured.

ART. II.—*A Case of Neuralgia, read before the New-York Medical and Surgical Society, June*, 1835. By E. VANDERPOOL, M. D., of New-York.

Mrs. Frances Spear, aged 37, was taken ill on Monday night, 21st October, 1833.

Her first symptom of indisposition, was *pain* in the tips of her fingers, described as similar to the burning of a frosted part, or the sensation of a limb after it has been asleep; with a hardened, horny appearance, as if burnt. The hands soon became painful and numb, and voluntary motion in them with the arms was partially lost. Violent, acute cephalalgia and loss of sight, only distinguishing light from darkness. At this time, a stimulating pediluvium was used, resulting with the sensation affecting the fingers, becoming permanently situated in the toes. No abatement of the unpleasant symptoms.

22d, 4 P. M. A cup full of solu of senna and salts, and bitart potass, was drank, and immediately rejected, accompanied with a small quantity of grumous blood from the stomach. At 6 P M, the same dose was repeated; this also was rejected, as was a dose of oil given soon after, each being mixed with blood. At 9 P M, I saw the patient: her mind was clear, skin moist and heated, pulse frequent and rather oppressed, breathing laborious, tongue furred and white, gums spongy and bleeding, pain at the roots of the teeth, tips of the fingers and toes; numbness of the hands, with partial paralysis of the arms; remarkable cadaverous odor of the body and blood. ℞ V S ad ℥ xviii, when the breath became free and pain lessened: enema solu sul sod and molasses.

23d, 11 A M. Patient more comfortable; less pain, sight not improved, gums bleeding. Enema produced three copious, dark stools, no admixture of blood. R Senna sul magn and cardamom seeds: a tea-cup full of the solution, every two hours, until catharsis: water acidulated with sul acid for drink.

6 P M. Exacerbation of the unpleasant symptoms: two cups of the senna mixture taken: has had two or three consistent stools. R v s ad ℥ xvi, salts and senna to be taken early in the morning.

24th. The patient has had a good night, and is much improved; pain diminished; sight better; pulse 120; no hemorrhage from the gums; has had two watery stools, resembling the infusion taken. R Cal et jalap x and x.

25th. Improving, can distinguish persons, has had two or three dark stools. R Infus senna and salts.

26th. Has had a restless night; burning in the tips of the fingers increased; pain extends up the arms as though in the bones; no tenderness of the spine upon pressure. R Cal and jalap, pulv Doveri gr x, at night.

27th. Thinks herself better; bowels moved freely, can distinguish letters, pulse 120, little or no pain in the extremities, but are numb. R Infus senna, pulv Doveri at night.

28th. Improving, medicine operated well, feels better when perspiring, pulse 120. R Cal and jalap, pulv Jacobii gr v every fourth hour, pulv Dov at night.

29th. Patient better, but pain continues in the fingers, increasing in the afternoon, pulse 100. R Acetas plumb ʒ i ad oj aqua as lotion; caps ann ℥ i, acid muriat ʒ ij, vinegar oj, to be boiled, the acid to be added after boiling, and the spine rubbed night and morning, to be used hot: one extremity to be immersed in the same when the pain increases: continue pulv Jacobii and Doveri.

30th. Patient much better, has had a good rest; each lotion immediately allayed the pain; thinks more favorably of the lead, as it acted quickest. R Pulv purgans ℥ ss; repeat others.

31st. Patient not so well, exacerbation of the symptoms last evening, pain worse than ever, neither lotion having any effect; pain returned to the head from the irritation of the extremities; bowels moved once. R Repeat pulv purg and other remedies.

November 1st. Patient feels better, had a better night than the last; head relieved, but pain continues in the extremities. R Cal gr ii, pulv Jacobii gr iij M, to be taken morning and night; gr v Jacobii at 11 and 4; pulv Dov at night, lead lotion.

2d. Exacerbation of the pain last evening as on Wednesday; no alteration in the treatment.

3d. Unpleasant symptoms aggravated last evening; partial remission this morning; fingers somewhat painful and tender to the touch, also the hands; countenance sallow; has had one stool. R Sulp quin gr ii, every hour, until two hours before the paroxysm; then give pulv Doveri gr xv.

3d, 10 A M. Exacerbation of the pain last evening at 8, continuing until 11, when she fell asleep and slept till morning; feels better than she did yesterday; countenance much

improved. R Sul quin gr xviii, div in pulv 3, one to be taken every 3 hours during the remission, if no unpleasant symptoms be produced.

6 P M. Has taken only one powder; half an hour afterward the fingers and toes became very painful. R Emp ves lyt 17 X 2½ for the back, to extend from the occiput to the first lumbar vertebræ; gum assafœt gr ij, solu sul morph gtts v, every 3 hours.

5th, 10 A M. No exacerbation last evening; has had very little pain, and slept part of the night; one stool: at present, a little of the twinging pain in the fingers; continue the remedies.

6th. Has had no exacerbation; fingers a little painful; feels comfortable; pulse 120; bowels moved once: same treatment.

7th. Patient about as yesterday.

8th. Bowels very loose, discontinue assafœt.

9th. Vomiting, with diarrhœa.

10th. Bloody stools and dysentery succeeded. It now became necessary to give almost exclusive attention to this complaint, for three or four weeks, as she was reduced very low; her back, however, was kept sore. As she recovered from this attack, the assafœt, in smaller doses, with morph, was continued; but not producing the former good effects, and rather deranging the bowels, was discontinued. Carb ferri was now used, gr x three times a day, gradually increased, with apparently a little good effect; but having continued it for nearly three months, and increased the dose to ʒ ij, making ʒ vi in the course of the day, it was discontinued, and ex stramon substituted, commencing with ⅛ gr three times a day: this was also gradually increased in the course of a fortnight to gr ii ss the dose, when her extremities, as she expressed herself, appeared too short for her, and no abatement of the unpleasant symptoms. Fowler's solu of arsenic was now used for several days, but with no beneficial effects. Spirits of turpentine was now used, as recommended by M. Martinet, in ʒ ss doses three times a day, and in the course of four or five days she was entirely relieved. At the end of a fortnight, the patient continuing well, discontinued the use of the turpentine, but found the pain in her extremities return; and for two or three months, whilst she was under my care afterward, she was obliged to continue this means to have any relief: tinct cantharides was substituted, but with not much benefit.

I saw the patient yesterday (June 23): her health is much improved; but subject to constant headache, and occasionally has pain in her arms and fingers. She says her fingers will become numb, the thumb of one hand will turn black, and the index finger of the same hand, at the same time, become white, and appear translucent: the burning sensation succeeds.

We commence the publication of an analysis of Papers read before the Society of Surgeon Dentists of this City. It will be borne in mind that this Society is in its infancy; therefore its transactions cannot be expected to be so interesting in the commencement as we may anticipate as the society progresses. We give first, the analysis of a paper by Mr. Parmly, the President, which points out fully the objects of the society and the qualifications necessary to become a good surgeon dentist; a subject we consider to be highly interesting to the medical profession and the cause of humanity.—*Ed's.*

ART. III.—*Analysis of Papers read before the Society of Surgeon Dentists of the City and State of New-York.*

1 *The object of the Society; qualifications, &c., necessary to become a good surgeon dentist.* By E. PARMLY, President of the Society. —It has been my wish for several years past, to assist in organizing a society in this city, composed of respectable and well instructed dentists, for the purpose of giving greater respectability and more extensive usefulness to our profession. It is but too well known, that the name of dentist has been long and deeply disgraced, by being associated with ignorance, impudence, quackery, and deception. So justly has this contempt been heaped upon the name and calling of the dentist, that it is well known, and frankly acknowledged by the well educated and honest practitioner, that the community has been injured rather than benefited by the profession at large, notwithstanding the constant and honorable efforts of many individuals, well qualified to render essential service to the public by their scientific and skilful treatment of the teeth.

It is probably true, that of all the professed dentists that swarm in such noisy multitudes in various sections of this country, professing to perform such miracles upon their unfortunate patients, the proportion is small indeed that do not create a greater amount of disease, deformity and suffering than they cure. It is true indeed in every profession, especially those professions connected with the health, peace and morals of mankind, that many individuals, not the least noisy in their zeal, do more hurt than good; but in the dental art I consider this fact to be more eminently conspicuous, for several sufficient reasons, and from causes whose known operations are distinctly understood. For in the first place, the profession of dentist is almost the only one which is not directly or indirectly regulated by law. In the second place, ours is the only profession in which there is not union and concert in some form among the

members. And thirdly, it is only in the profession of dental surgery that there is no public instruction for the benefit of those who are to exercise the art for the public good. These three causes of the present humble condition of our profession are deemed sufficient, without any further enumeration, to account for all the existing evils of which we ourselves and the public at large so loudly and so justly complain. To remedy these evils, and to remove these causes of disgrace, should be the business and the pride of every well instructed and honorable member of the profession. It is not enough that man should exercise his calling upon earth merely for individual and selfish purposes: he owes something to his fellow-men, something to his contemporaries, and something to his children and posterity.

It was with these views and feelings that we first assembled ourselves together for the purpose of maturing some plan of mutual and social co-operation, in order that we might remove in part, at least, the evils before alluded to. The plan under which we organized I conceive to be a good one, because it had for its basis mutual good will, and feelings of enlarged benevolence, without which no social order can long exist. I am well aware that the successful result of such an enterprise will greatly depend on the talent, the zeal, and the liberality of its projectors. Selfishness, jealousy and malevolence are the elements of discord, and utterly destructive to social harmony; but philanthropy, good will, and generous emulation may dwell together under the same roof, and execute a thousand well-conceived contrivances for the benefit of mankind.

Having made these preliminary remarks, I shall now ask your indulgence while I make a few observations in relation to those sciences which I consider to be connected with our professional practice as surgeon dentists. Numerous have been the opinions whether the profession or art of the dentist is a scientific one, or whether it is merely a mechanical calling, requiring no other preparation than ingenuity or mechanical tact to insure the practitioner success in the various duties to which he may be called. Twenty years experience, and my deliberate thoughts deduced from that experience on the subject, I will here submit to your competent and equitable judgment; and I am firmly of the opinion that each one of you who has been for some years in practice, has long ere this come to the same conclusions which I now beg leave to offer. If however any of you should differ with me in relation to the views which I advance, I trust with confidence that your candor will point out, in the way you may think best for the good of the Society, my want of judgment or discrimination, and establish, on the ground of experience and truth, the points to which I may fail to do justice, in the hope that such efforts may tend most effectually to promote the welfare of the profession in which we are engaged, and in the advancement of which we all feel so much interested, and which we shall make more respectable than it now is, when we show the public that the practice of the well educated dentist is established on rational and scientific foundations, and that its rules are unvarying, having been deduced from years of successful experience, and accurate observation, by practitioners distinguished for their skill and judgment, both in Europe and in this country.

The sciences to which we are mostly indebted for our success, with which our practice is more immediately connected, and without an acquaintance with which we cannot successfully practise in all the departments of dental surgery, are the following: anatomy and physiology, chemistry, surgery and medicine. An acquaintance with these, to a certain extent, is indispensable; and the value of such knowledge I shall endeavor to show, in as brief and in as perspicuous a manner as possible.

In regard to the first, that is, anatomy and physiology, I would say, that there are many diseases or causes of disease, on which the teeth and their appendages may exert an influence, that cannot be understood without a close examination into their structure, and an acquaintance with the parts with which they stand physiologically connected, and to which they can either remotely or immediately be a cause of disease. And I cannot more clearly show to you the necessity of studying and understanding anatomy and physiology, so far as connected with our practice; nor can I more fully show to you the injury that may result from a want of such knowledge, than by citing a single case, attended by a distinguished surgeon, from whom I obtained the following particulars:

"An industrious artificer, twenty-seven years of age, and of a habit predisposed to scrofula, applied to a blacksmith, (who plumed himself upon his skill in extracting teeth, and who, of course, had no idea of the maxillary sinus or the diseases incident to it,) for the removal of the second molaris on the left side of the upper jaw. The fangs of the teeth communicated with the sinus; and after much rude and clumsy handling, and desperate laceration of the jaw, the tooth was forced out. Diseased action soon supervened, the bone fell into a fungous state, the spongy excrescence went rapidly on increasing for two years, defying every effort which could be devised to arrest it; at the end of which time death put a stop to one of the most grievous protractions of agony and helplessness, and removed one of the most dismal and disgusting objects of disease ever witnessed. While the right eye and cheek only retained the semblance of a human being, the whole of the left side of the face had extended to a monstrous convex protrusion, pointing

outwards and downwards, far larger than the whole head; the integuments stretched to their fullest extent, became ulcerated in several places; the mouth was forced into a circular figure of great diameter, the right angle of the lips pointing upwards, the left downwards; while the diseased bone and gums, with the two central incisores, and left cuspidatus, sticking diagonally out from the putrescent mass, left only an opening of about half an inch in diameter at the right angle of the lips, through which alone fluid nutriment could be introduced, for a long time previous to death. The left eye had dissolved by ulceration; while the lids, nearly closed, were stretched to their utmost, upwards and outwards, discharging a putrescent sanies. In this direction, also, the frontal bone had yielded greatly, while the nose retained nothing of its form, except the distended and disfigured nostrils."*

Diseases of the nature and form of the one I have just given to you, may be brought on in scrofulous habits by unskilful treatment; and similar ones may be induced by leaving dead teeth and roots of teeth in the mouth; and of such, many have come under my observation, which could not have been accounted for without knowing the connection that exists between the teeth and other parts. And it is much to be regretted that greater attention is not paid to the science of anatomy, by those who make the care and management of the teeth their pursuits in life; and to understand more perfectly the connection that exists between them, and the relation they bear to the system generally, being a part of our organized structure. A case occurred a few months ago, the subject of which I directed to call on Dr. Crane, being unable, from the partial examination I made, to discover the seat of the disease, which proved to be confined to the antrum maxillare; which adds another strong proof of the necessity and importance of anatomical and physiological research among those who have chosen or may choose the profession, and who at the same time are desirous of treating successfully all diseases incidental to the teeth and to their appendages.

The care and management of the teeth now form a distinct branch in the medical profession; and from the value which people in general attach to skilful and well performed operations, and their willingness at all times to pay for such, offers a strong and sufficient inducement for every one qualifying himself for such practice, to devote that time and attention to the theory and practice of dental surgery that is given by those who qualify themselves for the greater and more important duties which occur in the higher walks of the medical profession. And to the circumstance of the regular bred surgeons, generally having given up or omitted to pay that attention which subjects connected with the teeth demand, and having entirely assigned the care of them and the operations which they require, in order to keep them in a healthy state, to men professing to be dentists, a great proportion of whom are totally unfit and unqualified to undertake the most trifling and unimportant duties which it is the province of the dentist to fulfil, we can easily perceive why it is that so little progress has been made in their physiology and pathology, and why it is that most of the dentists of the present day are so little acquainted with their structure, the diseases to which they are liable, and the means or mode of treating successfully the various cases that fall into their hands. And as the formation, growth and structure of the teeth cannot be understood without some knowledge of osteology, I would also recommend the study of that branch of science to the student, in order that he may understand the diseases and changes to which they are subject in common with other bones of the animal economy, and which doctrines are taught in all anatomical schools, and are laid down by most authors in their anatomical and surgical works.

Although the muscles are not in immediate or living contact with the teeth, yet they partake of their diseases, and often require medical treatment by the dentist. They also raise and depress the lips and lower jaw, and are influenced in their healthy or unhealthy state by the condition of the teeth. Hence, it becomes necessary, that we should understand the nature and treatment of muscular and glandular swellings, and the causes which give rise to them, and the consequences which follow their existence. There are frequently to be found tumors and fleshy excrescences in the mouth, which require surgical as well as medical treatment. There are also diseases connected with parts that have already been named, such as diseases of the antrum, &c. &c., and neuralgic affections, which present themselves in many forms, and which oftentimes require operations which are commonly entrusted to the hands of the regular bred surgeon, most of which, strictly speaking, come within the province of the dentist, and which he would at all times be called upon to treat, if he possessed the requisite knowledge which would insure him success in the various operations which these diseases render it necessary to perform. Having arduously devoted twenty years of my life to the practice of dental surgery, I have been enabled, from observation, to trace out many causes of disease and suffering, which at the commencement of my labors were inexplicable to me, which proves the necessity of much previous study and experience before the dentist can act successfully in all cases.

It is well known by all men of experience, that acids of every description, whether mineral or vegetable, will decompose and destroy

* A drawing from the head of this patient, taken after death, is now in possession of Dr. Mott, of this city.

the teeth, when they are submitted to their influence, or the acids suffered to act upon them. It is, therefore, of the first consequence that dentists should understand chemical combinations, so as to be able to judge of their agency, and to know how far they can be applied with benefit to the teeth, and also to be enabled to detect such qualities in articles used for cleaning and whitening the teeth as would prove prejudicial to them. There are many articles recommended for beautifying the teeth, sweetening the breath, &c., &c., advertised under imposing names, which only require the test of the chemist to detect the total want of honor and principle in the compounders and venders of many of the articles with high-sounding titles, puffed off in the newspapers, by which many of the unthinking part of the community are deceived, and many valuable sets of teeth wholly ruined and destroyed.

The practical dentist should also be minutely acquainted with the situation and extent of the arteries or blood-vessels which supply the teeth, and with which they stand immediately connected; as the rupture of them either by unfortunate or unskilful operations may lead to very serious consequences. There are cases recorded of lives having been lost from the excessive hemorrhage that followed the extraction of teeth, one instance of which occurred in this city, about two years ago: a young man, a hatter by trade, who from his having had the inferior maxillary artery broken by a person unacquainted with the extraction of teeth, and the remedies which were applied having failed to check or stop the bleeding, died from extreme exhaustion, occasioned by intense suffering together with the loss of blood.*

As sympathetic pains are often felt along the course of nerves connected with the teeth, and frequently extend to the neck, shoulder, and not unfrequently down the whole length of the arm, which pains have been mistaken for rheumatism, tic doloureux, &c. &c, it becomes necessary that the nerves which supply the teeth, with their branches and ramifications, should be understood, in order that such maladies may be traced to their proper cause, and cured by the proper remedies. The process of absorption, (the effects of which are particularly marked in the removal of the roots of the temporary teeth,) is a subject that should not be overlooked, as it will assist the dentist in accounting for many changes observable in the teeth and their appendages. The various and successive changes the teeth undergo from infancy to old age, will be found an interesting study; and as the absorbent vessels are active in producing these changes, their nature and office should be particularly regarded.

Although I conceive an acquaintance with the sciences I have named, to be of the greatest importance, in successfully treating the disorders of the teeth and their appendages; and although I consider the teeth of sufficient importance to deserve the attention of the anatomist, the physiologist, the chemist, the naturalist, and the practical surgeon and physician; yet the operations they require are few in name, but almost numberless in the variety or mode of performing them. The first and most important objects of the well-educated dentist should be:

First. To promote an even and natural arrangement of the permanent teeth in youth, after or at the time the temporary ones are shed, by rectifying irregularities as circumstances may require.

Secondly. To widen the interstices by mechanical means, where they are naturally insufficient.

Thirdly. To arrest the progress of decay before it has made such incursions as to render it of no avail, by removing the minutest trace of it, by filing or cutting the decayed portions, with the adjacent parts, judiciously away; or where it is eligible, to use other means for excavating the decayed cavity, and filling it with a dense metallic stopping.

Fourthly. Where caries exists to such an extent as to leave little or no hope of relief by the operations just named, to extract the tooth immediately.

Fifthly. The adaptation of artificial teeth, where the natural ones have been lost, either by decay or accident.

Although there are other operations which come within the province of the dentist, it will be found that those I have named most frequently occur, and will occupy by far the greatest portion of his time and attention; but the others, although of minor importance, will, together with the above, be enumerated and explained in a subsequent lecture.

The evidence which we almost daily have of the great risk and danger of entrusting the care of the teeth to persons unqualified to take the management of them, should awaken us to a very serious consideration of the duty which devolves upon us, and make us eager to obtain knowledge on every point connected with our practice, and make us not only willing, but anxious, to impart that knowledge, for the good of those who are already in practice, and those who are quali-

* We might exemplify the correctness of Mr. Parmly's remarks in several instances that have come under our own knowledge; but we will confine our observations to one published.

Mr. C———, of Georgetown, (D.C.) had for a long time been suffering from a disease in his cheek, which extended to the gums of the upper jaw, &c. which he and his friends believed to be caused by some affection of his teeth; in consequence of which he called on Mr. Hayden, a distinguished surgeon dentist, of Baltimore, for the purpose of having the obnoxious teeth extracted. Mr. Hayden, with his usual skill, made the necessary examination; and from his competent knowledge of anatomy, &c. at once discovered that the teeth had nothing to do with the disease; on the contrary, he found that it was *aneurism*, and recommended Mr. C——— to apply immediately to a surgeon, for the purpose of having the carotid artery taken up, which was done, and the life of Mr. C——— saved, which certainly would have been sacrificed, had he fallen into the hands of a dentist ignorant of anatomy, &c.

For particulars of Mr. C———'s case, the reader is referred to the American Med. Rec., for 1822, pp. 108 and 478.—*Ed's U. S. Jour.*

fying themselves for future usefulness in the profession. It will not only secure to them success in a pecuniary point of view, but it will insure them the gratitude and confidence of many a sufferer, which would be entirely lost, and they would be left to regret their ignorance of remedies, which it is the duty of every one to make himself perfectly acquainted with, not only for their own benefit, but also for the good of those who entrust to them, organs so important and essential as the teeth, and extend to them their confidence and patronage.

2. *Anniversary Address by E. Baker, Esq. Vice President of the Society. Extracts from.*—"The advantages and benefits which may be derived by those who form themselves into societies for mutual improvement, and for public benefit, in the art or science in which they may be engaged.

"Our present society was formed on this day, one year past, under, as I trust, favorable auspices; our course has been onward; though I hope I may be excused if I say, there has been too much seemingly indifference by its members. My brethren, we have duties to perform: and that Being who has said, 'do unto others as you would that others should do to us,' will call us to an account concerning their performance.

"We do earnestly hope that those who have stood aloof till the present time, are now impressed with the importance of such a society as we trust ours *will* be; and that they will come forward and join us in our exertions to make ourselves better men; more learned and accomplished in a professional point of view; and what will follow, more respectable; all of which cannot fail of being attended with the most salutary effects to the whole community.

"On reflecting how slow has been the progress of the sciences from their first dawn, and how long the intervals that have occurred between the marked points which have added to their progress towards perfection, we are led to the proper appreciation of the merits of those men, who from their industry, genius or talents, or a combination of them all, have added more useful information to some particular science, during their lives, than has been accumulated in all preceding ages.

"Accidental or untoward circumstances; the ignorance or envy of cotemporary rivals, or the caprice of some leading individuals, may for a short time retard the decision of the public, as to the true value of the most useful discoveries; but as that decision is sure to be eventually just, the time given for the consideration of merit adds dignity to the ultimate reward.

"It is true that individual genius and enterprise have accomplished great things; and if so, what may not be expected when a number of individuals form themselves into a society to accomplish a common object, which is like (if composed of proper materials and there is unity of object,) a number of faint rays of light drawn to a focus by a powerful lens.

"Emulation has a great effect in stirring up the energies of its members: an *espirit du corps* is generated; and whatever may be wrong in the theory or practice of one of its members, is corrected by the revising and cool judgment of the whole society." "A number of men acting in concert; such a combination of persons is also better calculated to gain the confidence and respect of the world, than the efforts of an individual, however well calculated he may be to do justice to his subject. The public are apt to judge censoriously of individual efforts; to ascribe, perhaps, unjust motives, such as a desire to gain notoriety, and that this spring of action originates in selfishness."

"The most enlarged ideas of literary societies seems to have originated with the great Lord Bacon, who is justly called the father of modern philosophy, who recommended to the reigning prince to institute societies of learned men, who should give to the world from time to time a regular account of their researches and discoveries. It was the idea of this great philosopher, that the learned world should be united into one immense republic, which should (though consisting of many detached states,) hold a strict union, and preserve a mutual intelligence with each other, in every thing that regarded the common interest. The want of this union and intelligence, he laments as one of the chief obstacles to the advancement of science; and justly considering the public institution of societies, in the different countries of Europe, under the auspices of government, to be the best remedy for that defect, he has given a delineation of a philosophical society on the most extended plan, for the improvement of all the arts and sciences."

"Experience has shown, that improvements are best carried on by societies of liberal and ingenious men, uniting their labors, without regard to nation, sect or party, in one grand pursuit, alike interesting to all, whereby mutual prejudices are worn off, and a humane and kindred spirit is cherished. Men united together, and frequently meeting for the purpose of advancing a science or art, may often suggest such hints to one another as may be improved to important ends; and such societies, by being the repositories of the discoveries of the learned and ingenious, may from time to time furnish the world with useful publications, which might otherwise be lost; for men of modesty and ingenuity may not choose to risk their reputation, by sending abroad what a society might richly judge worthy the public eye; or perhaps being in straitened circumstances, they may not be able to defray the expense of publication. By the bye, perhaps some of our professional brethren may not be chargeable as it regards too much *modesty*, although

their books teem with false theories and bad practice, and their publications bear the impress on the face of them, that the object of the author was as much to concentrate the public attention on himself as to impart correct science and useful information to the public. Do not understand me as making a sweeping condemnation of publications on dental science; many of them have much intrinsic merit, though generally more or less faulty; and some publications on this subject are common place, and savor strongly of selfish motives and mere quackery. What is this but the want of some conservative power for maintaining what is true, and condemning what is false, in theory and practice, in our profession? And what so well calculated for this purpose as a society? Our society will have it in their power, when possessed of funds sufficient for the purpose, to reward the exertions of the industrious and enterprising, with premiums or honorary medals; many important discoveries and improvements will be made, from which the public will reap the highest advantages. We fondly hope that a spirit of improvement and discovery will be excited among us; and instead of the dry and faulty speculations of individuals, we shall be able to treat our subject in a true and scientific manner, and raise our profession to a standing which its importance demands."

3. *An Address on Anatomy, Physiology, &c. By J. W. Crane, M. D.* This is an interesting paper on the subject of which it treats, and a valuable lecture to surgeon dentists, particularly to those unacquainted with anatomy, &c. We subjoin a few observations from Dr. Crane's preliminary discourse.

"If we estimate science by its comparative utility, dental surgery will hold a prominent place in the esteem of all who have received the attention of a skilful dentist.

"Let us consider for a moment the extensive influence which the teeth exert upon the functions of the stomach, liver, and the whole alimentary canal, together with the lungs and the nervous system; causing indigestion, pulmonary affections, pain in the ears, inflammation of the eyes, tic doloureux, headache, &c.

"These diseases cannot be well understood without a knowledge of anatomy and physiology; and a cure of them cannot possibly be effected without a knowledge of medicine.

"But some may say that this knowledge is out of the province of a dentist, and will not assist him in the least in his operations, for they are all mechanical, and theory is out of the question in this profession.

"Let us take a view of other kinds of business, and see what time is spent in gaining the knowledge required. Does the watch-repairer sit down contented after he has made such proficiency in his art as to be able to understand the names and use of two or three of the parts of his little machine? Does the architect attempt to build without first knowing the names of the different parts of the whole building? Taking these things into consideration, is it not strange that a dentist can be made in six months, when it requires seven years to learn to sell calico or take off a man's beard! Yes, a machine with more than 30,000 parts, and every one of these parts essential to our comfort, and easily deranged. This wonderful machine, I say, is treated, and managed, and mangled, without the least preparation, practical experience, or even knowing the teeth by their right names!

"Perhaps some would feel disposed to inquire into the practical use of anatomy, physiology, and medicine, in dental surgery. I answer, that those who manage the teeth, take charge of the most sensitive parts of this complicated system. These organized bodies, when decayed, are capable of producing wonderful changes on this system. They generate one of the most deadly and offensive gases with which we are acquainted, viz. sulphuretted hydrogen.

"This gas is taken up by the saliva, and carried into the stomach, and thence through our whole system, producing deleterious effects on the inner coats of the stomach and gastric fluid, causing a fœtid breath, furred tongue, and a continual excitement throughout the whole frame."

Art. IV.—*Cases of Fracture of the Skull, with foreign bodies embedded in the Bone.* By Dr. E. Bissell, Norwalk, (Conn.)

The following cases may perhaps be not without a degree of interest and usefulness to a portion, at least, of your readers, as they exhibit in a forcible manner the necessity of close and scrupulous examination in *all* cases of fracture of the skull, accompanied by external wound; and in *some*, the imperious necessity of trepanning, where not the least evidence of compression of the brain is present. The first is an instance of the loss of life for want of early aid and a timely operation; the last presents one in which life was doubtless preserved by the seasonable interposition of surgical effort.

The first occurred in my practice in Oneida county, (N. Y.) in June, 1822. The subject was J. Simonds, a Brothertown Indian. In a quarrel which occurred during a "drunken frolic," he received a blow on the head, from a stone, thrown by one of his drunken companions. This was on the 12th, and no medical aid was called until the 26th, a period of two weeks, when I saw him for the first time. During the greater part of this time, he had been able to walk about the neighborhood, and only complaining of slight pain in

the head, and for the last two or three days exhibiting occasional symptoms of slight mental derangement. I found him with a full, irregular, but not intermittent pulse, of 60 strokes per minute, an inexpressive countenance, loss of memory, and a disposition to sleep, from which he was easily roused; vision indistinct, but not double; he spoke distinctly, but without coherency of ideas, as he said "he could only talk backwards," showing a consciousness of mental alienation. His muscular strength had been so little impaired, that a week before this, he had travelled four miles on foot, and returned, with a bushel of potatoes on his back. On shaving the hair from that side of the head which had received the blow, I discovered a small wound, an inch or two above the ear, nearly closed by adhesive inflammation. By passing a probe somewhat deeply into the small aperture, some foreign body, of a hard and gritty feel, could be felt at the bottom of the wound. On making a free incision through the scalp I discovered a fragment of stone, almost precisely resembling, both in form and size, a large-sized chesnut, which had broken off from the one thrown, (a species of porous or soft limestone, common in this county.) The base presented externally, and was sunk below the level of the outer surface of the cranium. This was easily removed; and the parietal bone found fractured, in a circular form, into a number of triangular fragments, with the apices meeting in the centre, and of course driven in upon the brain in such a manner as to form a deep conical depression. These were detached at the base, and removed by means of the levator, forceps, &c. On the removal of these, an ounce or more of pus, with a portion of disorganized brain, were at once discharged through the opening. The patient became rational almost immediately, and said "he felt much better." The wound was dressed in a light, easy manner, and a brisk cathartic administered. From this time to July 1, when the case terminated fatally, I find the following account in my Case Book:

27*th.* Pulse 60 per minute, rather depressed, but regular; patient rational, and complains but little, except of slight pain in the head: cathartic has had no effect; Epsom salts directed pro necessitate.

28*th.* Free catharsis since yesterday; patient insensible and in strong convulsions, particularly on the side opposite the injury; pulse 90 and hard; change occurred about 12 midnight: drew ℥ xxiv blood from the arm, and applied a large blister to the neck.

29*th.* Pulse much as yesterday; convulsions somewhat abated, and partial return of sensibility; still there is delirium and incoherent talking: drew ℥ xvi blood, and applied a blister to each arm: gave a cathartic of sal Epsom.

30*th.* Patient sinking and very delirious; refuses wholly to swallow: no prescription.

July 1*st.* Died at 6 A. M.

Dissection. On removing the scull-cap, I found a considerable laceration of the dura-mater, which, on being turned up, exposed the cavity of an abscess capable of containing about two ounces of matter, the walls of which were in a half-dissolved or disorganized state. There was considerable vascularity of the pia-mater and arachnoid tunic, as well as engorgement of the substance of the brain. In the left ventricle, were two or three ounces of bloody serum. The right hemisphere of the brain presented few or no vestiges of disease.

The second case occurred in the same County and State, in the month of October, 1830. The subject was James Webster, a stout, robust lad, eighteen years of age. While engaged in chopping in the woods, in a very windy day, he was struck on the left side of the head by a large limb, broken by the wind from a tree near the one which he was cutting. He was felled by the blow and severely stunned: he however soon recovered his senses, and was conveyed to the house of his employer. In consequence of a wound in the scalp, and the appearance of some foreign body in the wound, I was immediately sent for. I found him sitting by the fire, perfectly rational, and apparently suffering very little inconvenience from the injury. The head being shaved, and an incision carried through the scalp, I discovered and removed a knot or smooth excrescence broken from the limb, of a conical form, three fourths of an inch in diameter at the base, and in length nearly an inch and one fourth from the base to the apex. This was firmly embedded in the scull, which was broken into fragments, and driven in upon the brain, much in the same manner as in the case of Simonds. Justly apprehending their removal indispensable to the safety of my patient, I proceeded to the task, but found myself unable to accomplish it in the same way as before. Assisted by my friend Professor Noyes, of Hamilton College, I placed my patient in the usual posture for the operation, and removed a portion of the skull with the trephine, cutting the edge of the fractured portion: the fragments of bone were then easily removed. My patient recovered in a brief space of time, and in two or three weeks resumed his ordinary labors on the farm.

The striking similarity of the two foregoing cases in their commencement, and the totally opposite results; in the one from entire neglect, in the other from the timely interposition of professional assistance, seemed to me to attach to them a degree of interest and importance, rendering them worthy of being placed on record.

ART. V.—*A Condensed History and Transactions, &c. of the New-York State Medical Society.*

[Continued from page 229.]

Twenty-fourth Meeting, Albany, February, 1830.

1. *Officers, members and delegates present.*—Drs. T. Romeyn Beck, Permanent Member, President; Jonathan Eights, Permanent Member, Treasurer; Joel A. Wing, Delegate, Albany, Secretary; William Bay, John H. Steel, Peter Wendell, Charles D. Townsend, Platt Williams, Permanent Members.

The following gentlemen produced their certificates as delegates from their respective County Societies, and took their seats accordingly, viz:—

John G. Morgan, Cayuga; Moses Hale, Rensselaer; Gaius Halsey, Delaware; Edward G. Ludlow, College of Physicians and Surgeons, New-York; James McNaughton, College of Physicians & Surgeons, Fairfield; Daniel Ayres, Montgomery; Richard Pennell, Kings; Joel Foster, Schoharie; Sumner Ely, Otsego; Levi Farr, Chenango; Jonathan Dorr, Washington; John Holmes, Herkimer; Erastus Hamilton, Greene; William Horton, junior, Orange; Thomas Spencer, Madison; James Fountain, Westchester; William Taylor, Onondaga; Samuel White, Columbia; John T. Harrison, Richmond; Henry Maxwell, Niagara; Ammi Doubleday, Broome.

The following gentlemen, members of the Legislature, and ex. officio members of the Society, were introduced, and took part in the proceedings of the Society:

Drs. Charles Orvis, Erastus Williams, Squire White, John T. Harrison, Green Miller.

2. *Censors' Report.*—The Censors reported, that during the year 1829 they had examined and permitted to practise, the following gentlemen:—

William T. Thurston, John Miller, Edward Bleecker, Sidney Smith Franklin, Montillion Beckwith, Alonzo G. Hull, Solomon Lincoln, Peter Van Zandt, junior, William Storrs, Francis N. Selkirk, Samuel Dixon, Lewis B. Gregory, William E. Aikin, Richard Murphy, Samuel Russell, William O'Donnell, John C. Hanchett.

3. *Prize.*—The committee on Prize Questions and Dissertations for 1829, reported, that they had awarded the premium for the best dissertation on Typhus Fever, to Alfred Thurston Magill, M.D., of Winchester, Virginia.

The committee on Prize Dissertations reported, that but one dissertation, and that on Iodine, has been offered during the present year. On the merits of this paper, as a valuable collection of facts, they cordially agree. But they apprehend that the virtues of the medicine have been too extensively commended. Monographs, of the kind contemplated in the prize question of the Society, are however required; and with the explanation now given, they unite in recommending that the premium offered be awarded.

Whereupon,

Resolved, That the premium of Fifty Dollars, offered by the Society, be awarded to the author of said dissertation.

On opening the sealed packet accompanying the same, the author was found to be Samuel J. Hobson, M.D., of Philadelphia.

4. *Degrees conferred.*—The Secretary reported, that the Regents of the University had, during their last session, conferred the degree of Doctor of Medicine on the following gentlemen, recommended by the State Medical Society, viz:

Drs. Joseph Hunt, Kings; John H. Steel, Saratoga; Henry H. Sherwood, Jefferson; Daniel Ayres, Montgomery.

5. *Georgia Medical Society.*—A letter from Dr. John Walker, Corresponding Secretary of the Medical Society of the state of Georgia, to the Secretary, stating the formation of that Society, and the efforts making in that state to improve the condition of the profession, was read.

Whereupon,

Resolved, That the thanks of this Society be returned to the Secretary of the Georgia Medical Society, for his communication, and that a copy of the Transactions of the Society, with its By-laws, and the State Medical Law, be forwarded to said Society by the Secretary.

6. *Permanent and Honorary Members.*—Drs. Moses Hale, of Rensselaer, and Alpheus S. Greene, of Jefferson, were chosen permanent members. Drs. Eli Ives, Connecticut, and John W. Gloninger, Pennsylvania, were elected honorary members.

The following gentlemen were nominated as permanent members:

Drs. John McClellan, Columbia; Edward G. Ludlow, New-York; Thomas Spencer, Madison; Joel A. Wing, Albany.

The following gentlemen were nominated as honorary members:—

Drs. George McClellan, Pennsylvania; Eli Todd, Connecticut; John Walker, Georgia; Daniel L. M. Peixotto, New-York; James Webster, junior, Pennsylvania; John Travis, Tennessee.

7. *Election of Officers for* 1831. Drs. Jonathan Eights, Albany, President; Henry Mitchell, Chenango, Vice President; Joel A. Wing, Albany, Secretary; Platt Williams, Albany, Treasurer. James R. Manley, John C. Cheesman, Edward G. Ludlow, Charles D. Townsend, Platt Williams, James McNaughton, John H. Steel, Daniel Ayres,

Moses Hale, Thomas Spencer, William Taylor, John G. Morgan, Censors. John Watts, junior, James Fountain, Joel Foster, Frederick F. Backus, Jonathan Dorr, John Holmes, T. Romeyn Beck, Committee of Correspondence. James McNaughton, T. Romeyn Beck, John Watts, junior, Jonathan Eights, James R. Manley, Committee on Prize Questions and Dissertations.

8. *Anniversary Address by the President, Dr. Beck, History of Small Pox. Extracts from.*—"It is now generally conceded, that the small pox was unknown to the ancient Greeks and Romans. Their physicians have described the prevalent diseases in a manner sufficiently circumstantial to be recognised at the present day; and from their silence concerning a malady so very fatal, and so peculiarly characteristic, we have strong reasons to disbelieve its existence among them. The first medical account of it is given by the Arabians.

"Rhazes, an accomplished scholar and physician of that country, who practised at Bagdad, in the beginning of the tenth century, is one of the oldest writers on the disease, whose works are now extant. He, however, quotes earlier authors; and from their narratives, it would appear that the small pox was introduced into Egypt by the armies of Omar, the successor of Mahomet. The conquests of the Arabians would thus seem to have been the cause of the widespread desolation of the disease; but they do not positively satisfy us of the country in which it originated. In China and Hindostan, indications of its occurrence many centuries since, are deduced from their traditions and their superstitions; but their earlier history is so enveloped in doubt, if not in fable, that no certain era of its commencement or its transmission can be fixed."

"We have hardly any authentic account of its introduction into Europe. It was at one time a prevalent opinion, that it had been imported by the crusaders, on their return from the Holy Land. Their historians, however, take no notice of its occurrence in their armies; and it would appear more probable that it was brought into Spain about the 8th century, by the Saracens, and thus propagated over the other kingdoms of Europe. These followers of Mahomet were at that time a powerful and warlike nation. Their fleets were triumphant in the Mediterranean. They frequently invaded Italy. Rome itself was menaced, and they fought a bloody and desperate battle with Charles Martel of France. Accordingly, we find allusions as to the prevalence of the disease in most of these countries, and in the chronicles of the middle ages.

"Emerging, however, from the uncertain light which the records of these periods afford us, we find melancholy traces of its progress in the 16th century. Columbus had just given to the world another continent, and his countrymen hurried to possess themselves of its treasures. They carried with them the subtle poison. St. Domingo, containing by computation a million of natives, was in a few years deprived of the whole number, by the combined effects of the sword and this dreadful epidemic. The magnificent empire of Mexico lost in a very short time upwards of three millions of its inhabitants; and in several instances whole tribes of Indians, in both Americas, appear to have been nearly extinguished by its ravages.

"In succeeding years, and in other countries, its path was no less marked by desolation. In 1707, an epidemic small pox occurred in Iceland, and destroyed 16,000 persons, being more than one-fourth of its inhabitants. Greenland was attacked in 1733, and with such fatal acrimony, as almost to depopulate that sterile region."

"A few physicians, from time to time, abandoned the indiscriminate and excessive use of the hot regimen, and thus led the way for the great improvements of Sydenham. He allowed the suffering patient fresh air and light coverings, and interdicted the use of stimulating medicines. Viewing it as an inflammatory disease, he advises a corresponding course of remedies; and although he may have erred in some of his directions, yet the change he induced materially tended to diminish the mortality of the disease."

"We arrive now at a very interesting era in the history of the disease. I mean the practice of *inoculation*. At first view, this would seem to be a most hazardous and daring experiment, voluntarily to introduce the matter causing so fatal a disease, into the human system; and accordingly we find that it was for many years in use among half-civilized nations, before it awakened attention. It is probable indeed, that its power of communicating the malady was a fortuitous discovery.

"The most authentic accounts refer its origin to Eastern countries. In India and China it appears to have been long known and practised, according to peculiar modes. It was introduced into Constantinople from the Morea, at a time when it was in general use, not only in Asiatic countries, but also in Barbary. It was stated to Dr. Russel, who resided long in Aleppo, that at Bagdad and Bassora, when the small pox appeared in any district of these cities, it was the custom to give notice by a public crier, in order that those who were so inclined, might take the opportunity to have their children inoculated.

"It was from Constantinople, however, and from a native of that city, a Greek physician, educated at Oxford, that the English nation and Europe first derived a competent knowledge of the advantages of inoculation. In 1714, Dr. Timoni communicated to the Royal Society of London, an account of the practice. He mentioned that the Circassians, Georgians and other Asiatics, had introduced

it for about forty years, among the Turks and others in that city; that although at first the more prudent were very cautious in its use, yet the happy success it had been found to have in thousands of subjects, had now put it out of all suspicion and doubt. The operation had been performed upon persons of all ages, of each sex, and in the worst constitutions of the atmosphere, without any mortality following; while at the same time, it was very deadly when it seized patients in the common way. The matter was taken from some healthy person, on the twelfth or thirteenth day of sickness, preserved in a close glass vessel, and when to be used it was mixed with the blood issuing from small wounds made with a needle in the arm, and inserted into them.

"Other physicians continued their communications from Turkey; but the individual who more particularly attracted the attention of the British public to it, was a female, Lady Mary Wortley Montague, the wife of the English ambassador at the Ottoman court. Witnessing the success of the practice in numerous cases, she determined to have her own son inoculated, and the operation was accordingly performed by Mr. Maitland, surgeon to the embassy at Pera, in 1717. The consequent disease was very mild, and the patient very readily recovered.

"On her return to England, she requested Mr. Maitland to inoculate another child, a daughter, which, after some demur, he consented to do. This was in 1722, and it was the first case in England. Several physicians witnessed the success of the experiment, and spoke favorably of it. The high rank and fashion of Lady Mary Montague also aided in giving it notoriety throughout the kingdom. But it was still deemed a dangerous practice. At the instance, however, of the Princess Caroline of Wales, who had nearly lost one of her children by the natural disease, and was very anxious to preserve the rest from so direful a malady, a more extensive trial was made. Six criminals under sentence of death, were offered the alternative, of suffering according to their sentence, or of submitting to inoculation. They embraced the latter, were inoculated by Mr. Maitland, and all passed favorably through the disease.

"The impression made by these results, was heightened by information from America. The small pox, after an absence of nineteen years, had revisited New England, and was very mortal in Boston. This had induced the Rev. Mr Mather to reprint the accounts of Timoni and others, concerning inoculation, given in the Philosophical transactions. The publication was distributed among the medical practitioners, and its perusal induced Dr. Boylston to commence the practice upon his own child, and afterwards throughout the place. In the course of six months, he inoculated 244 persons; but of these, six died. So also in England. In a few months, a mortal case occurred in an inoculated patient, and several servants attending on it were all seized with the natural small pox. Effects so contradictory to the assertions of Mr. Maitland, who had stated that the inoculated disease was uniformly mild at Constantinople, and who above all, had denied its infectious nature, were calculated to repress the rising partiality for it. A bitter and wordy controversy ensued. Inoculation was denounced by the press and from the pulpit, and its defenders were only listened to after the period of popular ferment had passed. Dr. Jurin, an eminent physician, examined the subject in a manner that all could understand. He looked into the bills of mortality for London, during a period of forty-two years; and also into accounts of deaths collected from other large cities; and he compared the numbers who died of the small pox with the general mortality. From all these he deduced the facts, that of persons of all ages taken ill with the natural small pox, there will die of that distemper *one in five or six*. But from the inoculated disease, according to the experience both of England and America at that time, only *one case in fifty* had proved mortal.

"An argument of such import could not fail in time of producing its proper effect. The practice also extended in a favorable manner over Europe, and in various parts of our own continent. A hospital was established in London, under powerful patronage, for the inoculation of the poor; nor was it its least benefit, the temporary removal of patients from the community whom they might otherwise infect. Finally, two practitioners, named Sutton, improved materially both the mode of communicating the infection and of treating the disease. Inoculated small pox was now deemed to prove fatal only in about one case in two hundred."

"In 1798, however, a discovery was announced to the world, which promised some respite from the destroying scourge. Dr. Jenner, a physician residing in a country town of England, presented an account of a disease, which in his opinion checked the influence of small pox on the human system. He appears to have inquired into the subject during the space of thirty years, and evidently pursued it in a spirit becoming the pupil of John Hunter. His experiments with the vaccine matter were made in cases that admitted of full examination, and under circumstances calculated to decide the doubtful point which he presented to the public. But his discovery had scarcely been announced, before others endeavored to partake of the honor due solely to him. Their attempts to appear as the apostles of vaccination ended in an exposure of their ignorance of its phenomena."

"I will not occupy your time in tracing the history of the life of Dr. Jenner, which indeed is the history of vaccination. The

obstacles he met with, the envy he encountered, the prejudices he overcame, and the final triumph of his efforts, are all too recent to need repetition. His country, partaking, in some points, of the character of our own, is occasionally tardy in awarding the meed of merit. But if there be any thing in this life worth living for, apart from the hopes of immortality, Dr. Jenner must have enjoyed it; and he has gone down to the grave with a reputation that, in the days of Greece and Rome, would have ranked him with their gods and heroes; and in our own, has placed him among that select and honored few, THE BENEFACTORS OF MANKIND."

We are well aware that failures of vaccination frequently occur from the want of proper attention of physicians, and the ignorance of others performing the operation, unacquainted with the character and nature of the subject. In consequence of which we give that part of Dr. Eights' annual address, (delivered before the Society in 1831,) in which he so ably points out the true causes of the failures of vaccination, &c.—*Ed's.*

"I am to account for the failure of vaccination in many instances.

"It will be necessary here to describe the progress and characteristics of the true vaccine disease. The cow pock, when communicated by vaccination, presents the following phenomena: Towards the close of the second day, when the operation is successful, a slight speck of inflammation may most generally be perceived: this is more and more conspicuous on the third day. On the fourth, a minute pimple may be felt above the skin. On the fifth day, it puts on the peculiar appearance which distinguishes it from the small-pox pustule, viz: the perfect regularity and circumscribed form of the pock, with the surface flattened, and a depressed centre of a darker color, so as to have the appearance of elevated edges. This circumscribed form is retained during its whole progress, even during the progress of scabbing. About the sixth day, it has the appearance of a vesicle containing a fluid, which through the cuticle resembles the color of whey. From the sixth to the tenth day, the pock augments considerably; the flattened appearance becomes more conspicuous. About the eighth or ninth day, the slight inflammation which had accompanied it from the beginning, augments moderately, increasing more rapidly about the tenth or eleventh days, so as to extend to one, two, three or more inches in diameter; forming that most beautiful efflorescence, or areola, so truly characteristic of the genuine disease. The centre of the pustule now begins to assume a darker appearance, which extends gradually to the circumference, which in two, three or four days forms a scab of a dark brown hue, and polished surface, becoming more and more intense as the fluid beneath is absorbed, which in a few days becomes detached and falls off; leaving an eschar, more or less indented, corresponding to the number of cysts which contained the lymph of which the vesicle was composed.

"This may be considered as the asual progress of a successful vaccination, and on which we may safely rely as a complete preventive to small-pox infection; and although in every case the progress may not be so strongly marked, it may be considered as a standard by which to judge of the true disease.

"Numerous are the causes of unsuccessful vaccination; and none I will venture to say stands more prominent, than the careless manner in which the operation is performed, and a neglect in observing its progress. It is to be regretted, that the practice of vaccination is held so light, and that every person is supposed capable of performing so trifling an operation; and as medical attendance is seldom required, a spurious disease is often extensively circulated. Often also it falls into the hands of some professional men who, from the careless manner in which they practice it, are alike regardless of their characters and of their duties. If unfortunately they produce a spurious pustule, or an imperfect one, they go on vaccinating, without securing a single individual from small-pox contagion on the first exposure.

"Neglect also in not strictly observing the progress of the disease, is another cause of frequent failure. In the progress of successful vaccination, it will be observed that four characteristics or prominent features mark the true disease, viz: The form and appearance of the pustule: The areola surrounding it at the proper time, and its peculiar form, color and extent: The formation of the scab, its color and aspect: And the eschar left on the vaccinated part. Now it is well known to the observing part of the profession, that in many instances, vaccinated persons are seldom seen after the operation, or at most, after the third day, and the physician has no knowledge of its progress or of its genuine character, except from information. The parents or employer are satisfied if a sore arm is produced, the physician is satisfied with his fee; until by sad experience they are taught, that the one has deceived, and the other been deceived.

"However, the opinion which was once prevalent, that a constitutional affection was not necessary to secure the system from future attacks of small pox, it is now well understood that a mere local affection is not sufficient: a constitutional affection is absolutely required; and that without it, vaccination, however often repeated, will be of no avail. It is true, that this constitutional affection is often so slight as to be scarcely perceptible; but fortunately, nature has pro-

vided a sure test of constitutional affection, in that prominent characteristic of the true disease, the areola. And I will venture to assert, the more imperfect this areola, the less the security.

"Another cause of the failure of vaccination arises from virus taken from an imperfect or spurious pustule; and this is probably the greatest source of evil from which vaccination has to suffer. It has already been observed, that a mere local affection will produce a like local disease, and that a spurious pustule will produce the same by inoculation.

"Dr. De Carro, of Vienna, ascertained that cow pock matter was capable of producing a local disease in persons who had previously been affected with small pox; that matter taken from this source communicated a similar local disease; but that it afforded no security against small pox affection.

"A few years since, being much in want of kine pock infection, I applied to a physician for it. He furnished me with what he termed first rate infection. With this, I vaccinated three children of Mr. P., of this city. On the second day after the operation, considerable inflammation surrounded the punctures in each, attended with an intolerable itching. On the fifth day, a vesicle was formed, of a conical shape, containing a yellow fluid, and a high degree of inflammation, diffuse, irregular, and of a deep red color. On the sixth day, the inflammation was so extensive and the itching so severe, that I punctured the vesicles, and applied the acetate of lead in solution to the arm. A yellow, friable scab formed over each puncture, which in a few days separated, leaving large eschars. Much indisposition attended the whole progress of the disease. Those children were afterwards vaccinated, passed through the disease in a regular manner, and have since been exposed to small pox contagion without effect.

"A short time since, Mrs. W. requested me to vaccinate two of her children. I stated to her the difficulty of procuring infection, but that I would endeavor to obtain it. She informed me, that in the family of one of her neighbors, a child had been vaccinated by a physician, and that matter could be obtained from thence. At her request, and by permission, I visited the child, and found a pustule resembling those related above, with much inflammation, and not a single feature of the true disease.

"In 1829, I was requested to vaccinate a child of Mr. E. B. Much difficulty occurred in procuring infection. A relative of the family, residing a few miles from the city, a physician, sent a scab taken from his own child. It was irregular in its form, friable, so as easily to be rubbed into powder between the fingers, and of a yellow color. It can easily be imagined what must be the result of such vaccinations, should they be exposed to small pox contagion.

"Another cause of imperfect vaccination arises from a destruction of the vesicle containing the lymph, and also using it in an imperfect state. It is, I believe, now generally understood, that the true vaccine disease may be communicated by means of lymph taken at any time during the progress of the pustule, from its first secretion until the areola is formed, or while it continues limpid and colorless. The great danger to be apprehended is from abstracting all the lymph from the vesicle, and from the frequent punctures and irritation to produce a disposition in the parts to inflame and ulcerate, and thereby lessen or destroy its effect on the system. The following case, which occurred in my practice a short time since, will more fully illustrate this particular. A lad, six years of age, son of Mr. E., was vaccinated by me at a time when infection was scarce, and much called for. The operation succeeded, and a beautiful vesicle was completely formed. Lymph was taken from it freely, until inflammation came on, in which faint traces of the areola were discoverable. Ulceration to a considerable extent succeeded; with much difficulty the arm was healed, and doubts were entertained for his safety. He was afterwards vaccinated; the vesicle left undisturbed, and he passed through the disease in a satisfactory manner.

"Lymph is also often taken after the areola has formed. With this it is more difficult to succeed. It may indeed communicate the disease, but does not give that perfect security that is produced from lymph taken in an earlier stage of the complaint. The effect of inflammation on the local affection renders the lymph turbid, and in that state becomes unfit to secure the system entirely. This is, no doubt, one of the causes which renders individuals, thus treated, obnoxious to that modified state of small pox called varioloid. Lymph may also undergo some decomposition or change so as to render it unfit to communicate the true disease, from putrefaction, heat, moisture, exposure to air, and many other causes. Even variolous matter, which is a much more active and virulent poison, may be rendered unfit or imperfect by inflammation, by taking it too late in the disease, from putrefaction, or from some obscure or latent process of nature, by means of which it has parted with some of its original properties, so as to render it unfit or incapable of giving the small pox in such a manner as will secure the constitution from future attacks.

"Another cause, and the last I shall mention, of imperfect vaccination arises from inserting the lymph in persons laboring under some other disease. I believe few practitioners who have paid close attention to the progress of vaccination, but must have discovered the difficulty of producing a fair specimen of kine pock in persons laboring under herpetic eruptions, scabies, tinea capitis, and almost

every other cutaneous affection. Dr. Jenner on this subject, says, 'a single serous blotch upon the skin, existing during the progress of the vaccine vesicle on the arm, may occasion such irregularity and deviation from correctness, that vaccination under such circumstances cannot be perfectly depended on. Abrasions of the cuticle may produce the same effect; such for example as we find in the nurseries of the opulent, as well as in the cottages of the poor, behind the ears and upon many other parts of the body where the cuticle is thin. We find it also to be the case if the skin is beset with herpetic blotches, or even serous oozings from abraded cuticles. It is not to be considered of less consequence when occupying a small space; a speck behind the ear, which might be covered with a split pea, being capable of disordering the progress of the vaccine vesicle. Dandriff, tinea, and even sore eyelids, are also impediments to constitutional vaccination; in fact, every disease of the skin which may be called serous, or one that sends out a fluid capable of conversion into a scab. Purulent fluids exert a similar influence in producing deviations from a perfect disease.'"

Art. VI.—*Twenty-fifth Meeting, Albany, February*, 1831.

1. *Officers, Members and Delegates present.*—Drs. Jonathan Eights, President; Joel A. Wing, Albany, Secretary; Platt Williams, Treasurer; William Bay, Moses Hale, Peter Wendell, Theodric R. Beck, Daniel Ayres, John H. Steel, Charles D. Townsend, Permanent Members.

The following gentlemen produced their certificates, as Delegates from their respective County Societies, and took their seats accordingly, viz:

Drs. Alexander Coventry, Oneida: John G. Morgan, Cayuga; Edward G. Ludlow, College of Physicians and Surgeons, New-York; Thomas Spencer, Madison; William Taylor, Onondaga; James McNaughton, College of Physicians and Surgeons, Western District; John T. Harrison, Richmond; John Foster, Schoharie; Sumner Ely, Otsego; Alpheus S. Greene, Jefferson; Erastus Hamilton, Greene; John Holmes, Herkimer; Samuel White, Columbia; Henry Maxwell, Niagara; William Carlisle, Montgomery; William Horton, Orange; Samuel D. Dimmick, Sullivan; A. G. Smith, Munroe; John R. Rhinelander, New-York; Samuel McClellan, Rensselaer; Samuel W. Stewart, Oswego.

The following gentlemen were invited to take seats as *ex. officio* honorary members:

Drs. John F Trowbridge, Member of the Legislature, Oneida; Henry Clark, do. Otsego; Squire White, do. Cattaraugus.

2. *Censors' Report.*—The Censors reported, that since the last meeting of the Society, they had examined and licensed the following gentlemen:

Silas Meacham, George W. Holbrook, Edward C. Cadwell, Samuel Gilmore, James McClanghry, Gurdon Buck, John Davidson, Thomas G. Swain, David Springsteed.

3. *Degrees conferred.*—The Secretary reported, that the Regents of the University had granted the honorary degree of Doctor of Medicine to the following gentlemen, nominated by the Society at its last session:

Drs. Charles D. Townsend, Albany; Matson Smith, Westchester; Enos Barnes, Yates; Consider King, Cayuga.

4. *Duty of the State Society.*—Dr. Coventry, from the committee appointed on the communication from the Medical Society of the county of Oneida, reported—

That in their opinion, it is the duty of the State Society to interfere, and, with due respect, to offer their advice to the Honorable the Legislature, in cases in which the lives and property of their fellow citizens are deeply implicated, and in which the medical profession, from their pursuits, must be more instructed than those classes of their fellow citizens whose attention is drawn to different objects.*

5. *Permanent and Honorary Members.*—Drs. James McNaughton, and Edward G. Ludlow, were elected permanent members.

The following gentlemen were elected honorary members:

Drs. George McClellan, Pennsylvania; Eli Todd, Connecticut.

The following gentlemen were nominated as permanent members:

Drs. J. Foster, Schoharie; J. G. Morgan, Cayuga; William Horton, Orange; Samuel White, Columbia; John Van Name, Rensselaer.

Dr. Thomas C. James, of Philadelphia, was nominated as an honorary member.

6. *Election of Officers for* 1832.—Drs. Jonathan Eights, President; Thomas Spencer, Vice President; Joel A. Wing, Secretary; Platt Williams, Treasurer. James R. Manley, John C. Cheeseman, Edward G. Ludlow, Charles D. Townsend, William Bay, James McNaughton, John H. Steel, Daniel Ayres, Moses Hale, William Taylor, John G. Morgan, Thomas Spencer, Censors. John H. Steel, Alexander Coventry, William Taylor, T. R. Beck, Joel Foster, A. G. Smith, William Horton, Committee of Correspondence.

Resolved, That the Committee on Prize Dissertations and Questions consist of three

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* We perceive this report was accepted by the Society, which, of course, must be one of the rules. We therefore respectfully call the attention of the Society to the four first articles under the head of Medical Intelligence, pp. 156, 157, 158, U. S. Journal for November, 1835.

members, and be located in the city of Albany. Drs. T. Romeyn Beck, James McNaughton, and Jonathan Eights, were elected as said Committee.

ART. VII.—*Twenty-sixth Meeting, Albany, February*, 1832.

1. *Officers, members and delegates present.*—Drs. Jonathan Eights, President; Thomas Spencer, Madison, Vice President; Joel A. Wing, Albany, Secretary; Platt Williams, Treasurer; William Bay, Peter Wendell, T. R. Beck, Moses Hale, permanent members.

The following gentlemen presented certificates as delegates from their respective county medical societies, and took their seats accordingly:

Samuel White, Columbia; Samuel McClellan, Rensselaer; William Carlisle, Montgomery; Richard Pennel, Kings; Sumner Ely, Otsego; John Holmes, Herkimer; James Fountain, Westchester; John R. Rhinelander, New-York; Jonathan Dorr, Washington; James McNaughton, College of Physicians and Surgeons, Western District; Levi Farr, Chenango; Asa C. Barney, Saratoga; John McCall, Oneida; Richard Clark, Jefferson; J. Edwin Hawley, Tompkins; Joel Foster, Schoharie; Erastus Hamilton, Greene.

The following gentlemen, being members of the Legislature, were invited to take their seats as honorary members:

Drs. Charles Winfield, Orange; Philip E. Milledoller, New York; John B. Collins, Allegany; Joel Talmadge, Tioga; Squire White, Chautauque; Philip Maxwell, Jefferson; James Stevenson, Washington.

Dr. Elijah Porter, former member of the Society, also took his seat as an honorary member.

2. *Respect to the memory of Dr. Coventry.*—The following resolution was offered by Dr. Spencer, and on motion, unanimously adopted:

Whereas, Alexander Coventry, M. D., a distinguished member, and former President of this Society, has departed this life since its last meeting—Therefore,

Resolved, That as a mark of respect to the memory of the deceased, the members of this Society will wear the usual badge of mourning for thirty days.

3. *Prize.*—The Committee on Prize Questions and Dissertations reported, that they had awarded the premium of fifty dollars for the best Dissertation on Delirium Tremens, to James Conquest Cross, M. D., of Lexington, (Kentucky.)

4. *Copyright of the Transactions.*—Resolved, That the committee of publication be authorized to dispose of the copyright of vol. i of the Transactions, on such terms as they may deem advantageous to the Society.*

5. *Censors' Report.*—The Censors reported, that they had examined and admitted to license the following gentlemen since the last annual meeting:

Robert Edmund, Calvin P. Guernsey, John R. Eastman, Stephen Maxson, James P. Kissam, Robert S. Marshall, Aaron S. Nestor, William Valentine, P. Hatheway, Robert Tolefree, Nicholas Morrell, Charles H. Raymond, Elijah S. Knapp, Thomas W. Donovan, Casper Hallenbeck, —— Watkins, Abraham Groesbeeck, William D. Boardman, Whitman Wilcox, Isaac Paddock, Andrew D. Wood.

6. *Degrees conferred.*—The Secretary reported, that at the last session of the Regents of the University, the honorary degree of Doctor of Medicine had been conferred on the following gentlemen, nominated by the Society:

Drs. Thomas Dunlap, Schenectady; Samuel Porter, Onondaga; John McClellan, Columbia; John Ely, Greene.

The Society proceeded to nominate gentlemen for the honorary degree of Doctor of Medicine, viz:

Drs. George W. Phillips, Tompkins; Alpheus S. Greene, Jefferson; Fayette Cooper, New-York: Thomas O. H. Croswell, Greene; Lucius Kellogg, Queens.†

7. *Permanent and Honorary Members.*—Drs. Joel A. Wing and Joel Foster were elected permanent members.

Dr. Thomas C. James, of Philadelphia, and Dr. Thomas Wilson Henry, of Kings county, (N. Y.) were elected honorary members.

Dr. Reuben D. Mussey, of New Hampshire, and Dr. Walter Channing, of Massachusetts, were nominated as honorary members.

Drs. John R. Rhinelander, Asa C. Barney, Sumner Ely, and Jonathan Dorr, were nominated as permanent members.

8. *Election of Officers for* 1833.—Drs. T. Spencer, President; Jas. McNaughton, Vice President, Joel A. Wing, Secretary: Platt Williams, Treasurer. James R. Manley, John C. Cheeseman, Edward G. Ludlow, William Bay, Jonathan Eights, Peter Wendell, Moses Hale, Samuel McClellan, Jonathan Dorr, William Taylor, John G. Morgan, J. Edwin Hawley, Censors. John H. Steel, John McCall, Sumner Ely, Levi Farr, John B. Beck, Richard Clark, William Carlisle, Committee of Correspondence. Jonathan Eights, T. R. Beck, James McNaughton, Committee on Prize Questions and Dissertations.

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* We have given the above resolution for the purpose of expressing our disapprobation of scientific institutions making a trade of their Transactions, which, by the by, we consider public property. If Medical Societies cannot support themselves without having to dispose of their doings to the highest bidder, we say let them go down. *Ed's U. S. Journal.*

† The Regents conferred the honorary degree on the above gentlemen, March 20th, 1832.

9. *Annual Address, on Puerperal Fever, by Dr. Eights, President.*—The address given by Dr. Eights is one upon a highly interesting and important subject, and it is discussed by him in a very able and judicious manner. Dr. Eights is evidently a clear and accurate thinker, and his style is concise and bears evidence of considerable practical judgment. The essay, take it upon the whole, reflects credit upon himself and the Society of which he is a member.

After giving a very handsome introduction upon the general character and different theories of fever, the doctor approaches his main topic. Upon the pathology of puerperal fever, the doctor says :—

"The various sentiments which at present prevail, may be comprised under the following particulars :

"1st. That it is an inflammation of the uterus,

"2d. That it is an inflammation of the abdominal linings and intestines.

"3d. That it is simple peritoneal inflammation in a puerperal state.

"4th. That it is an affection sui generis, and only peculiar to lying-in women.

"5th. That it is a putrid disease.

"6th. That it is a bilious disease.

"7th. That it is a peritoneal inflammation, accompanied with typhus fever, and also that it is an infectious disease."

"Puerperal fever I conceive, in all cases, to be be an idiopathic or original disease, and although it may appear more frequent, and be attended with greater mortality under epidemical influence, the organs are affected, and the termination of the disease are alike in both. I also conceive that sporadic puerperal fever, after the inflammatory stage has passed by, does possess more or less of an infectious quality. It may not, indeed, possess it in so active a state, but it may in such a degree as to induce a physician, while attending a puerperal case, to be cautious, and to adopt such measures as may prevent its being communicated to any other particular case he may be called to while in attendance."

"Many other instances are related, which confirm the opinion that the uterus is the principal and primary organ affected in puerperal fever, and that the contiguous parts become affected from this source.

"From the result of the above investigations, we may come to the conclusion, that when the contents of the gravid uterus have been expelled in parturition, the orifices of the uterine veins, where the placenta had been attached, are left open, and most probably a communication is indirectly formed between the venous system and the atmospheric air; such a condition of the uterine veins, in consequence of the separation of the placenta, must be favorable to the production of inflammation, which, once excited, is seldom limited to the orifices of the vessels, but extends, with more or less rapidity, along the continuous membranes of the veins of the uterus, until a general affection is produced. The muscular substance of the uterus also becomes affected from this local source; this is communicated to the peritoneal covering, and the usual symptoms of puerperal fever will ensue."

The following remarks upon the treatment are so judicious and so well expressed, that we have concluded to give them entire :

"From a review of the history, and from the symptoms of puerperal fever, and from the uniform proofs of inflammation which dissection discloses, there can, I presume, be but one opinion respecting its treatment, viz. an early, active and efficient practice to arrest and check the progress of inflammation before derangement and destruction of the organs involved in it take place.

"The first remedy, then, which presents itself, which of all others we consider as the most efficient, and on which we can rely to answer our intention, is *blood-letting*. This, as a remedy, must be considered as a principal one. By this, more than by any other in the whole catalogue, we can control an over-excitement of the vascular system : its operation is prompt and effectual. Where we find the pulse firm and regular, we should not hesitate to use the lancet with freedom, and not to desist until the pulse is materially affected, and the system feels its influence. Its use ought also to be repeated as often as the pulse becomes hard, while the pain and tenderness continue. It is a true remark, that much harm is often done by bleeding too little, but seldom by bleeding too much. From my own experience, I am satisfied, that if early called in, we have little to apprehend from using the lancet too freely; and I am also persuaded, that in some cases we are often deceived by the feeble and contracted pulse, so characteristic of abdominal inflammation, and that many have been deterred from using this remedy, when it might have been applied with advantage.

"Powerful and efficient as this remedy is, it has been urged as an objection to its use, that copious bleeding produces the effusions in the cavities, which are discovered after death. Whoever has paid any attention to this subject, must be satisfied that this objection is without foundation. The effusion which is the consequence of excessive bleeding, is well known to be a clear lymphous fluid, without any marks of inflammation in the parts where it is collected; on the contrary, effusions from inflamed membranes are usually turbid, generally containing flakes of coagulable lymph, or dissolved purulent matter, and evident traces of inflammation are

discoverable on the membranes from which it exudes.

"Local blood-letting is a great auxiliary to general bleeding, in subduing the inflammation, where an effectual check has not been given to it by a general evacuation. It ought never to be neglected, especially where proper means are in our power. Of so much importance is this remedy considered, that many physicians rely wholly upon it. A moment's reflection will satisfy us of the inefficacy of this remedy in subduing a general excitement of the system. In puerperal fever, there is a general disturbance of the vascular system, from an extensive local affection; the circulation is much increased, and a great determination of blood to the seat of the disease and the contiguous parts, is the consequence. By abstracting blood from the capillary vessels, while the force of the circulation continues, little or no benefit is experienced, because they are filled faster than can be abstracted by local bleeding; but reduce the general excitement, and much advantage will arise from emptying the capillaries contiguous to the seat of disease, by local bleeding.

"*Cathartics.* In the commencement of the disease, they are of infinite importance. At this period, the excitement is confined to the uterus and its peritoneal covering, By exciting the intestines, and increasing their peristaltic motion, the secretions will be increased, and congestion prevented or removed. From the consent of the uterus with the intestines, the secretions from its vessels will also be augmented, and a more copious flow of the lochia will relieve that organ. But when the disease has continued some time, we may conclude, from the pains becoming general over the whole abdomen, and from the irritable state of the stomach, that the intestines are involved in the general derangement. Active purgatives, in this stage of the complaint, ought to be avoided. It is of the utmost consequence, however, to keep up a constant discharge; and we often witness copious and fetid discharges, when it was thought that nothing remained in the bowels. Calomel, followed up with castor oil or Epsom salts, answers the intention, and operates with little or no irritation. Large emollient injections are also of much importance to aid the operation of cathartics, and to act as a fomentation to the internal parts. They will soothe the feelings of the patient, and increase the secretion from the vessels terminating in the intestinal canal; and in the latter stages of the complaint, they are far preferable to cathartics by the mouth, as less liable to produce irritation of the stomach.

"*Fomentations.* The utility of this remedy is universally admitted. Dr. Gooch, in his excellent treatise on puerperal fever, considers warm applications to the bowels, in the form of poultices, of incalculable advantage. The warmth of a fomentation, or large poultice, is always grateful to the patient; it relieves pain, and excites perspiration: the excitement and circulation are drawn to the external surface, thus lessening, in some degree, the internal plethora of the vessels, and the irritation of the nerves of the affected parts. Where pain and irritation accompany inflammation, these warm fomentations are always useful. In puerperal fever, there is both; and heat applied externally, relieves without increasing, but, on the contrary, lessening internal congestion.

"*Blisters.* Much diversity of opinion respecting the use of this remedy exists. Although they have most generally been employed, yet late writers consider them as injurious. My own experience fully confirms this opinion; the pain and irritation which they occasion overbalances any advantage that may be gained by their employment.

"*Diaphoretics.* After the full operation of cathartics, a free perspiration is of the utmost consequence. By determining to the surface, we lessen and often remove local congestion. The pulv. antim. combined with calomel and nitrate of potass, forms an excellent preparation to effect this object.

"*Calomel.* Besides the good effects it produces in promoting the action of antimony, it is invaluable as a cathartic. It not only removes congestion in the hepatic organs, but allays gastric irritation, which is often a very troublesome symptom in puerperal fever. Where time is allowed to produce an affection of the gums, it has generally been attended with beneficial effects.

"*Oil of Turpentine.* This medicine was first introduced by Dr. Brenan, of Dublin, into practice, as a remedy in puerperal fever. He speaks of its good effects in high terms of commendation. Experience, however, has not confirmed the reputation bestowed upon it by its author. In three instances in which I have used it or seen it used, the result was unfavorable, the patients complaining of much burning in the stomach. As Dr. Brenan recommends it as a substitute for bleeding, I presume it was used by him in the early stages of the complaint. I should, however, consider it a more proper remedy in the tympanitic, than in the inflammatory stage.

"*Emetics.* Although this remedy was, at one period, highly recommended, especially by the French physicians, I believe experience has not justified their exhibition, If they are ever useful, it must be in the cold stage of puerperal fever, by diminishing its violence, and restoring action to the vessels on the surface of the body. At any other time, they must increase that irritation of the stomach, which is no uncommon occurrence, and which, at all times, is a distressing symptom. Although I cannot speak from experience respecting their use as beneficial or injurious, I should consider them as improper at so early a period after parturition, as that in which this disease usually makes its appearance.

"These are the principal remedies usually employed in this highly dangerous and fatal disease; and happy would I be, could I recommend them as means which have in general proved successful. But I have to regret, that, although they may be fairly and judiciously administered, we are often disappointed in our hopes of success. But, gentlemen, you will perceive, that an early, active, and a persevering application, can alone be relied on. The short period of the inflammatory stage is the only time we can improve, and in which success is at all probable. By close attention, then, to the first approaches of this insidious disease, we may be instrumental in saving the lives of some of the most suffering as well as fairest portion of creation."

10. *A Prize Dissertation, on delirium tremens, by Dr. J. C. Cross, of Lexington, Ky.*—It is a very elaborate essay, upon an interesting disease, evincing much learning, and considerable research. From what we have seen of the article, however, we should consider it rather a compilation of what has been written, than the results of observation made at the bed side.

The style is so diffuse, that we shall not be able to give much of an analysis of it, and shall therefore beg leave to refer those who desire more of the article than we shall give, to the work itself. We must confess, we are somewhat surprised that it should receive the prize of the State Medical Society.

The number of good practical articles upon that subject, forwarded to the Society, must either have been quite small, or the Committee on Prize Dissertations did not exercise that discrimination which the profession had a right to expect from them.

After giving his introduction, the history, etiology and general character of the disease, the author divides delirium tremens into four species: the sthenic, hypersthenic, etsthenic and bilious. The symptoms of these varieties being given, he then proceeds through the heads of prognosis, diagnosis and necroscopic reports. We are then brought to his views of the proximate cause of the disease, and those are given in rather a vague and indefinite manner. He attempts to demonstrate that the proximate cause of delirium tremens "consists originally either in vascular irritation, actual inflammation, or nervous irritation of the stomach, with immediate sympathetic vascular irritation, actual inflammation or nervous irritation of the liver, and subsequently of the brain."

With respect to the treatment of the disease, we will give a few extracts, showing our author's views upon the article of opium.

"As a rule of general application, opium is never to be used except when the pulse is soft and compressible. To accomplish this, either local or general blood-letting is frequently necessary. The propriety, also, of premising the use of this drug, even in cases where a pulse of this character exists from the beginning, by the exhibition of a cathartic, has been fully verified by the clinical observation of the author. Although we may be inclined to attach more importance to this measure, and enjoin its necessity more earnestly than most physicians, yet there are those who speak of its utility in particular instances, in terms of decided approbation. By Dr. Armstrong, if the patient be tolerably robust, the liberal use of purgatives is recommended to be continued through the first two or three days. It is said by Professor Chapman, that 'after copious evacuations of the stomach, in which the bowels generally share, we may recur with the happiest effects to the opium and brandy treatment.' By such authorities the correctness of any practice may be established."

"Repeated experience has convinced us, that no article can be associated with opium which will enable it to fill as many important indications as calomel. It stimulates the liver, and produces a prompt and powerful disgorgement of that organ; with opium, calomel has been demonstrated to possess a peculiar and prodigious power in the subjugation of vascular irritation and inflammation of the stomach; and to arrest vomiting, a symptom sometimes very annoying, calomel has not a superior. These are incontestible attributes of calomel, and it must, therefore, be signally serviceable in this disease."

"By what are we to determine that we have pushed opium to a sufficient extent, and that by its agency convalescence has been established? It is a general impression among physicians, that a sound sleep of from six to twelve hours must take place before we can confidently declare, that all danger has been weathered, and that the patient is comfortably moored in the harbor of safety. In this, however, too much reliance has been reposed. Experience has not fully verified this opinion. Instances have frequently happened in which no pause or abatement in the disease supervened upon a protracted and apparently salutary sleep. Thus allusion is made in the 13th Volume of the *American Medical Recorder*, to two cases, in which sleep was entirely ineffectual. In one of the cases, death followed in twelve hours after a sleep of five hours' duration; the other slept three, and about the same time elapsed before

dissolution ensued. By Dr. Armstrong, we are informed, that he 'once lost a patient unexpectedly in convulsions, after he awoke from an apparently quiet sleep of six hours.' It is remarked by Dr. Barkhausen, 'that even where the disease has continued with little interruption for two days and as many nights, when the patient awoke, the disease had still remained, or else after a short intermission, has again returned.' The same author also remarks, that 'a soporose, agitated sleep, forced by the administration of powerful narcotics, may as certainly terminate in death as in the cure of the disease.'

"That sound and quiet sleep can ever prove decidedly prejudicial, it is not our design to maintain: it must always be favorable. But that it is invariably indicative of the establishment of convalescence, the authorities just quoted fully authorise us to deny. The physician should not, therefore, suffer himself to be lulled into premature confidence by a perfidious sleep, that may possibly be the *avant courier* of dissolution. Upon waking, the patient rarely ever fails to exhibit a clear and tranquil mind. This may not, however, always last. Frequently, in the course of two or three hours he relapses, and then the disease never fails to be more violent than before. After sleep has been produced, the patient should be under the personal *surveillance* of the physician, until he is fully satisfied that there is no danger of the recurrence of delirium."

"The opinion that the production of sleep is a *sine qua non* to recovery, has had a most prejudicial tendency. By this, however, we do not mean that a restoration of health may happen without it. On the contrary, we are fully persuaded, that the establishment of convalescence and the occurrence of sleep will take synchronously. Indeed, the former is the cause of the latter, rather than the reverse, as is generally supposed. We therefore deny that sleep is the cause of a restoration of health. In common with the evidences above enumerated indicative of improvement, sound and protracted sleep is nothing more than the result of the removal of gastric irritation. This is demonstrated by the fact, that if delirium tremens consists in idiopathic irritation of the brain, and that opium is salutary in consequence of the direct tendency to accomplish its removal, it is perfectly impossible in the nature of things to suppose, that sleep could take place until it is effected. It is also equally true, that such being the fact, sleep could not be otherwise than salutary. Experience, however, has not demonstrated this to be true. Though protracted, and apparently sound, death has succeeded in a few hours. But that it is possible for opium to force the brain into a soporose state, without having made any impression upon the irritation of the stomach, is not difficult to conceive.

"When gastric irritation is removed, that of the brain must yield; the supervention of sleep is consequently unavoidable. To suppose that an individual who has been laboring under unintermitting pervigilium for several days, while the intellectual and corporeal powers were vehemently exerted, could remain awake after its productive cause is removed, would be to suppose what no voluntary effort could accomplish. In the event of the subjugation of the disease, without the use of a grain of opium, sleep would as readily ensue. The solicitude, therefore, to procure sleep, which prevails among physicians, is not only nugatory and idle, but absolutely detrimental. It verges to the imprudent and indiscriminate administration of opium, than which no measure could be more dangerous in delirium tremens. It is irrational and absurd to wish for the occurrence of sleep before the subjugation of the primitive irritation. Under such circumstances, so far from being salutary, it rarely ever fails to prove decidedly prejudicial. When the disease has yielded to the natural effects of the system, is it not perfectly evident that the first step in the curative process consists in the removal of the primitive irritation? Can we expect success by reversing this order? Impossible. The result of such attempts has been already illustrated."

"When the system is properly prepared for the reception of opium, our common dose is three grains, which we repeat every three hours. Thus, in the course of a day and night, twenty-four grains will have been given, a quantity which we have rarely seen insufficient to subdue the disease. If, however this should fail, or even if the emergency of the case should appear to demand it from the commencement, the doses should be augmented, the intervals shortened, and the practice obstinately persevered in until our end, the thorough eradication of the disease, is fully attained. With regard to the quantity of this narcotic that should be given, it would be absolute presumption to attempt to establish specific rules. This must depend altogether upon circumstances. There is one point connected with this subject, which has not been sufficiently insisted upon, and to which it may not be unimportant to direct the particular attention of the reader. We allude to the danger of giving opium in too small quantities. It may appear paradoxical to assert, that more harm has accrued from the administration of this article in too small than in too large doses. But this is doubtless true in regard to the variety under consideration. The asthenic variety consists in nervous irritation of the stomach primarily. It will therefore follow, if a quantity of opium has been given insufficient to subdue this irritation, that a struggle will ensue between it and the sedative tendency of opium. As the former must subdue the latter, in consequence of its greater intensity, it must be augmented in violence in a ratio correspond-

ing with the duration and obstinacy of the conflict. So overwhelming, however, is the sedative power of opium, when given in sufficient quantity, that it is able to bring under complete subjugation the most intense irritation of the nervous system. We should, therefore, endeavor to graduate the dose of opium to the degree of nervous irritation. If we succeed, we shall soon see the disease succumb. The difficulty, however, of determining this is considerable; but if we have been careful to prepare the system for its salutary operation, we need feel no apprehension on account of exceeding the mark. If its poisonous effects should be developed, they may be easily controlled by the powers of cold water promptly administered."

We will close the notice of this article, by giving the author's opinion upon the use of ardent spirits in this disease. His views are rather too ultra to suit us; but they may possibly coincide with some of our readers.

"*Ardent spirits.* But few individuals have ventured to condemn the use of ardent spirits in delirium tremens. This article, however, we fearlessly assert, may be altogether dispensed with, and without the least prejudicial tendency. In this declaration we are supported by the testimony of Dr. Coates. It should enter as a precept into the science of medical ethics, that ardent spirits should never be administered as a remediate agent in the treatment of any disease, unless it is imperiously required by the emergencies, and in circumstances too, where no substitute can be employed of equal efficiency. If this were established as a rule, ardent spirits would never be prescribed by the enlightened physician. There is no disease that may not be cured as easily and as certainly without as with it. Since we have been convinced of this, in a practice of three years, we have not used an ounce of this article, and we are persuaded that our success has not been less than at any previous period.

"This being true, is it not melancholy to reflect upon the injury that must have arisen from the mistaken views of the older practitioners. Ardent spirits have no negative properties; all its potent attributes are of a positive character, and its use therefore must either be useful or injurious."

"In the treatment of the disease under consideration, the inquiry should be, can delirium tremens be cured as well without as with ardent spirits? and if so, can it be removed more certainly by other remedies? If it is conceded, and this cannot reasonably be doubted, that other modes of treatment are even as successful as that by ardent spirits, the point is gained, the impropriety of their administration is established. To use ardent spirits in the sthenic variety would be certain to exasperate the disease, and to convert it into the hypersthenic form. Nor is their prejudicial operation in the latter less doubtful. Determination to the head would be inevitably increased, and the production of convulsions and apoplexy in all probability the consequences. Their tendency would be equally detrimental in bilious delirium tremens. It is however the asthenic variety in which they have been most frequently used; and if they have not here proved decidedly injurious, the success which has attended other remedies renders it altogether unnecessary to lay them under contribution. Illustrative of the truth of this, ample evidence is furnished in the preceding pages."

ART. VIII.—*Twenty-seventh Meeting, Albany, February,* 1833.

1. *Officers, members and delegates present.*—Drs. Thomas Spencer, Madison, President; James McNaughton, Permanent Member, Vice President; Joel A. Wing, Permanent Member, Secretary; Platt Williams, Permanent Member, Treasurer; Jonathan Eights, William Bay, John H. Steel, Charles D. Townsend, Joel Foster, T. Romeyn Beck, Moses Hale, Peter Wendell, Permanent Members.

The following gentlemen produced their certificates as delegates from their respective County Societies, and took their seats accordingly, viz:—

William Taylor, Onondaga; Erastus Hamilton, Greene; Jonathan Dorr, Washington; A. G. Smith, Monroe; William Carlisle, Montgomery; William Horton, jr, Orange; John R. Rhinelander, New-York; Samuel White, Columbia; Samuel McClellan, Rensselaer; John Holmes, Herkimer; James Mairs, Ulster; John James, Albany; John McCall, Oneida; Phineas Hurd, Cayuga; Sumner Ely, Otsego; Elijah Porter, Saratoga; Cornelius H. Van Dyck, Schoharie; Bryant Burwell, Erie.

The following gentlemen, members of the Legislature, and ex. officio members of the Society, were introduced, and took part in the proceedings of the Society:

Drs. Joshua Lee, Yates; John B. Collins, Allegany; Miles Stevenson, Clinton; Milton Sheldon, Monroe; Levi Buckingham, Oneida; William Hunter, Steuben.

Drs. Truman B. Hicks of Warren, and John G. Morgan of Cayuga, former members of the Society; and Dr. Alden March, President of the Albany County Medical Society, were invited to take seats as Hon. Members.

2. *Permanent and Honorary Members.*—Drs. John G. Morgan, and Samuel White, were elected Permanent Members.

Drs. Walter Channing, and Reuben D. Mussey, were elected Honorary Members.

The following gentlemen were nominated as permanent members:

Drs. Benjamin Mooers, Clinton; Samuel McClellan, Rensselaer; A.G.Smith, Monroe; William Taylor, Onondaga; John McCall, Oneida.

The following gentlemen were nominated as honorary members:—

Drs. Samuel Jackson, Pennsylvania; Wm. Tully, Connecticut; James C. Cross, Kentucky; Alfred T. Magill, Virginia.

3. *Respect to Drs. Rodgers and White.*—Resolved, That the members of the Society will wear the usual badge of mourning, for thirty days, as a mark of respect to the memories of the late Dr. John R. B. Rodgers, of New-York, and Dr. Joseph White, of Cherry Valley.

4. *Honorary Degrees.*—The Society then proceeded to nominate gentlemen for the honorary degree of Doctor of Medicine, viz:

Drs.Joshua Lee,Yates; Josiah Trowbridge, Erie; Asahel Prior, Madison; Benjamin J. Mooers, Clinton; Robert Collins, Rensselaer; George Eager, Orange.

[The Regents conferred the above degrees at a late meeting.]

5. *Censors' Report.*—The Censors reported, that during the year 1832 they had examined and permitted to practise, the following gentlemen:—

Henry Hornbeck, Orange; William G. Hunt, Kings; Edward H. Dickson, Thomas Everett, George Kellogg, Joel S. Oatman, New-York.

6. *Election of Officers for* 1834.—Drs. T. Spencer, President; James McNaughton, Vice President; Joel A. Wing, Secretary; Platt Williams,Treasurer. James R.Manley, Edward G. Ludlow, John R. Rhinelander, Jonathan Eights,William Bay,Peter Wendell, Moses Hale, Elijah Porter, Sam'l McClellan, John McCall, Harvey W. Dolittle, Laurens Hull, Censors. John H. Steel, John B.Beck, Bryant Burwell,John James, Henry Mitchell, Phineas Hurd,Committee of Correspondence. Jonathan Eights, T. Romeyn Beck, James McNaughton, Committee on Prize Questions and Dissertations.

7. *Anniversary Address by the President, Dr. Spencer, upon Asiatic Cholera.*—The article being too lengthy for a periodical of this kind, and the subject being in a measure exhausted, we shall not give any analysis of the Address.

At the close of the essay, Dr. Spencer gives the following brief obituary notice of two of our former distinguished practitioners.

"Allow me to turn for a moment, from the contemplation of a disease which has spread such general devastation, to some individual instances of mortality, deeply affecting the interests of the medical profession. Since the last meeting of this Society, two of its aged and distinguished members, and former Presidents, [Joseph White, M. D. of Cherry Valley, and John R. B. Rodgers,M.D. of New York,] have yielded to the obliterating hand of time. Although this is not the place to pronounce their eulogy, I may be indulged in taking a rapid glance at the principal incidents in the lives of those who have sustained so elevated a position, not only among the profession to which they belonged, but in the public estimation. The high place they held in the affections of their medical brethren, was evinced by their election, for many years in succession, to the presidency of the medical societies of the counties where they respectively resided, and of the State Medical Society. During our revolutionary struggle, both participated in the perilous and glorious scenes of that eventful period. The place of army surgeon was at this time filled by Dr. Rodgers, who, although young, was ably prepared for the discharge of its responsible duties, by the ample opportunities he had enjoyed at the University of Edinburgh, where he received the honors of that distinguished medical school. He at first settled in Philadelphia, but afterwards removed to New York, where the public duly appreciated his merits, and he was called for several years in succession to discharge the duties of health officer of that flourishing city. He was for many years a professor in the medical department of Columbia College, was subsequently appointed to a similar post in the College of Physicians and Surgeons; and in the discharge of these, as indeed of all the public trusts committed to his care, exhibited the fullest proofs that he had industriously improved the extensive advantages he had enjoyed for collecting medical intelligence.

"At the close of the revolution, Dr. White located at Cherry Valley, then a frontier settlement. Of him it may be emphatically said, that he was the artificer of his own fortune. The estimation in which he was held by his countrymen was at an early period evinced by his elevation to several public offices; among which may be mentioned, his election to the Assembly and Senate, where he fearlessly and satisfactorily performed all his duties, and aided the passage of those acts, which have so largely contributed to advance the interests of medical science, and to elevate the character of our profession throughout the State. But his strength and usefulness lay in his profession, to which he devoted the active energies of his mind. In the infancy of our country, he did not enjoy the advantages of a medical education now presented to the student in our flourishing universities; but he supplied this defect by a persevering industry in the pursuit of know-

ledge, during the whole period of his life. Fixing upon usefulness and eminence in his profession, he attained an elevated rank, rarely equalled in any country.

"For several years, he filled the chair of surgery in the Western Medical College of the State of New York, where he displayed to his pupils the fruits of the rich store with which his deep research, accurate observation and ample experience in this department of the healing art had furnished him. He filled the place of President of this institution until the period of his decease. In the elevated character of these distinguished men, attained by their indefatigable perseverance in the pursuit of medical science, may be found abundant cause to stimulate us to emulate their illustrious example, and to deplore the dispensation of that Providence which has deprived the profession of two of its brightest ornaments.

ANALYSIS OF MEDICAL JOURNALS.

ART. I.—*Gazette Medicale. Paris.* 1835.

1. HOMŒOPATHY.—The Royal Academy of Medicine have had several animated discussions upon this absurdity. The subject was brought before them in consequence of the homœopatheans of Paris having petitioned the police for permission to form a Society, and institute Dispensaries. The opinion of the Academy was asked, which agreed upon a report, condemning severely homœopathy. During the discussion, some facts were stated by M. Andral and others, which we extract from the *Gazette Medicale*, together with a notice of Dr. Panvini's Exposition, which was prepared for the Academy by M. Esquirol.

M. Andral. Now I admit, with M. Itard, that we must regard facts more than reasoning. Well! I submitted this doctrine to experiment; I have now from 130 to 140 facts collected, in good faith, in a large hospital, under the eyes of numerous witnesses. To avoid every objection, I obtained the medicine from M. Guibourt, who has a homœopathical pharmacy, and whose severe exactness is known to every one. The diet was scrupulously observed, and I received from the religieux of the hospital a special diet for these patients, such as Hahnemann directs. I was told some months ago, that I was not faithful to all the precepts of the doctrine. I then took the trouble to recommence; I studied the practice of the Parisian homœopatheans, as I had their books, and am convinced that they did not act as I had done, and I affirm that I used as much rigor in these experiments as any one.

There were two series of experiments to be made. First, to ascertain to what point we can produce in healthy man diseases similar to those we pretend to cure. For this purpose, he took bark, which, according to homœopathy, cures intermittent fever, by determining a similar attack: if then it did not produce a similar attack, the theory falls. He took it himself, and ten others in good health took it with him. First, in homœopathic doses, it had no effect; then in ordinary doses, increasing them successively, and under all forms, powder, extract, sulphate, quinine, of which they took from 6 to 24 grains a day. These experiments were continued a long time, repeated at different seasons, under different atmospherical constitutions. None of them experienced the least attack of fever, some felt no effects at all; these had a good stomach. Those whose stomachs were more feeble, had malaise, cephalalgia, &c. With a little prejudice, it had been easy to swell these symptoms, and make of them such or such a disease, according as the doctrine needed. After the bark, aconite. Aconite, say homœopaths, is better than bleeding in general fever. It ought, then, to produce something like fever in persons in good health; they tried it in vain.

Sulphur cures the itch by producing, they say, an artificial itch; they took sulphur without getting the itch. Arnica succeeds marvellously in contusions; thus, according to Hahnemann, it produces upon man in health contused pains; in vain they tried it. In this manner, M. Andral tried all the most celebrated homœopathic remedies, without the least effect. Then he tried these medicines upon different diseases. Bark, in intermittent fevers; in inflammatory fevers, aconite; syphilis in all its forms, ulcers, excrescences, &c., with the soluble mercury of Hahnemann, and especially with globules of Thuija, to which the German reformer attaches great importance; bryony, cholchicum, &c., in rheumatism, with or without fever; in pneumonia, at one time, according to the predominant symptom, aconite; and at another time, belladonna. These articles produced no effect on the diseases, and he had to return to the ordinary treatment.

M. Pelletier. Since this question has been stated, said, he perceived that he had made, during his life, without desiring and knowing it, an infinite number of homœopathic experiments, in his chemical analyses. He had respired odors and gases; tasted and mixed all kinds of energetic agents, and was astonished he had never perceived any effect from them.

In the service of M. Bailly, at the Hotel Dieu,

M. Simon and M. Curie had been permitted to treat patients homœopathically, during the course of four or five months. But no cures had taken place under this medication.

2. QUARANTA GIORNA, &c.; *that is, Exposition of forty days of the Clinical Homœopathy established at the Military Hospital of Naples, under the direction of Chevalier Cosmi de Horatius, and a Commission of Physicians.* By PASQUALE PANVINI, Physician to the Hospital Della Pace, &c. Dedicated to Hippocrates. —It was announced, in an Essay on Clinical Homœopathy, that simple fevers, in great numbers, had been cured in two or three days; phlegmonous and severe tonsillar anginæ, in three days; very severe pleuro-pneumonies, in six days; gastric-nervous fevers, approaching typhus, in five days; a fever, with erysipelas of the head, in six hours, (the subject of this cure was a homœopathic physician, Dr. Laraja); measles complicated with typhus and verminous affections, in four or five days; blenorrhagias, with ulcers and orchitis, in twenty-six days; palpitations of the heart that had resisted ordinary methods, had disappeared as by enchantment, and in the twinkling of an eye, &c. So many miracles excited the attention of the physicians of Naples; every one desired to be witness of them; a plan for experimenting was presented to the king, who approved, and ordered the execution of it. It was decided:

1st. That a commission should be present during the preparation and administration of the medicines; that this commission should be composed of two Professors of the University, belonging to the Faculty of Medicine, two members of the Medico-Chirurgical Academy, two members of the Public Instruction and Heads of the Hospital Service.

2d. That these Managers, after having verified the attenuation of the homœopathic remedies, should place the said remedies in a solid box, closing well, with two different locks, the keys of which were to be given, one to the Director of the Clinique, and the other to the Managers, charged with following the treatment.

3d. That the clinical ward should have only one door for communication, guarded by a sentinel; that it should have all the conditions required for salubrity; that it should contain no more than 15 or 20 beds; and that two assistant physicians, one chosen by the acting physician, and the other by the Managers, should keep an exact register of every thing which should happen to the patients; of the phases of their disease, their diet, of the cures and of the deaths, should there be any deaths.

4th. That the admission of patients laboring under acute or chronic affections should be directed by the treating physician and the managers, with this condition, that the treating physician should not be obliged to receive patients supposed to be incurable, nor those whose badly marked and equivocal disease should not be regarded as proper for positive experiments.

5th. That, the Managers having determined the kind of disease, the acting physician should expose the symptoms, administer the remedy, and prescribe the diet.

6th. That each day, the state of each patient should be made known by the treating physician and the Managers.

These rules established, we proceeded to the preparation of the medicines, or as Dr. P. says, to their attenuation. Homœopathists have adopted for the multiplier in their attenuations, the number 100. Thus, when the medicine is a liquid, we take a drop of it, which we mix with 100 drops of alcohol. This is the first attenuation or dilution. For the second dilution, 10,000 drops are required, and so on; always multiplying by 100, until the thirtieth or even fortieth dilution.

Dr. Panvini has calculated how much alcohol would be required for the dilution of a medicinal drop, and how much sugar for the attenuation of a grain of pulverulent substance, so as to reach the thirtieth or fortieth dilution.

The first dilution of a drop of tr. camomile, for example, would demand, as has just been said, 100 drops of alcohol.

The second, 10,000, or nearly a pound.

Third, 100 pounds, or about a barrel.

Fourth, 100 barrels.

And so on, and so on; the ninth, as much alcohol as the Lake of Agnana could contain.

The twelfth, 100,000,000 Lakes of Agnana.

The seventeenth, 10,000 Adriatic Seas.

The thirtieth, as much alcohol as the terrestrial globe, all our planetary system, and perhaps all the stars of the first and second magnitudes, that we can discover on a beautiful summer night; to which must be added for the fortieth dilution, all the constellations we can discover from one pole to the other. As to pulverulent substances, analogous proportions.

For those persons that should regard these dilutions to infinity as impossible, M. Panvini indicates the abridged method followed by the Hahnemists, which consists in taking of each dilution, not the whole of the liquid that we desire to divide, but only the 100th or 100,000th part; so that to reach the thirtieth dilution, thirty small flakes (flocous) suffice, each of which would contain a hundred drops of alcohol.

The experiments were made with medicines so divided.

In the selection of patients, the managers took care to remove those that appeared to them to require a prompt and energetic treatment, so as not to expose the life of any.

At first, we tried whether certain patients would not get well without any remedy. Ten patients were set apart for the experiment; the acting physician was desirous of giving them medicines; the managers decided otherwise, and the ten patients got well. One of them had a gastric fever; the homœopathic physician advised his taking a drop of the tincture of Nux vomica, 12th dilution, equal to the quadrillionth part of a primitive drop; which, according to the calculation of Dr. Panvini, is equivalent to a dilution in as much alcohol as a hundred million Lakes of Agnana could hold. The homœopath protested against the expectant method, fearing, he said, one day of delay might hazard the life of the patient. The managers attempted to reassure him they calculated on a crisis. This crisis took place during the night. The next

day we gave him the half album diet, (la demi-portion); two days after the cure was complete.

Homœopathy was honored with these cures, which, however, can only be attributed to the efforts of nature.

Passing, then, to the cases in which the homœopathic treatment was employed, M. Panvini speaks of slight diseases that were cured, but without one being able to perceive, in the treatment, any of the effects attributed to homœopathic remedies. These cases are six in number: two ophthalmias, two arthrites, one simple blenorrhagia, and a slight gastric fever; all diseases in which the treatment had no effect, that would have been cured by diet alone, and perhaps even without diet.

In a third series, are ranged more severe diseases. It is entitled, *cases that required the assistance of art, and in which homœopathic medicine was proved to be entirely inert.* The following is one of the cases contained in this series. Case of Acute Pleurisy.

A soldier, 25 years old, after abusing spirituous liquors, and being chilled, was seized with pain in the left side of the chest and with cough. Sent to the Infirmary. Some pills of opium were given him, and he returned to his duty before being entirely well. 10th April, becoming chilled while in a state of perspiration, he felt a violent pain in the side. 11th, he was conveyed to the Hospital, where he was bled, and placed on low diet.

13th April, at time of the solemn opening of the clinical homœopathy, he was the first received, examined, and placed for treatment the third day of his relapse. He presented the following symptoms: Pulse hard, 120 a minute; face animated; white tongue; respiration impeded; cough, with easy expectoration, but streaked with blood; pain under left ribs, extending to the shoulders of the same side; difficulty in lying on left side. One drop of aconite, at 21th dilution, (equal to a drop of the tincture dissolved in a hundred million of terrestrial globes of spirits of wine,) was given; for diet, sugared water and broth. In the afternoon, there was a slight exacerbation, for which the homœopathean thanked heaven, and announced at least a great melioration for the next day. In the evening, a new dose of the same remedy.

14th April, fourth day of disease, and second of homœopathic treatment, the symptoms of the preceding evening continue; pain in the side is more severe; there is cephalalgia; pulse a little hard, at first 120, afterwards 126; difficulty of breathing, pain, restlessness; an alvine evacuation, followed by feebleness.

15th. Pulse 126; all the other symptoms aggravated. (*A quarter of a drop tinc. bryony, of the* 30*th dilution; diet, quarter of a chicken, which the patient relishes.*) During the day, bilious evacuations; by turns, better and worse.

16th. Pain in the side more severe; painful sensation under left ribs; urine yellow and sedimentous. (*Eighth of a drop of bryony,* 30*th dilution; sugared water broth.*)

17th. Alleviation; a little appetite bilious evacuation; restless night; cough, with expectoration streaked with blood; pain in the side more severe.

18th. Pain in the head, delirium, moaning, restlessness, cough and streaked sputa; two bilious and fetid evacuations. (*Milk, diluted with water; a little meat for nourishment.*) After report, an exacerbation, that lasted all night.

19th. Same state; same prescription.

20th. Fetid alvine evacuation; sweat; pulse 105, a little irregular; gelatinous expectoration with traces of blood. (*A drop* 31*st dilution of rhus radicans.*) Bright; little repose; cough dry and frequent; a drop of blood came from the right nostril.

21st and 22d. A little better.

23d. Fever is less severe, but the pain in the side is aggravated; respiration difficult and laborious; viscous frothy, and white sputa; cough rare, expectoration streaked with blood; cheeks red, as well as the tongue; pulse nearly natural.

24th. No important change.

25th. *We cause the patient to smell a small vial containing the* 30*th dilution of aconite; diet, quarter of a boiled chicken.* Evening and night, cough very frequent, expectoration little, abundant viscous, spumous and partly puriform, with streaks of blood.

26th and 27th. No change. (*A drop of digitalis,* 30*th dilution.*

30th. *A drop of nux vomica,* 30*th dilution.*

1st May. Bilious vomiting.

4th. 24th day of the disease, and 22d of the treatment, fever, puriform sputa and streaked with blood. (*A grain of pulsatilla,* 12*th dilution; diet, vermicelli soup and porridge.*

The patient remained nearly in the same state until the fortieth day of the disease, when, says M. Panvini, we ceased being present at the clinique.

The reflections that follow this sad experiment are important. The physicians who saw this patient, and who were charged with treating him, reproached themselves for not following the precepts rendered sound by time, the accomplishment of which had, in all probability, promptly cured the patient.

In the other cases of the third series, the diseases were syphilitic, ophthalmias, enterites, but all acquired a more severe character during the course of homœopathic treatment, and for the cure of which we had to resort to the ordinary medications.

Finally, in a fourth and last series, M. Panvini reports experiments that he himself made with remedies prepared by homœopatheans, without ever having any effect. In the number of these remedies are the iodo-hydrarg, bryony, belladonna, pulsa tella, &c.

To recapitulate: It results from the forty days of homœopathic treatment, under the eyes of the commission appointed by the king of Naples, that this treatment had no effect, and that it had the great inconvenience to certain patients of retarding the employment of the remedies that would cure them.

Nevertheless, the acting physician was M. de Horatius, who had announced the preceding year, cures so marvellous, and the author of a pamphlet entitled, "Essay on Homœopathic Medicine." Alone, or surrounded with partisans as he himself, of homœopathy, he effected mira-

cles: in the presence of the commission, he not only cured no one, but permitted several patients to grow worse, for the cure of whom we had to return to the ordinary treatment.

ART. II.—*Bulletin Générale de Thérapeutique, Medicale et Chirurgicale, June* 15, 1835.

1. UPON SOME INTERESTING FACTS OF MORAL THERAPEUTICS.—This is a somewhat extended paper, upon a very interesting part of medical practice, comprising the moral treatment of disease. Cases of severe bodily ailment do frequently occur, whose causes baffle the ingenuity of both friends and physicians to discover. Several very interesting cases are related to show that some of the worst and most deplorable corporeal diseases have their origin in some passion of the mind; disappointed love or ambition, jealousy, satiety of fortune and consequent ennui, imaginary poisoning, &c. passion for gaming, and various other mental operations, have a *disease-producing* effect. When rightly treated, and the circumstances in each case are adroitly made to subserve mental treatment, is in very many instances all that is required. But moral medicine reposes upon too delicate and shadowy a foundation to be subject to any rules. All depends upon the tact of the physician, and the confidence reposed in him by the patient.

2. ON THE EMPLOYMENT OF COLD BATHS IN THE TREATMENT OF CHOREA.—Chorea is one of those diseases of whose seat and nature we are entirely ignorant, and, of course, whose treatment is entirely empirical. An enumeration of all the therapeutic means which have been from time extolled for its relief, would nearly comprise the whole materia medica. Of all the curative means, the bath, either simple or medicated. is that at present most generally used in France, and appears to merit the most confidence. It was a favorite remedy with Dupuytren, who said he had never seen a case of St. Vitus's dance resist the bath by immersion. His method of administering it was, to cause the patient to be held by two persons, one having hold of the arms, and one by the feet, and then the whole body to be immersed in the water, and immediately withdrawn, which operation was repeated seven or eight times in the space of ten to fifteen minutes. After this operation, the patient was carefully wiped dry, and either taken to bed or required to take half an hour's violent exercise. With females, Dupuytren was contented to employ simple cold effusions of the head. This method was not without its inconveniences. Cerebral congestions are apt to be produced if the head is not immersed at the same time with the rest of the body; and thoracic phlegmasiæ have been produced also by it. At the *Hopital des Enfans*, a simple cold bath is used; and this is not used in severe weather. The patient remains in it about an hour. If cold effusions are judged necessary, the patient is placed in a tepid bath, the chest enveloped in a pelerine of gum taffeta, and cold effusions are then made to the head. The regimen is always tonic, the patient taking at each meal a certain quantity of wine. Three striking cases are related by T. Constant, as having occurred at the Children's Hospital, which strongly attest the efficacy of the cold bath in *Chorea St. Viti.*

3. NEW TREATMENT OF BLENORRHAGIA IN FEMALES. *By Ph. Ricord, Surgeon of the Venereal Hospital.*—The means employed by this gentleman to relieve this frequently troublesome complaint, is nitrate of silver, as a local application. Injections, composed of ten grains of this substance to the ounce of water, have been employed by him in the vagina, without producing any pain. This application was sometimes assisted by introducing a plug of lint, soaked in the same liquid, which was left in the vagina, with directions to be taken away when any pain should be felt. Some would retain it only two or three hours, when a little warmth would be felt; others would keep it 24 hours. In all the patients thus treated with injections and the *tampon*, when examined with the speculum on the following day, there was found a slight cauterization of the vaginal mucous membrane, which was covered with a blackish or brown pellicle. This pellicle, being detached in shreds the following day, left the membrane beneath, pale, and without any appearance of inflammation or ulceration. One application in this way was frequently found to be sufficient; but sometimes the discharge would recur in a short time, when it would be necessary to renew it, after an interval of five or six days. Some cases would derive no benefit from it.

Encouraged by his success in vaginal blenorrhagia, the writer tried the same in uterine injections. The application was made by a double syringe, invented by the author, and produced a little heat in the hypogastric region, some nervous movements, and were followed in three cases with complete success. With the first, a single injection brought on a menstrual flux eight days sooner than ordinary, which lasted fifteen days; and with it, the uterine purulent catarrh disappeared. Two other cases were cured, though rather more slowly.

Some uncertainty as to the mode of medication, the fear of some accident happening to the uterus, rendered him circumspect, and he sought another process. The plan now used is the following: The patient, situated for the application of the speculum, and this instrument being introduced so as to expose the neck of the uterus, a pencil of nitrate of

silver, fastened upon a long handle, is introduced, and the mucous membrane whitened with it. The speculum being gradually withdrawn, the exposed part of the vagina is superficially cauterized in all its extent. This being done, the discharge which escapes must be wiped dry; otherwise, being mixed with nitrate, it would run upon the vulva, and produce much pain. The next day, frequent applications should be made of a lotion of acetate of lead, one ounce to two pounds of water; and these injections should be continued four or five days. If, on examination, pellicles are still found, resulting from the cauterization, the parts only which do not present them. Two, three, four, five, cauterizations are often necessary, at four, or five, or six days' interval. This medication has been used in the chronic state of vaginal blenorrhagia, with and without alteration of tissue; and in the acute stage, either at the commencement, or after some duration. It has been observed, that the nitrate has never augmented the inflammatory symptoms. This application, made to the uterine cavity, has often been observed to be an excellent emmenagogue, and might advantageously be employed as such.

4. Manufacture of seltzer water with natural carbonic acid gas.—Doctor Goin, inspector of the sources of mineral water of Saint Albau, near Roanne, (Loire) has made a profitable application of natural gas to the manufacture of gaseous water. At St. Albau, no risk is run of employing badly made or badly washed gas. The quantity of it is so prodigious, that, in 24 hours, enough may be collected to make 10,000 bottles. It is very pure, MM. Orfila, Baruel and Soubeiran not having detected a single atom of foreign substance in it. The water of St. Albau contains:

Bi-carbonate of Soda,	1.213 grammes.
Lime, ...	6.894
Magnesia	0.423
Iron, ...	0.038
Chloride of Sodium,	0.032

The gas escapes with a violent bubbling, and is caught through a funnel which is inverted at the bottom of the pit, having a long tube attached through which the gas passes to a gasometer.

5. Considerations upon the essential characters which distinguish the principal diseases of the skin. Squamous eruptions. *By Al. Cazenave.*—The classification of Willan is at present most generally adopted, as it should be, since its divisions are based upon the *characters* of the diseases, properly so called; based upon the elements of the affections themselves, elements which are invariable. Thus, classing apart all those diseases *characterized* by simple spots, more or less red, of divers forms, without any elevation of the epidermis, spots which disappear momentarily under the pressure of the finger, they constitute one order, the *exanthemata*. The progress of these is generally acute, and accompanied with general symptoms. All the eruptions characterized by slight elevation of the epidermis, formed by the collection of a serous or transparent liquid, and, in some circumstances opaque, or even sero-purulent, are classed as *vesiculæ*. Other elevations of the epidermis, differing from the latter by a more considerable volume, the true little superficial tumors, having generally a regularly circular and large base, of breadth varying from that of a pea to that of an egg, are the *Bullæ*.

In a great number of diseases, the skin is covered with little, circumscribed tumors, formed by the collection of purulent fluid upon the surface of the inflamed derma. These are the *Pustulæ*.

Again, instead of the serous or purulent elevation of the epidermis, there are little elevations, *full*, firm, more or less projecting, containing no liquid, susceptible sometimes of ulceration at the summit, but oftener terminating by resolution or a furfuraceous desquamation; these are the characters of the *Papulæ*.

The *Tuberculæ* are little solid, persistant, circumscribed tumors, always primitive, and differing from those which succeed the Pustulæ.

The remarkable order of *Squammæ* are characterized as altered lamellæ of the epidermis, generally thickened, susceptible of self-detachment and reproduction, for an infinite time, by successive desquamations.

The *Maculæ* are permanent discolorations of some points of the skin only, or of the entire cutaneous envelope, unconnected with any general trouble of the economy.

In these eight orders are not included certain more or less special affections, which ought to be described apart. These are *Lupus*, *Pellagre*, *Syphilis*, *Elephantiasis* of the Greeks.

The *Squammous* eruptions are chronic inflammations of the skin, characterized by the formation, at the diseased surface, of an inorganic lamellous substance, grayish, dry, friable, more or less thick, and adherent. They generally surmount elevations similar to the papulæ, and when they face they leave a red surface, more or less inflamed, but never humid. These eruptions pursue a chronic progress, and are developed very slowly, and remain a long time.

The different eruptions which compose this order, are, *Lepra*, *Psoriasis*, *Pityriasis*, and *Icthyosis*. Each of these is divided into several varieties. None of them are contagious, and they are often hereditary. They attack all classes, both sexes, more often adults, and oftener still, old persons. They are found at all seasons, and certain professions are predisposed to them. A representation of Psoriasis Guttata accompanies this number.

6. Formula of the ioduretted water employed internally or by bath, at the Hospital St. Louis.—Ioduretted water, internally or externally, has become of very frequent use since M. Lugol's labors upon the medical properties of iodine. The following recipe is now the only one employed at the St. Louis Hospital:

℞ Pure Iodine gr iv.
Ioduret of Potass gr viij.
Distilled water oij M.

This may be divided in different portions of water, so as to reduce its strength for the proper dose for internal administration. The formula for the bath is this:

℞ Iodine pure, ʒ ij.
Ioduret of potass, ʒ iv.
Distilled water, 6 decilitres, [about the tenth of a quart.]

This gives the means of conveniently diminishing the strength of the baths.

7. Upon the preparation of nitric ether.—The following process is given by L. Lucien Piette, as simple and efficacious: Mix two pounds of nitric acid, at 34°, with two and a half pounds of alcohol at 36°, in a matras, and place it in a sand bath; adapt to it a glass tube, which is to be connected with the serpentine recipient of an alembic. The apparatus being luted, and the refrigerator filled with very cold water or snow, the liquid is gradually boiled. Pure nitric ether of 36° is the result. This is rectified and preserved for use in black glass flasks.

8. Of masturbation and its serious results.—A most remarkable case of this horrible affection is reported as having occurred in the Hopital des Enfans. It was a boy, named Alphonse Vidrou, 14 years old, admitted for the third time. His forehead and cheeks were deeply wrinkled, his eyes sunken and surrounded with a livid circle, his head entirely bald, and had the air and appearance of a septuagenarian. After having been in the house two months and a half, he was in the following condition: The wrists were paralyzed, fingers in a state of semiflexion, incapable of extension; he was incapable of holding any thing in his hand. The lower limbs in a state of permanent rigidity. Progression impossible, the patient immoveable in his bed, and unable to nourish himself. Stercoraceous and urinary excretions involuntary. Pains in the region of the vertebral column. Besides these symptoms, which were permanent, he was affected at intervals more or less frequent, with various others, especially pain and rigidity in various muscles, especially of the arms, neck and abdomen. The skin preserved its normal temperature, and the pulse was not too frequent. The intellectual and sensorial functions were sound. The digestive organs presented no appreciable disorder, and the appetite was good. This condition was considerably ameliorated by the treatment pursued. Venesection, and cupping along the spine, at first, produced no relief. Recourse was had to the tartar emetic ointment on the back, and the application of four cauteries in the same region. Valerian and oxide of zinc, in the dose of ten grains at first, were given, and the quantity of these substances was gradually increased to half a drachm. Frictions upon the limbs, with a calming lineament, and a substantial alimentation, were added. Progression became possible. This boy had, originally, a strong constitution; he began masturbating at 11 years, and persisted in it two years without experiencing any other disorder than a gradual diminution of strength and a repugnance to work. At 13, he had intercourse every night, for a month, with a girl of 16. From this time, he began to have spasmodic movements in his limbs, which occurred at irregular intervals. His strength and *enbonpoint* left him, and walking became difficult; when he was admitted to the Hospital, and cured in three months. He returned in six months, in consequence of new excesses; but he obtained this time only a little ease. This third time was worse still. The case needs no commentary.

ANALECTA.

1. A singular case of a tumor of the lips, following a fright.—4th July, 1833, M. Droz was called to Madame G., 24 years of age, of a delicate constitution, and subject to attacks of hysterics, on account of a tumor on her lips, which was developed in a very rapid manner. He found the lower lip, and especially the upper, swollen, and ready to burst; they very nearly closed the mouth. As this tumor was also propagated to the gums and tongue, the patient could hardly speak, and took only liquids. She complained of pricking periodical pains, of a tension in the tumefied parts. This tumor had reached this point in five minutes, and still appeared to the eye to increase. The following symptoms were also present: A very abundant secretion of saliva, which constantly passed between

the lips; short respiration, sensation of fear, and pressure on the chest; dry cough; pulse subfrequent and a little tense; stools natural; no thirst; tightness of head, but without pain; face a little red, and deformed by the tumor. All these phenomena came on after a fright that the patient experienced on seeing a little girl, of 4 years, pass a knife between her lips without wounding herself. She informed M. Droz she felt at the same instant a very painful sensation in her lips, as if she had been pierced with a cutting instrument; her respiration and circulation seemed to her to have been stopped. Before this accident, with the exception of a ringing in her ears, and pains in the loins, this patient was in very good health; her lips, before, presented nothing anormal, the respiration was natural, and she had no cough.

Leeches, cooling medicines, sudorifics, and aperients, removed this tumor, which extended to the eyes in four days, as well as the cough, ptyalism, and difficulty of respiration.

2. Exstrophy of the bladder; complete absence of the genital parts, &c.—Vallee, ten years old, of ordinary size and development, clear complexion, slight strabismus, presents complete absence of the genital parts; preparation of the abdomen for the passage of the urine.

The umbilicus, instead of being, as in the normal state, at the middle of the abdomen, is placed at its inferior part, one inch 5 lines from the pubis; the space between the pubis and the sternum measuring 9 inches 5 lines. The umbilicus is represented by a triangular depression, 1 inch 7 lines wide at its base: in this depression exists two tumors, or rather excrescences of flesh, with the following differences: One nearly of the size of a walnut, is irregularly rounded, and covered with a reddish skin; the other, smaller, is divided into three, by scissures; these three divisions, which are as large as a cherry, rather appear to be excrescences of recent flesh, than parts of the integuments, which have been a long time in contact with the air.

On each side of this latter trilobed tumor, is an elongated and very narrow furrow, through which the urine almost continually passes in a stream, (en nappe.)

The skin on the mons veneris is unequal, and marked with asperities. It is difficult, or rather impossible, to distinguish the pubic arch, either on account of its absence, or from the indocility of the subject, who complains very much when we attempt researches at that place. The left iliac region is occupied with a voluminous tumor, formed by a hernia of the intestines; by pressing upon this tumor, the urine comes out more abundantly. On the opposite side is an elevation, apparently formed of fatty tissue. The pubic region leaves, between the summit of the umbilical triangle and the anus, two inches 8 lines. This anus, the opening of which is extremely narrow, appears to have a slightly developed sphincter muscle. From the anus departs the furrow which separates the buttocks; at its bottom is the raphi. This furrow measures, from the coccyx to the anus, three inches 7 lines, and seems very deep; so that this part, which forms the floor of the pelvis, appears to contract its capacity.

The author states, that the parents of this child have a yellow tinge, and very meagre. The other children are scrofulous. This child sleeps less as it grows older; its appetite is extraordinary for its age; it now eats 3½ lbs. of bread a day; the stomach is often painful upon eating. M. Barry asks, whether this being is a male or female? The laws of development would lead towards the latter opinion, &c.

Gazette Med.

3. An application for a divorce was made to one of the courts of France, by a lady, who was married in 1822. The ground on which the application was made was, that the husband did not belong to the male sex, and that the female sex was constantly revealed in him by an inconvenience to which women alone are subject. The tribunal appointed M. A. Dubois to examine the pretended husband. The following report was made by him:

"X—— belongs to the male sex; as all men, he has two testicles, and an appearance of a very small and badly formed penis, for i. has no urethra; however, this canal exists, but it is not in its natural place, so that from its position, *it is not susceptible of performing the essential function in man*, which is, to convey the semen to the orifice of the uterus in the vagina of the woman; in a word, X. is not, and never can be, in the necessary condition for fulfilling towards a woman the wish of nature, which is the propagation of the species.

"It is also true, that at first sight, and when we are not accustomed to examine these kinds of conformations, as X. uncovers himself, we are struck with the impression that it is a woman; but, by an attentive examination, and when furnished with the necessary anatomical knowledge, we easily discover that each division of the scrotum which represents a labium externum in woman, is occupied by a testicle, the cord of which can be followed to the ring on each side; again, examining a little higher up, we see something that would appear to be a large clitoris, in reality to be a penis, but without a urethra; separating the apparently two labia of a vulva, we see at the bottom only the opening of the urethra, which is very far from, and below this little penis; and this position of the opening of the canals, and the little length of the latter, ought to render it necessary to the subject who has it, to squat in passing his urine, to avoid soiling himself.

"Sg. Dubois."

The divorce was not granted.

MEDICAL INTELLIGENCE.

The City Inspector respectfully reports to the Honorable the Common Council, a statement of Interments in the City and County of New-York, for the year 1835, amounting to 7,082, (of which 721 were colored persons,) showing a decrease in the number of deaths from the last year, of 2,000.

AN ANNUAL REPORT OF INTERMENTS,

IN THE CITY AND COUNTY OF NEW-YORK, COMMENCING ON THE FIRST DAY OF JANUARY, AND ENDING ON THE THIRTY-FIRST DAY OF DECEMBER, 1835; SHOWING THE AGES, SEXES, AND DISEASES OF THE PERSONS WHO DIED.

1835.	Janua.	Feb.	March	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Men - - -	187	134	138	135	152	108	113	135	163	153	125	146	1689
Women - -	130	124	124	89	116	67	106	115	116	103	108	131	1329
Boys - - -	216	216	198	162	143	108	194	236	212	183	184	194	2246
Girls - - -	161	161	167	124	116	106	163	193	187	127	144	169	1818
Total	694	635	627	510	527	389	576	679	678	566	561	640	7082
OF WHOM WERE													
Of the age of one year and under - -	210	205	190	139	124	135	230	237	200	156	170	180	2176
Between 1 and 2	32	42	36	32	32	22	65	126	110	66	76	68	707
2 5	88	73	75	66	51	42	37	54	63	49	55	78	731
5 10	26	37	35	29	25	13	20	12	21	20	16	24	278
10 20	27	27	34	19	23	19	11	24	24	22	22	25	277
20 30	92	77	77	57	77	43	68	71	84	86	74	71	877
30 40	99	73	61	61	72	52	58	60	64	75	66	75	816
40 50	44	44	46	40	56	31	31	45	51	45	26	48	507
50 60	33	27	29	27	34	15	30	27	29	19	29	30	329
60 70	13	16	24	24	11	8	8	13	16	16	12	15	176
70 80	16	9	13	14	13	6	10	6	11	7	11	17	133
80 90	9	4	6	0	6	1	7	2	3	3	3	9	53
90 100	3	1	1	2	3	2	1	2	2	2	0	0	19
Of 100 and upwards,	2	0	0	0	0	0	0	0	0	0	1	0	3
Total, -	694	635	627	510	527	389	576	679	678	566	561	640	7082
DISEASES & CASUALTIES.													
Abscess - -	1	1	3	1	3	2	2	1	1	1	3	2	21
Aneurism - -	0	0	0	0	0	0	0	0	0	0	1	0	1
Apoplexy - -	3	5	9	11	4	0	4	5	8	5	8	6	68
Asphyxia - -	1	0	0	0	0	2	1	1	1	3	0	1	10
Asthma - -	2	1	2	3	0	0	0	0	1	2	1	1	13
Burned or Scalded	10	6	6	7	8	1	1	0	1	4	0	4	48
Bronchitis - -	0	0	0	0	0	0	1	0	1	0	0	3	5
Carbuncle - -	1	0	0	0	0	0	0	0	0	0	0	0	1
Cancer - - -	2	2	0	2	3	0	2	1	1	1	0	1	15
Caries - - -	0	0	0	0	0	0	0	0	0	0	0	0	0
Casualty - -	5	2	2	3	8	12	7	12	12	22	6	14	105
Carditis - -	0	0	0	0	0	0	1	1	0	1	1	1	5
Catarrh - -	1	0	0	0	0	0	0	5	0	0	0	0	6
Childbed - -	8	5	3	4	2	1	4	0	4	4	4	5	44
Chlorosis - -	0	0	0	0	0	0	0	0	0	0	0	0	0
Catalepsy - -	0	0	0	0	0	0	0	0	0	0	1	0	1
Cholera - -	0	0	0	0	0	0	0	0	0	0	0	0	0
Cholera Morbus -	0	0	0	0	0	2	3	10	1	5	0	0	21
Carried over.	34	22	25	31	28	20	26	36	31	48	25	38	364

1835.	Jan.	Feb.	March	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Brought over,	34	22	25	31	28	20	26	36	31	48	25	[illegible]	364
Cholic - - -	2	1	1	0	1	1	2	2	0	0	0	[illegible]	1[illegible]
Compression of the Brain,	0	1	0	0	0	1	0	0	0	0	0	[illegible]	[illegible]
Consumption - -	159	145	141	106	128	77	95	108	111	114	116	[illegible]	1[illegible]3[illegible]
Convulsions - -	54	67	59	45	52	37	59	85	39	51	66	[illegible]	683
Contusions - -	2	1	0	2	3	0	0	0	0	1	0	0	9
Cramp in the Stomach,	1	1	0	0	1	0	0	0	0	0	0	1	4
Delirium Tremens -	0	0	0	0	0	0	14	13	13	8	10	9	67
Diabetes - - -	2	0	2	0	1	0	0	0	0	0	0	1	6
Diarrhœa - -	0	5	1	0	2	4	6	17	11	5	4	3	58
Debility - - -	0	0	0	0	0	0	3	5	0	5	6	6	25
Drinking Cold Water,	0	0	0	0	0	0	0	0	0	0	0	0	0
Dropsy - - -	11	9	11	12	11	10	12	6	13	12	14	16	137
Dropsy in the Chest	0	3	4	4	4	4	2	3	3	1	2	1	31
Dropsy in the Head	31	39	38	36	30	19	34	28	29	30	32	36	382
Drowned - - -	2	0	7	6	16	14	13	9	9	7	3	2	88
Dysentery - -	1	0	1	5	0	2	5	21	33	11	10	2	91
Dyspepsia - -	0	0	0	0	0	0	0	0	2	0	0	0	2
Epilepsy - - -	2	0	0	1	2	0	0	0	6	2	0	2	15
Erysipelas - -	4	1	2	3	0	3	1	2	9	1	2	1	29
Fever - - -	1	4	2	2	2	2	4	5	2	11	8	4	47
Fever Bilious - -	2	1	0	0	1	1	7	2	0	6	4	2	26
Fever Bilious Remittent	0	0	0	0	0	0	2	2	0	2	1	1	8
Fever Hectic - -	0	0	0	0	0	0	0	0	0	0	0	0	0
Fever Inflammatory -	0	0	0	1	0	0	0	0	0	0	0	0	1
Fever Intermittent -	1	0	2	1	2	3	0	2	2	5	2	2	22
Fever Puerperal -	2	1	1	1	4	0	4	0	2	1	1	0	17
Fever Putrid - -	0	0	0	0	0	0	0	0	0	1	0	0	1
Fever Remittent -	2	1	1	4	1	2	2	2	7	3	1	5	31
Fever Scarlet - -	33	36	16	10	16	11	8	7	5	3	5	24	174
Fever Typhus - -	5	2	6	0	1	2	1	2	6	8	7	6	46
Flux Infantile - -	1	0	0	4	1	6	50	82	72	14	1	0	231
Fracture - - -	0	1	0	0	1	2	0	1	0	0	0	0	5
Frozen - - -	1	1	0	0	0	0	0	0	0	0	0	1	3
Gout - - -	0	0	0	0	1	1	1	0	0	0	1	0	4
Gravel - - -	1	0	0	1	0	0	0	0	0	0	0	0	2
Hæmorrhage - -	3	0	1	4	2	3	1	3	3	2	3	2	27
Hæmoptysis - -	0	1	0	0	0	0	2	0	1	0	0	1	5
Herpes - - -	0	0	0	0	0	0	0	0	0	0	0	0	0
Hives or Croup -	23	18	17	14	9	8	10	13	19	10	13	19	173
Hydrophobia - -	0	0	0	0	0	0	0	0	0	1	1	0	2
Hysteria - - -	0	1	1	0	0	1	1	1	1	0	1	0	7
Jaundice - - -	0	0	2	2	0	0	0	0	1	0	0	3	8
Iliac Passion - -	1	0	0	0	0	0	0	0	0	0	0	0	1
Infanticide - -	0	0	0	0	0	0	0	0	1	0	0	0	1
Inflammat. of the Bladder	0	0	0	0	0	0	2	0	13	2	0	0	17
Inflammation of the Bowels	13	12	13	9	13	8	23	13	11	23	13	20	171
Inflammation of the Brain	9	8	15	9	12	7	12	27	15	11	14	11	150
Inflammation of the Chest	7	14	14	8	8	16	12	13	8	17	25	36	178
Inflammation of the Liver	3	6	0	6	4	2	4	3	1	5	4	6	44
Inflammat. of the Stomach	2	3	2	3	2	0	2	5	4	2	0	1	26
Influenza - - -	2	0	0	0	0	0	0	0	0	1	0	0	3
Insanity - - -	1	1	0	3	1	1	2	2	0	1	1	2	15
Intemperance - -	10	11	8	5	12	9	5	10	6	7	5	10	98
Killed or Murdered -	0	0	0	0	1	1	2	0	3	0	0	0	7
Leprosy - - -	0	0	0	0	0	0	0	0	0	0	0	0	0
Locked Jaw - -	1	0	1	1	0	0	2	0	2	0	0	0	7
Lumbar Abscess -	0	0	0	0	0	0	0	0	0	0	0	0	0
Manslaughter - -	0	0	0	0	0	0	0	0	0	0	0	0	0
Marasmus - -	13	16	7	16	9	4	6	5	8	2	1	4	91
Measles - - -	1	1	3	2	3	2	3	3	13	7	24	20	82
Menorrhagia - -	0	0	0	0	0	0	0	0	0	0	0	0	0
Mortification - -	0	0	1	1	0	0	1	0	4	0	0	1	8
Mumps - -	0	0	0	0	0	0	0	0	0	0	0	0	0
Nervous Disease -	0	0	0	0	0	0	0	0	0	0	0	2	2
Carried over,	443	433	405	358	385	284	441	538	519	441	426	506	5179

1835.	Jan.	Feb.	March	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Brought over,	443	433	405	358	385	284	441	538	519	441	426	506	5179
Old Age - - -	20	8	13	5	8	5	9	7	4	8	5	12	104
Organic disease of the heart	0	1	4	3	2	2	1	0	0	1	0	1	15
Palsy - - -	3	4	8	3	4	3	3	1	4	2	7	10	52
Peripneumony - -	59	36	69	31	32	6	2	3	0	2	2	6	248
Pleurisy - - -	5	2	1	4	0	1	1	2	1	2	1	3	23
Pneumonia Typhoides	0	1	1	0	0	1	1	1	1	0	1	2	9
Quinsy - - -	1	0	0	0	0	0	0	0	0	0	0	0	1
Rheumatism - -	2	0	2	0	1	0	0	0	1	1	1	0	10
Rickets - - -	0	0	0	0	0	0	0	0	0	0	0	0	0
Rupture - - -	0	0	0	1	1	2	1	0	0	1	0	0	6
St. Anthony's Fire -	0	0	0	0	0	0	0	0	0	0	0	0	0
Scirrhus of the Liver -	4	1	1	0	0	0	5	0	0	2	0	0	13
Scrofula, or King's Evil	0	1	1	2	1	0	0	0	0	2	2	0	9
Scurvy - - -	0	0	0	0	0	0	0	0	0	0	0	0	0
Small Pox - -	74	60	59	39	28	14	15	17	8	6	20	11	351
Sore Throat - -	3	4	4	2	2	0	1	1	2	0	3	3	25
Spasms - - -	0	2	2	0	0	0	2	0	0	0	0	0	6
Spina Bifida - -	1	1	1	7	0	0	0	0	0	0	0	0	10
Sprue - - -	0	3	1	0	0	0	4	7	4	1	1	2	23
Still Born - - -	37	45	28	23	27	43	41	39	58	45	52	36	474
Stone - - -	0	1	0	0	0	0	0	0	0	0	0	0	1
Stranguary - -	0	0	0	0	0	0	0	0	0	0	0	0	0
Sudden Death - -	2	2	1	8	0	0	0	0	0	0	0	0	13
Suicide - - -	4	2	4	1	0	2	1	1	4	4	0	4	29
Syphilis - - -	2	1	2	0	2	4	0	3	6	2	3	2	29
Tabes Mensenterica -	4	2	3	2	4	2	1	1	0	0	0	1	20
Teething - - -	6	6	5	6	4	4	25	28	20	14	5	12	135
Tinea Capitis - -	0	0	0	0	4	0	0	0	0	0	0	0	0
Tumor - - -	2	0	0	0	0	0	0	0	1	0	1	1	5
Vomica - - -	0	0	1	0	0	0	0	0	0	0	0	0	1
Vomiting of Blood -	0	0	0	0	0	0	0	0	0	0	0	1	1
Ulcer - - -	0	3	1	1	0	0	0	1	0	0	2	0	8
Unknown - - -	8	2	7	4	1	4	4	2	3	6	8	6	55
White Swelling -	1	0	0	2	9	0	0	0	0	0	0	0	12
Whooping Cough -	9	11	3	6	9	8	12	24	36	18	18	18	172
Worms - - -	4	2	0	2	3	4	6	3	5	8	3	3	43
Total,	694	633	627	509	527	379	576	976	677	566	551	640	7082

MORTALITY BY CONSUMPTION, IN THE CITY OF NEW-YORK, DURING THE YEAR 1835, SHOWING THE AGE, SEX, AND PLACE OF NATIVITY OF DECEASED.

	Male.	Female.
Of the age of one year and under	35	32
Between the age of 1 and 2 years	20	25
2 5	27	32
5 10	21	23
10 20	41	57
20 30	170	176
30 40	189	145
40 50	120	84
50 60	72	61
60 70	42	30
70 80	18	14
80 90	0	3
90 100	0	0
Of 100 and upwards	0	0
Total,	755	682

Places of Nativity.	
United States - - - -	852
Ireland - - - - -	376
England - - - - -	100
Scotland - - - - -	44
Germany - - - - -	32
France - - - -	14
Unknown - - - -	9
Wales - - - - -	5
Poland - - - - -	2
Spain - - - - -	1
Holland - - - - -	1
Africa - - - - -	1
Total, - -	1437

JOHN SICKELS, *City Inspector.*

New-York, January 4, 1836.

A LIST OF INTERMENTS,

FROM THE MOST PREVALENT DISEASES IN THE CITY AND COUNTY OF NEW-YORK, FOR THE LAST TWENTY YEARS.

DISEASES.	1835	1834	1833	1832	1831	1830	1829	1828	1827	1826	1825	1824	1823	1822	1821	1820	1819	1818	1817	1816	Total.
Apoplexy	68	135	100	81	121	90	98	94	117	69	147	52	58	60	45	54	67	46	46	53	1591
Burned or Scalded	48	50	46	29	39	33	24	21	29	21	30	31	23	21	17	17	15	16	15	13	488
Casualties	105	86	69	72	44	32	43	43	42	50	53	33	36	33	38	22	23	41	12	20	895
Cholera	0	971	0	3513	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4484
Cholera Morbus	21	50	10	93	0	10	14	19	24	23	26	22	27	21	14	34	42	64	34	24	578
Consumption	1437	1471	1251	1415	1033	971	880	906	829	820	843	736	683	624	715	625	577	591	574	678	17959
Convulsions	683	770	510	501	422	434	342	336	328	282	293	231	202	168	160	202	181	201	176	157	6479
Dropsy in Head	382	347	305	344	319	289	258	236	235	189	196	218	144	141	152	147	119	106	87	101	4323
Drowned	88	90	114	66	74	73	60	84	68	63	56	53	53	56	36	42	61	52	38	52	1279
Diarrhœa	58	54	55	104	142	83	90	110	19	75	61	55	64	56	49	46	50	46	4	12	1231
Drinking Cold Water	0	40	4	3	4	19	2	9	21	0	77	3	0	4	2	10	6	16	2	1	223
Dysentery	91	67	87	130	133	128	126	155	199	193	138	120	98	109	142	242	219	141	71	71	2660
Fever, Scarlet	174	418	179	221	258	246	188	11	4	24	10	3	2	1	3	5	5	0	3	0	1760
Fever, Typhus	46	106	55	84	54	53	55	131	96	137	227	79	89	95	127	143	163	263	162	100	2265
Flux Infantile	231	475	129	334	172	168	119	167	238	222	151	102	150	115	114	169	133	68	11	1	3269
Hives or Croup	173	198	168	179	203	178	171	155	171	154	133	139	94	109	125	97	68	74	60	82	2731
Inflammation of the Bowels	171	188	204	196	195	192	152	141	114	112	104	108	80	64	49	58	43	55	54	50	2330
Inflammation of the Brain	150	120	181	99	71	71	83	109	77	100	107	46	47	22	28	22	24	19	18	16	1419
Inflammation of the Chest	178	118	74	77	114	178	251	201	195	201	203	140	122	119	115	99	74	89	91	49	2687
Intemperance	165	110	76	119	119	75	60	75	73	55	84	70	43	44	64	28	35	38	40	30	1423
Killed or Murdered	7	1	3	3	1	1	1	3	7	2	3	1	3	0	0	3	4	2	9	4	58
Measles	82	212	124	290	39	22	91	28	172	31	53	24	117	1	109	74	10	18	20	19	1536
Old Age	104	136	107	154	135	106	181	195	202	201	203	151	134	115	122	100	82	92	96	73	2699
Small Pox	351	233	25	89	224	176	16	93	149	58	40	394	18	0	0	0	0	19	14	179	2078
Still Born	474	492	392	384	372	339	360	338	291	302	244	250	223	205	174	189	168	159	118	88	5572
Suicide	29	33	30	29	23	29	33	22	23	29	14	19	18	13	16	15	27	24	15	15	456
Teething	135	205	118	110	99	102	75	139	45	62	63	46	37	37	30	19	31	39	22	31	1445
Unknown	54	115	113	132	92	78	95	98	153	143	111	86	74	46	62	65	85	43	20	47	1712
Whooping Cough	172	141	105	63	181	97	52	157	61	126	69	116	31	35	92	19	55	123	11	44	1750
Worms	43	56	29	41	27	28	18	16	13	20	24	13	19	17	18	20	17	28	29	25	501

A LIST OF INTERMENTS,

IN THE CITY AND COUNTY OF NEW-YORK, FOR THE LAST TWENTY YEARS, SHOWING THE AGES OF DECEASED.

OF WHOM WERE,	1835	1834	1833	1832	1831	1830	1829	1828	1827	1826	1825	1824	1823	1822	1821	1820	1819	1818	1817	1816
Of the age of one year and under,	2176	2603	1724	1922	1757	1547	1390	1427	1336	1232	1109	1072	879	793	825	867	847	783	599	522
Between 1 and 2 - - -	707	900	552	830	663	575	496	660	546	476	386	397	315	264	369	361	306	328	208	178
2 5 - - -	731	861	468	965	592	515	465	339	389	350	300	389	230	219	261	254	188	198	142	218
5 10 - - -	278	381	232	450	265	207	214	149	185	180	137	164	117	101	122	125	103	101	88	107
10 20 - - -	277	372	262	433	255	235	198	193	192	253	181	190	153	150	158	176	157	134	146	136
20 30 - - -	877	1168	701	1397	700	676	604	685	682	618	653	559	453	427	445	418	390	383	313	386
30 40 - - -	816	1102	691	1617	735	672	606	729	657	628	758	544	411	421	446	409	383	425	314	405
40 50 - - -	507	718	448	1142	519	427	438	496	501	483	641	425	345	333	346	359	316	359	268	325
50 60 - - -	329	425	258	705	343	289	278	302	285	330	357	258	232	203	243	224	200	239	178	176
60 70 - - -	176	282	211	489	235	206	204	214	221	202	226	159	135	156	175	156	135	140	110	147
70 80 - - -	133	176	118	273	207	129	124	115	124	132	161	115	109	93	79	101	93	110	96	90
80 90 - - -	53	73	61	109	74	44	57	57	50	71	88	56	49	54	57	46	45	51	51	42
90 100 - - -	19	17	15	25	14	9	18	13	12	15	14	11	14	10	15	17	10	12	13	7
100 years and upwards - -	3	2	5	2	4	4	2	2	1	3	7	2	2	2	1	2	3	2	1	0
Total,	7082	9082	5746	10359	6363	5537	5094	5181	5181	4937	5919	4341	3444	3231	3542	3515	3176	3265	2527	2739

TOTAL INTERMENTS,

IN THE CITY AND COUNTY OF NEW-YORK, FOR THE LAST TWENTY YEARS, SHOWING THE NUMBER OF EACH SEX.

FOR THE YEAR	1835	1834	1833	1832	1831	1830	1829	1828	1827	1826	1825	1824	1823	1822	1821	1820	1819	1818	1817	1816
Male Interments - - -	3935	4997	3137	5663	3506	3030	2917	3021	2493	2807	2878	2448	1962	1833	1865	1826	1746	1841	1436	1505
Female Interments - - -	3147	4085	2609	4696	2857	2507	2177	2160	2188	2166	2141	1893	1482	1398	1676	1589	1430	1424	1091	1234
Male Excess - - - -	788	912	528	967	649	523	740	861	305	641	739	565	480	435	169	237	316	417	345	271

A LIST OF INTERMENTS,

IN THE CITY AND COUNTY OF NEW-YORK, FOR THE LAST TWENTY YEARS, SHOWING THE FATALITY OF EACH MONTH.

	Jan.	Feb.	March	April.	May.	June.	July.	August.	Sept.	Oct.	Nov.	Dec.	Total.
1816	346	243	223	234	225	157	213	240	234	209	203	212	2739
17	214	243	188	186	209	184	215	520	256	222	195	195	2527
18	230	221	254	250	221	227	325	386	363	297	232	259	3265
19	250	223	199	226	196	207	261	460	359	309	266	220	3176
1820	239	187	197	211	214	204	374	503	439	342	322	283	3515
1	287	249	304	271	257	223	331	456	360	323	322	259	3542
2	278	229	251	212	237	235	318	370	328	306	336	231	3231
3	237	224	251	253	235	205	382	445	362	329	246	275	3444
4	345	363	385	411	353	318	357	446	352	385	340	286	4341
5	317	440	362	305	405	419	733	512	407	366	376	376	5919
6	341	455	359	322	365	311	473	554	497	492	384	420	4973
7	420	406	420	397	356	340	576	607	426	440	392	401	5181
8	391	420	467	350	341	365	503	582	516	464	420	380	5181
9	421	410	420	356	383	335	471	597	523	434	361	383	5094
30	424	384	386	368	439	384	664	667	500	449	421	451	5537
31	407	417	498	387	368	483	512	791	614	537	655	694	6363
32	564	735	545	478	515	410	2467	2206	1064	586	400	389	10359
33	503	415	420	405	441	330	647	556	535	538	447	509	5746
34	563	567	620	590	606	498	857	1456	1314	669	695	647	9082
35	694	635	627	510	527	389	576	679	678	566	561	640	7082
Total,	7471	7466	7376	6722	6893	6224	11155	12973	10127	8263	7474	7710	100297

2. A NOTICE OF AN INTRODUCTORY TO A COURSE OF LECTURES ON OBSTETRICS, DISEASES OF WOMEN AND CHILDREN. *By Gunning S. Bedford, M.D.*, 1836.—We have been present at various introductory lectures, and have been much gratified in the manner the lecturers pointed out many interesting facts as immediately connected with their intended course of lectures. Presuming Dr. Bedford had given some new lights on the diseases of women and children, we read his introductory lecture; and, to our great surprise, did not find that the *learned* doctor had even hinted at the objects of his proposed course of lectures. Perhaps this may be accounted for by his mind being, as we understand, so firmly fixed on the Barclay-street Medical College, which we are inclined to believe is correct, as it appears the Dr.'s theme was to excite the students to open *rebellion* against their teachers, and continue the same until some of them are removed, and the Regents *compelled* to put *himself and two or three of his friends in their places;* which, when accomplished, if we rightly understand the affair, the talk about *monopoly* of teaching, *concours*, &c., will speedily vanish into *thin air*. Well, perhaps this is a "fair business transaction." In what light will the practitioners of medicine in the city of New-York, view the following picture Dr. Bedford has portrayed of them. In his introductory, he says;—"I do not believe there is a city in the civilized world, possessing one-tenth the population of New-York, in which the profession of medicine is in such a degraded state as it is with us. The very title of 'doctor' seems to bear disgrace with it. No man, if he will judge from facts, will deny this."

He also says: "It will be my purpose, in the present lecture, to prove that we are unpardonably deficient in all that appertains to the profession of medicine."*

What a compliment is here paid to upwards of 500 physicians in this city! And what is very strange, if we are to understand the Doctor's *logic*, this degraded state of the profession is caused by the bad management of the Barclay-street Medical College! *What nonsense!* It is not our intention, at this time, to take up the state of the medical profession in this city; but we believe that we may with truth say, that the *disgraceful scenes* that have for some time past been *acted* in the Medical Society of this city, (of which Dr. Bedford is said to be one of the most prominent characters,) will point out in strong colors one of the principal causes of the degraded state of the medical profession in New-York. Unless the learned Doctor can manage the institution just mentioned, in a more dignified and scientific manner, we doubt the propriety of making him *pilot* of the Barclay-street College, notwithstanding the great display he makes of having "had the honor of witnessing several concours in France." From the manner Dr. Bedford

* Of course, the Doctor, and two or three others, are not included.

puffs the medical schools in Philadelphia, and several of the professors, we are inclined to think that he has some doubts on his mind as to getting into Barclay-street College; hence he thinks it prudent to lay *siege* to one of the first vacant chairs in the schools just mentioned.

The Doctor states, "on undoubted authority," that 749 students are attending the two schools in Philadelphia; "367 *bona fide* students" at the Jefferson College. That there are 367 on paper, we do not doubt. Will the Doctor inform the public, *on undoubted authority*, the manner in which they have been obtained; or in other words, how many tickets were presented to persons having no pretensions of becoming doctors? how many to practitioners? how many caused by letters written, *inviting* students that had not funds to meet expenses? how many *enticed* from other schools by *trick*, *humbug* publications, &c.? We are informed *on undoubted authority*, that, at least on one occasion, a *distinguished* Professor of Philadelphia visited this city, with his pockets filled with electioneering pamphlets; and that he, or some *friend* to Barclay-street College, caused said pamphlets to be handed to the medical students, as they were about to enter the College to hear the introductory lectures delivered. We have referred to the above circumstances to show the manner in which, "on undoubted authority," a class may be *raised;* and if we are not misinformed, Dr. B. is well acquainted with the *plan.** Be that as it may, Dr. Bedford, in his introductory to a course of lectures on the diseases of women and children, has given such exalted characters of certain professors in Philadelphia over their brethren in New-York, that it becomes our bounden duty, in justice to an *insulted* profession, to examine into the *truth* of Dr. Bedford's *statements*.

We are informed that Dr. McClellan has performed important operations in surgery, some of them successful; but as a literary man, the world knows little about him; and as a lecturer, he is represented, "on undoubted authority," as very indifferent. And what does the profession know of Dr. Revere? When he resided in this city as a practitioner, he was viewed as about a second-rate man in the profession; and as a literary man, we only know him by a *bad translation of Majendie's Physiology*. We now come to Dr. Bedford's bright "star," Pattison. What evidence have we of his talents, medical education, &c? We first find him publishing as his own the discovery of a fascia, which had *long before been discovered* by Dr. Colles, of Dublin, and published in his valuable work on Surgical Anatomy. We next find him engaged in a series of pamphlets, vindicating his *character* from certain charges made against him by Professor Chapman. If we were to judge, in this controversy, by the pamphlets, he displays much management in the use of his pen; but we have "undoubted authority" for believing these pamphlets were the joint productions of several gentlemen. We follow this "star" to his anatomical and surgical skill, to a paper on record, in which we have it "on undoubted authority," that he was about to tie the *omohyoidus muscle*, instead of the *carotid artery*, but was prevented by the late Professor Davidge. We follow him to the London University, and we believe Dr. Bedford will not attempt to deny that he (Pattison) had leave to withdraw from that institution upon the very *ground and plan* Dr. Bedford *recommends to American students*, "to rid themselves of an incubus." Will Dr. Bedford inform the profession what Professor Pattison has done to elevate medical science, or the medical character, since his *return* among us: for ourselves, we are ignorant on this subject; unless, indeed, it may be found in the *shoals of pamphlets, puffing Jefferson College, scattered over the country*, through which, and other means "of a high order," will account for the large class in the Jefferson College; and not, as Dr. Bedford wishes his readers to believe, by the superior acquirements and talents of its professors over those of the Barclay-street College. We do not wish to be understood as defending the Professors of Barclay-street College; with them, we have nothing to do. Our object is the defence of the profession in New-York, against what must be considered a *slander* on their characters as physicians, &c. It was our intention to have made some remarks in relation to the University of Pennsylvania, its professors, &c; but we must defer it to another opportunity. Before closing this paper, we deem it proper to state, that the laws of Pennsylvania, regulating medical schools, are similar to those of New-York. We mention this fact, as it appears from Dr. Bedford's introductory that he wishes to convey an idea to the *contrary*. And we may tell the Doctor, "on undoubted authority," *that his plan of medical teaching, conferring the degrees of M.D., &c.* would meet with quite us much opposition from the Philadelphia professors as from any other quarter, notwithstanding they are *gifted* "with minds of a high order." H. P.

* We have been informed, that in the Medical School in Charleston, (S. C.) in which Dr. Bedford was a Professor, that about 125 students attended the lectures, *nine* only of which were *bona fide* students.

3. Extract of a Letter from Doctor William N. Belcher, of Sing Sing, (New-York.)—September 24th, was called to see a boy seven years old. His mother stated that he had declined attending school for two or three days; that she did not know that he was sick, but that there were some singular spots about him she wished me to see. His skin was pale and sallow, surface cool, pulse very easily compressed, though not quickened; tongue natural; spots, varying from the size of a shot to a large pea, were scattered

over the whole surface. These spots seemed to be black blood, extravasated beneath the cuticula, without being elevated or tender. About the ancles, wrists and head, were large patches of extravasated blood, beneath the cutis, giving the appearance of extravasation from contusion, also not tender. Gave calomel, to be carried off with oleum ricini.

25th.—The cathartic had operated kindly, but the ejections were chiefly fluid blood: his urine was very bloody; the membranes of the mouth were studded with petechial spots, and the saliva was tinged with blood: his nose bled frequently, pulse very weak. Gave pulv cinchona ʒ ss, in Port wine, every 4 hours. In the evening, had several passages of from a gill to a half pint of dark, uncoagulable blood. Gave acetas plumb gr i, pulv opii half gr, every 4 hours, add 10 drops elix vit to the bark.

26th.—Slept well; appetite not much affected. The discharges returned this morning the same as yesterday. Large spots on each side of the tongue. Remedies the same, with addition of infusion of catechu every 2 hours.

27th.—Continues the same. Gave 4 drops mur tinct iron, in place of elix vit.

28th.—Had a bad night; sickness, vomiting, and repeated sanguineous discharges; countenance pale and bloated, pulse excited, skin hot, thirst, with pain or uneasiness of the extremities, which was relieved by applying camp spt; appetite failing, spirits dull. Evening, fever increased pulse quickened and small, great restlessness, ejections not so frequent; petechial spots assuming a pink color. Stop the acetas plumb and opii.

29th.—Bad night; frequent vomiting, so that remedies were suspended; face very much bloated; great prostration, and diposition to sleep: gave charcoal and yeast alternate with bark and wine, every hour. Evening, ejections less frequent and less sanguineous, fever and restlessness continue.

30th.—Fever abated, cheerfulness returned, no ejection, urine only tinged; same remedies continued. Evening, one ejection of fœces and coagula; same continued.

October 1st.—Urine clear, appetite good, slept well; the spots in the mouth gone, and those on the face and arms almost lost: the large dark spots becoming paler, evidently improving.

2d.—Decidedly convalescing: evacuations natural.

4. Remarks on re-union of divided parts.—Many cases are detailed of re-union of parts completely separated, and the authority is such that we are bound to give credence to many of these statements; still we are inclined to think that there is no positive certainty of the desired effect in all cases. We should not, therefore, be positive in promising a re-union under circumstances apparently the most favorable. I shall relate two or three cases which have a connection with this subject,

The ball of the index finger of one of my own hands was separated from the finger, with the exception of the skin on one side, by a cutting instrument: a re-union readily took place.

In the year 1831, I dressed the finger of a negro boy, which was cut by an axe, in the cavity of the middle joint, and which had separated it, with the exception of a small portion of the skin of one side. A soft poultice had been applied for several days before I saw him, under the impression that it would either unite of itself or come off. When I removed the dressings, I found it distorted to nearly a right angle: there was no re-union, but flabby-looking granulations in the place of it. I washed the wound clean, straightened the finger, applied adhesive plaister and small splints, covered the whole with a roller, and directed it to remain unopened for some days. In two weeks, perfect re-union had taken place, with no deformity. The joint was immoveable, of course, as the *flexor* and perhaps the *extensor* tendons were divided.

I will now add to this a case not so successful. Some time during the past year, I was called to a negro boy, 4 or 5 years of age, who had accidentally, when at play with another, had two of his fingers separated, with the exception of a small filament of skin, by an axe. I arrived a short time only after the accident, and was very careful to place each finger in its proper situation, and to confine it by stitches and bandages; and although every precaution was taken, no union was effected, and the fingers sloughed off.

A careful trial, however, should be made in *all cases*, to invite a re-union of divided parts, but I am of opinion that there is no certainty of that effect. W. A. Gillespie.

Louisa County, (Va.) Jan. 1836.

Boston Med. and Surg. Jour.

5. Use of creosote.—Mrs. ——— had been troubled more than two years with an obstinate cough, verging towards consumption. She had taken a great deal of medicine from three physicians, without the least benefit. She applied to me, and after trying all the medicine usually administered in such cases, without so much as giving temporary relief, I gave her up in despair. Four weeks after this, I happened to meet with her, and she being very anxious to obtain relief, if possible, urged me to make another trial. I simply gave her 10 drops of creosote in ʒ i water, and ordered 20 drops to be taken every eighth hour in a glass of sweetened water. I saw no more of her for five weeks, when, to my astonishment, she told me her cough was entirely cured, and her health in other respects very much improved. J.

January, 1836. Ib.

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Art. I.—*Remarks on Nœvi Materni, &c., with a Case. Read before the Medical Society of the City and County of New-York, and published by their request.* By John Stearns, M. D.

Much has been written on the subject of nœvi materni, lusus naturæ or monsters, and a variety of opinions have been entertained of their cause. Some ascribe their origin to the power of imagination exerted by the mother at a certain stage of her pregnancy, upon the delicate texture of the *fœtus in utero.* Others, and especially the most modern writers, reject this cause, so generally sustained by the ancients, as perfectly ridiculous, and assign such occurrences to accidental causes. The difficulty of explaining the operation of mind upon matter appears to be their prominent objection to this theory; an objection which seems to have been urged with more prejudice than sound reason and good philosophy would dictate, and which, I trust, will be obviated by the brief remarks which I shall now submit to the consideration of this Society.

Are the opponents of this theory aware of the consequences involved in this objection? Would they upon the same principle, deny that the mind moves a muscle or a limb? Consistency would require them to extend this objection to all sensible operations of mind upon matter, and ascribe all such voluntary motions to accident, with the same propriety as they ascribe certain changes in the fœtus to this cause. Both are equally inexplicable; and yet, the former are too obvious to our senses to be denied. Admitting muscular motion then to be the effect of volition, we must also necessarily admit that the imagination of the mother can, under certain circumstances, operate upon the fœtus so as to change its form and organization.

Monsters have generally been divided into those which have—1. A redundance of parts; 2. A deficiency of parts; 3. A confusion of parts; 4. Error of place.

I by no means pretend to affirm that all these classes are caused by the power of the imagination. Most of them are undoubtedly the result of some morbid action in the functional organs of the mother destined to form and perfect the deformed parts of the child, or to some accidental obstruction in the parts to be formed. But cases have occurred in my practice, which I am unable to explain upon this principle, and which I cannot trace to any other probable source than to the mind of the mother. From these, I have selected the following case, which I will now communicate to the Society.

On the 13th of May, 1831, I was called to visit Mrs. P., aged 28, who was then in labor with her second child. Two years before, she had been delivered of her first child, which was natural and healthy. The pains were regular, the labor natural and easy; and I was surprised at the sudden expulsion of the whole body of the child by a single effort, immediately after the vertex of the head had been fairly presented at the os externum. This was, however, very obviously explained from a superficial examination of the body of the child. It was found to be destitute of those prominent parts which generally retard delivery. It had neither arms nor legs, nor any prominence in the nose; two small openings only appeared at the place where the nares terminate externally. The whole head, and especially the face, exhibited a flat appearance. A circular protuberance covered nearly the whole of the back; the umbilical cord was only eight inches in length, and was separated about two inches from the umbilicus. A drop of blood appeared oozing from each extremity of the cord, but it had no other evidence of having been recently ruptured. The hands were attached to the

shoulders by a wrist two inches in length from the root of the thumb. Although the hands and fingers were distinctly formed, their general appearance resembled claws. Both feet were attached to the body where the legs naturally originate, by an ancle two inches in length. It was a male child, and in other respects well formed, so far as could be ascertained from an external examination. It is much to be regretted that circumstances did not permit a minute examination of the internal parts. The horror inspired by the birth of such a monster, which bore a striking resemblance to a turtle, produced in the relatives much painful solicitude for fear it might live. It survived about twenty minutes. I advised the friends by all means to keep it from the sight and knowledge of the mother, who, I have recently been informed, does not yet know or suspect that she had a deformed child.

I ascertained, from authentic sources, the following facts, which I fully believe to be correct.

When Mrs. P. was near the completion of the third month of her pregnancy, a large turtle was, without her knowledge, taken from an adjacent cellar and placed under a pump in front of the house where she lived. While the men were pumping water upon the turtle, she came to the door, and suddenly discovering the turtle, shrieked, threw up her arms, and retired fainting into the house. Several persons witnessed this scene, and concur in the same statement of facts. Mrs. P. is naturally nervous, excitable, and easily alarmed.

With a full knowledge of all these facts, and a perfect credence in their verity, can any person still contend that the form of this monster was entirely the result of accident? That the unexpected sight of the turtle, the highly excited mind of the mother, the terror and the fainting which it produced, had no agency in causing the peculiar shape of the child, so much resembling the object of her terror? Strong, indeed, must be that prejudice, which can resist the conviction which such a combination of circumstances is calculated to produce.

As Dr. Denman has condensed the prevalent opinions upon this subject, and is one of those who deny the power of imagination to produce these impressions upon the fœtus, I shall select from his works the following passage, exhibiting his views and the reasons for his opinion:

"Formerly, and indeed till within these few years, it was a generally received opinion that monsters were not primordial or aboriginal, but that they were caused subsequently by the power of the imagination of the mother, transferring the imperfection of some external object, or the mark of something for which she longed, and with which she was not indulged, to the child of which she was pregnant; or by some accident which happened to her during her pregnancy. Such opinions were permitted to pass current, in order to protect pregnant women from all hazardous and disagreeable occupations."—"The laws and customs of civilized nations have established a persuasion that there was something sacred in the person of a pregnant woman; and this may be right in several points of view; but these only go a little way towards justifying the opinion of monsters being caused by the imagination of the mother. The opinion has been disproved by common observation and philosophy; not, perhaps, by positive proofs, but by many strong negative facts; as the improbability of any child being born perfect, had such a power existed; the freedom of children from any blemish, their mothers being in situations most exposed to objects likely to produce them; the ignorance of the mother of any thing being wrong in the child, till from information of the fact, she begins to recollect every accident which happened during her pregnancy, and assigns the worst or the most plausible as the cause; the organization and color of the adventitious substances; the frequent occurrence of monsters in the brute creation, where the power of imagination cannot be great; and the analogous appearances in the vegetable system, where it does not exist in any degree."

I cannot suppress my astonishment, that a professor, of Dr. Denman's celebrity and experience, should have based opinions so important upon facts so irrelevant, and sustained them by such illogical reasoning. I have already admitted that most of these deformities result from accidental causes; but are we thence to infer that all are the result of accident, and that therefore the imagination can have no influence upon the fœtus? This is too great a *non sequitur* ever to be admitted. If, as he alleges, this opinion has been disproved by common observation and philosophy, and by strong negative facts, it is incumbent on him to advance something more positive than mere assertion, and to show in what manner observation and philosophy have disproved this opinion. Even his strong negative facts are, in my opinion, weak and inappropriate. Other proofs must therefore be adduced to fortify the position he has taken, than those which he derives from the improbability of any child being born perfect, the freedom of children from blemishes whose mothers had been most exposed, the frequent occurrence of monsters among brutes, and analogous appearances in the vegetable kingdom. To give that weight to these negative proofs which he demands, it is important to know all the precise circumstances which must be combined to produce the requisite impression on the fœtus, and then to ascertain whether they all existed in any case where the child has been free from blemish. Should that prove to be the fact, the conclusion, but not the reasoning,

of Dr. Denman, would be correct. But these are, and probably always will be, desiderata in our stock of knowledge. All the circumstances which I have described as occurring in the case of Mrs. P. might have taken place at any other time without producing the same result. The fœtus might not have been in a favorable situation, or at the proper age, for such an impression, or a necessary predisposition might have been wanting, together with a variety of other occult requisites, which we are now unable to ascertain. This predisposition is exemplified in the facility with which persons take contagious diseases in whom it exists, and the difficulty of communicating the same diseases to persons in whom it is wanting. This accounts for that immunity from blemishes which Dr. Denman includes among his strong negative facts. His other facts, derived from brutes and vegetables, are entirely accidental, or the result of some morbid action. Dr. Denman also attaches great importance to the fruitful invention of the mother in discovering the cause of deformity in her child. This argument will not apply to the case which I have detailed; for it must be remarked in this case, that as the mother had no knowledge of the deformity, she could therefore have no agency in investigating and assigning a fictitious cause. Not one of these negative facts, therefore, separately considered, affords any color of evidence; and when taken together, they go as near towards proving the position of Dr. Denman, as the addition of two cyphers approximate to a unit. But here I am met with the question, how can the imagination of the mother change the form of the fœtus? This question I am incompetent to solve. I can only exclaim, with the king of Israel, "This knowledge is too wonderful for me." It is among the occult mysteries of nature, which the present state of medical knowledge cannot fathom. But are we, for this reason, to reject the evidence of our senses and strong positive facts? The same principle would lead us to reject magnetism, gravitation, electricity, and all the operations of nature the *quo modo* of which we cannot explain. This theory acquires additional strength from analogous facts in the daily occurrences of life. All are familiar with the case witnessed and published by Dr. Cheyne, of the man in Paris, who, by the power of volition alone, suspended the action of the heart and arteries, and of the other functions of life, exhibiting himself, to all appearance, a lifeless corpse; and again, by the same power, restored them to their former vital action; which experiment he frequently repeated, for the gratification of the curious, till it finally exceeded his powers to revive, and he died in the attempt. Volumes of analogous facts might be adduced, to prove the influence of the mind upon the body in the production and cure of diseases. The enlightened Romans well understood this subject, and duly appreciating the power of imagination, vigilantly guarded pregnant females from exposure to disagreeable and deformed objects. Their business was war, and their policy to make every man a soldier. Deformity was, consequently, rarely known among the Romans. They were strong, athletic, well formed, and in muscular power and agility surpassed almost every other nation on earth. A nation composed of such individuals, at a period when success in battle depended on corporeal strength and dexterity, might justly claim to become conquerors of the world.

It is a perfect anomaly in the history of medical science, and a gross incongruity in the rational powers of man, that while the doctrine of sympathy prevails generally in the profession, and is made to explain the process of conception and most of the other occult operations of nature, it should be rejected and treated with ridicule when applied to the fœtus, merely because its *modus operandi* cannot be explained on physiological principles. But I trust the advance of science will hereafter be directed to a more perfect knowledge of the human mind, when the veil, which now occludes from our mental vision its mysterious operations, will be drawn aside, and discover in the connection of mind and body, a beautiful harmonious whole, mutually dependent, and mutually operating upon each other. It will then be seen that anatomy and physiology have heretofore been very imperfectly taught; that the human system is not to be considered as consisting entirely of those parts which the dissector's knife demonstrates to the view of the student; but that it is a living body, endowed with vital powers, consisting of mind and matter so intimately interwoven with each other in all their functional operations, that both must be studied together. In demonstrating the body, reference must always be made to the correspondent operations of the mind.

When the professors of medical science shall adopt this course, and correctly teach the whole complicated machinery of man, so that it shall be perfectly understood, the error of prejudice will be dissipated before the light of truth which will then be developed; and the ridicule now lavished upon the imputed ignorance of the ancients will be retorted with pungent effect upon the grave philosophy of the enlightened nineteenth century.

Art. II.—*Leucorrhœa and Prolapsus Uteri.* By Dr. Edward H. Dixon, New-York.

Among the varied diseases incidental to females, leucorrhœa, and its frequent result, prolapsus uteri, afford constant evidence to

the physician, not only of pre-eminent frequency of occurrence, but of uncommon difficulty of treatment. This frequency of occurrence must ever exist, and intractibility to treatment ever be experienced, so long as its victims remain susceptible to the diversified morbid and natural stimuli so inseparable from our existence.

An equal degree of consideration is due both to the physical and moral causes that unitedly produce the diseases, and prevent their successful treatment. If in the progress of his remarks, the writer succeed in removing an amount of the former, however small, and he thinks he may say, offering an effective remedy for the latter, he trusts the profession will pardon the intrusion.

A prominent place in the list of predisposing causes, is due to the defective physical education of females in our country, but more especially in New-York. The mania that exists for precocious education and marriage causes the years that nature designed for corporeal development and corresponding intellectual vigor, to be wasted in the restraints of dress, the school, and the ball-room. With a body not half clothed, and mind eagerly intent on the misnomer, pleasure, the hours designed for sleep are perverted by the midnight revel. Unequal effort is required from the delicate votary to retain her situation in school, and thus the evil is perpetuated. When one is finished, another in perspective keeps the mind morbidly sensible to impression, whilst the constant restraint of fashionable dress absolutely forbids the exercise indispensable to the attainment of organic strength. Exposure to midnight air from an overheated room, and a body reeking with the effect of excessive dancing, produce their appropriate effect; and at last, an early marriage, and premature confinement, caps the climax of her misery; and the unfortunate female, hitherto regardless of the plain dictates of unerring nature, becomes an unwilling subject for medical treatment.

The patient is commonly found in a morbidly sensitive state, physical derangement, producing mental depression, that with leaden weight reacts on the organization, and prevents the fulfilment of the first and plainest indication, free exercise in the open air. This is not likely to be used, even if pointed out by the physician; but he indeed is rarely called. The ordinary period of professional attendance having expired, on her convalescence from confinement, he is dismissed precisely at the period when his advice is of most importance to her welfare: he is rarely summoned till domestic care, nursing, and want of exercise, have induced one or both the complaints of which we write. The first period of prolapsus does not always induce symptoms sufficiently marked to warrant manual examination. The pain in the back, the dragging at the umbilicus, Dr. Dewees' pain in the side, are not all so uniformly present as to induce this proposition, disagreeable both to the patient and physician. Nay, it often happens that the first mention of so unpleasant a measure is the signal for discouraging further attendance. The disease constantly gathers strength, and on his next summons, is fully formed, prolapsus uteri.

It would be idle to attempt to add any thing to Dr. Dewees' admirable treatment of leucorrhœa, as this is commonly the first symptom requiring attention; we say symptom, for it is often the most urgent one of prolapsus. The frequent application of leeches to the part will however be found a measure of more consequence than is commonly supposed; we mean to the orifice of the vagina. For the truth of this, we must appeal to pathology as well as experience. The writer has injected the vagina of a patient who died whilst laboring under aggravated leucorrhœa and prolapsus. It consisted, so far as could be observed, exclusively of a reticulated arterial tissue of exquisite fineness. Dr. Dewees discusses at some length the propriety of calling this an active or passive discharge, and quotes John Hunter, who "could not conceive a passive discharge" in the human body, to prove its activity. Dr. D. unequivocally declares its activity. The analogy between urethretis and leucorrhœa, (we had perhaps better have said gleet,) will not, perhaps, in the general phenomena attending the two diseases, be questioned; the therapeutic deductions harmonize with pathological appearance. The writer has also examined the urethra of a person who died whilst afflicted with gleet, and could distinguish no difference in appearance. The use of stimulating diet and premature irritating injections with the immediate remedial effect of local depletion and dietetic regulation, conclusively proves them diseases in which vascular action predominates. Not but that there is a period when ordinary stimuli prove curative. This does not prove it passive. The discharge is a secretion, and secretion is admitted to be an action. In all chronic complaints, we know exercise to be indispensable. Yet here is one, where this is most plainly indicated, and where the existing irritation forbids it to relieve this, and allow the indication to be fulfilled, we must seek the aid of mechanics. As we have nothing to add to Dr. Dewees' medical treatment, the mechanical comes next in order. And here it must be confessed there is need of improvement. Whilst the preparatory treatment is all directed to allay irritation, our very ultimate measure is calculated to add in a high degree to that already existing. Does the reader doubt it? Let him refer to the dimensions of the cervix uteri and vagina, and compare them with the smallest pessary he ever saw; two, two and a half, and three inches, are those most in use. What must be the effect of dilating from twice to thrice its natural dimensions, a mucous erectile tissue, of the highest degree

of irritability; nay, of a canal in an actual state of inflammation? and that, too, from mechanical irritation, the very evil itself about to be perpetuated by the means employed to cure it. How often does it happen that the irritation produced by a pessary of sufficient size to be retained, compels the physician to remove it, just as he begins to felicitate himself on the fulfilment of a disagreeable duty, and his patient to anticipate a cure, whilst the disinclination to manual interference, both with physician and patient, is progressive. If a large one cannot remain, a small one will not; and then the only remedy is a sponge, a measure never used with sufficient fearlessness, from the timidity of the patient, to afford efficient support, and in itself, from its roughness, highly irritating, necessary to be removed when menstruating, then, by the way, most needed, hindering the flow of urine, uncleanly, and in short totally unfit for the purpose.

In the use of all pessaries hitherto contrived, we look to the vagina itself for support; for besides the distention of that canal, it will be seen that all inferior to the pessary must suffer constant pressure; and in all bodily exertion, coughing, vomiting, &c., this is greatly increased. Besides, what more does it do than interpose its own thickness, never more than an inch, between the uterus and levator ani muscle, a space of two inches and a half. Of course, the support is only partial. In the instrument we present to the profession, this is entirely remedied. The pessary is of sufficient length, and adapts itself, in all bodily movements, to the cervix uteri, by means of a spiral spring, as represented in the plate; whilst it is itself supported by an external spring, easy of application and efficient in purpose, instead of a diseased mucous membrane, that needs every indulgence to restore its contractility.

Another serious disadvantage attaches to the ordinary pessary during the process of defecation. This objection was mentioned in the fifth number of this Journal, in detailing a case of retroversio vesisæ: the passage of a hard stool will often turn it edgewise, and it is not uncommon for it to be lost where it is not likely to be looked for. Two instances have been communicated to the writer where this happened, and it was only elicited from the patient when the ordinary period of cure had elapsed, and no amendment followed. A case occurred in his own practice, where a gum pessary, of two inches diameter, after remaining a week, the patient using unrestricted exercise during the period, made a most mortifying exit on the deck of a steamboat. Whose fault was it? It had been used a week, and there was no reason to suppose it too small; yet the reader need not be told he was not forgiven. It was two inches in diameter—just one more than the vagina. The spiral spring, of strong, hard-drawn silver wire, by its lateral and vertical elasticity, not only rectifies any deviation from position, but prevents the effect of pressure such as might arise from suddenly taking a heavy child on the abdomen, or any accident likely to occur in domestic pursuits; whilst the button observed on the end of the stalk is designed for the attachment of a gum elastic strap to the corset, intended to assist the spring in extraordinary bodily exertion; as a spring sufficiently rigid to meet any amount of pressure would not only be unpleasant to the patient, but unnecessary to such as can avoid extreme exertion. It should be observed, however, that the spring is not intended to make pressure on the external parts; nor does it: it only reacts with the spiral spring against diaphragmatic and abdominal pressure, and serves as a support for the stem of the pessary. It is thickly plated with silver, and covered with oiled silk, to prevent corrosion, and admits of graduation to the size of the patient, by means of the screw in the lower bracket, through which it slides. The button on the end of the stem, unscrews, and allows its separation from the spring, so as to avoid the necessity of withdrawing the pessary, on going to bed and taking off the corset, for it will be observed, that the busk is the ordinary appendage to that article of dress.

It is not desirable, however, that the instrument should retain its place at night, providing it could be removed without danger from a far more irritating cause. We speak plainly on this subject to professional ears, as there is little doubt it is a cause of serious difficulty in the treatment of this disease. It would be well if the pessary could always be withdrawn at night, as it is plainly a natural indication to remove all irritation whatever. Instructions should therefore be given, to allow the patient to remain, during the early stage of the complaint, *absque marito;* and if we have reason to think her wishes not complied with, give positive instructions for it to remain.

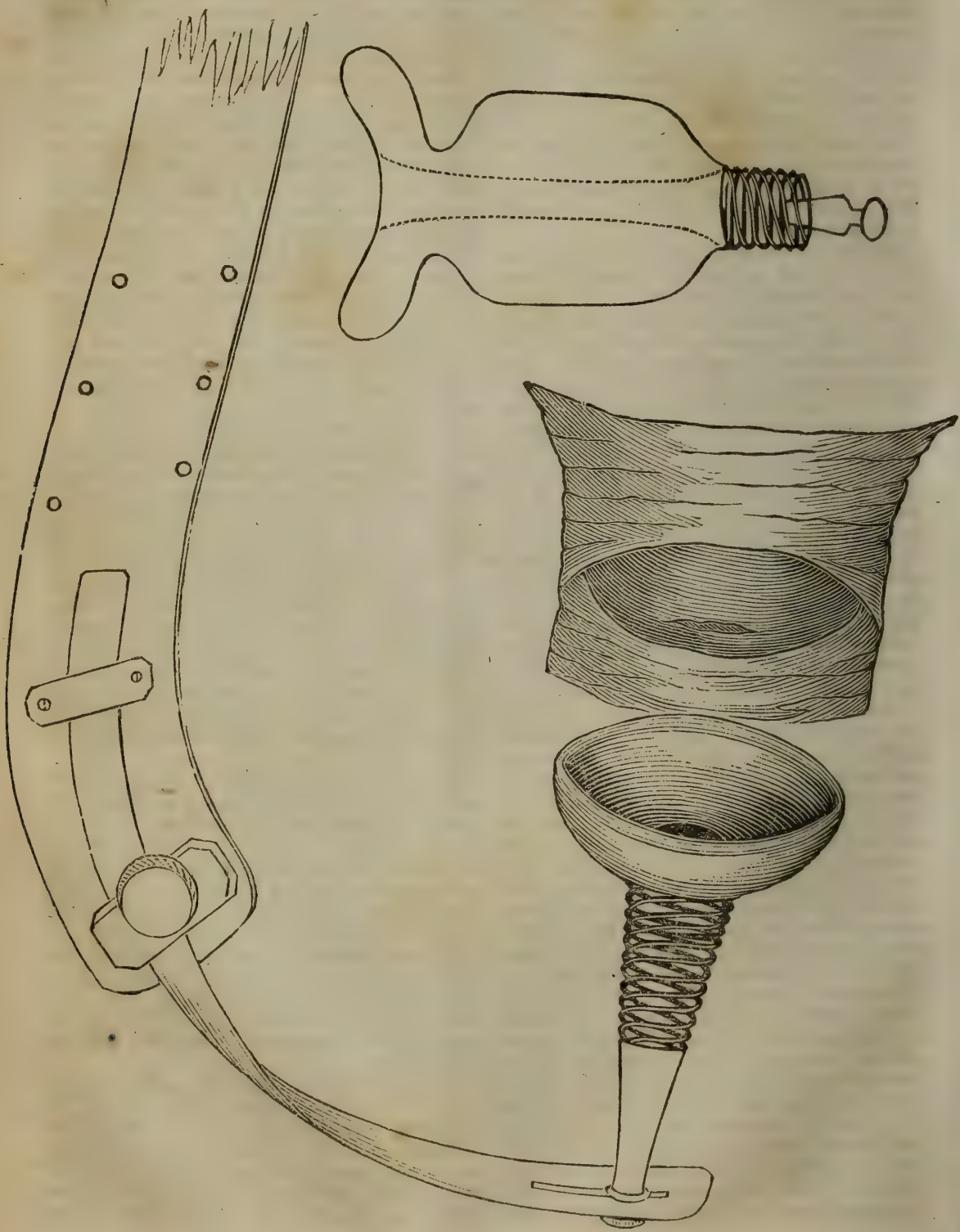
An aperture of one inch will be noticed near the end of the spring: this allows the unavoidable movement in attaining the centre of gravity when rising from a sitting posture, to occur without moving the stem of the pessary, on which it slides, the stem itself being kept at the posterior commissure of the vagina by the action of the elastic strap.

The lower part of the stem is made of ivory, about a quarter of an inch thick. It is hollow, and receives the spiral wire as a screw: this allows the stem to be elongated as the cure advances, or individuals differ in dimensions.

The structure of the spiral spring is such, that free egress is allowed the menses, no covering being necessary, as it forms not more than an inch of the stem, and is directly under the pessary, and its diameter being only one quarter equal to that, the vagina cannot touch it. Indeed, but half an inch of the

extreme convexity of the pessary, and the ivory part of the stem only, can touch the mucous membrane, which is thus left in the best possible state to resume its organic strength. The following dimensions of the vagina and uterus are taken from Doane's Maygrier, and compared by the writer with the organs in a virgin state; they were found correct, with the exception of the length of the vagina, which averages four and a half inches. A sketch of the cervix uteri and upper segment of the vagina, from which the dimensions were taken, accompanies the plate. It is of the natural adult size, and shows the relative dimensions and position of the pessary.

Length of neck, . . .	10 lines.
Antero-posterior diameter,	8 do.
Lateral diameter, . . .	10 do.



VAGINA.

Length, average, . . . 4½ inches.
Breadth at the neck, from 1 to 2 do.
differing in consequence of disease, number of pregnancies, &c.

DIMENSIONS OF THE INSTRUMENT.

Diameter at the rim, . .	18 lines.
Depth of cavity, ...	6 do.
Hole for menses, . . .	6 do.
Length of stem, variable.	
Breadth above, ...	6 do.
Breadth below, ...	3 do.

It will be seen, that the diameter of the pessary exceeds that of the average of uteri, by eight lines. The vagina will admit a pessary of eighteen lines, without irritation from its presence; and there is greater certainty of application and less fear of irritation to the cervex uteri, from a segment of a larger sphere, than of one that would just receive it. Allowing four lines for the thickness of the rim, fourteen are left of concavity for the cervix. And here it may be observed, that a ring pessary, with a hole fourteen lines in diameter, would bring the neck of the uterus in danger of actual strangulation. Cases of this may be found in Velpeau.

An instrument, to be good, must adapt itself to slight variations, as it is impossible to judge of size where we purpose no manual interference; besides, some uteri, after one or two pregnancies, will require as much as fourteen lines; never more, unless much diseased. The depth being but six lines, and the upper part of the stem flexible, it can be introduced edgewise with the greatest ease; whilst its elasticity immediately brings its cavity parallel with the plane of the cervix uteri, on its entrance within the vagina. It never requires any thing but verbal directions from the physician, and may be used in doubtful cases to test the presence of the disease.

For retroversio vesicæ, the instrument should have an ovoid shape in its vertical diameter, with a proper concavity for the uterus, the spiral spring alone forming the stem, and being covered with oiled silk, as it would come in contact with the vagina. An outline of this instrument is given in the plate. The dots represent the hole for the passage of the menstrual fluid; whilst the deep groove, separating the upper or uterine from the lower or vaginal part, admits of an introduction similar and equally easy to that of the instrument designed for simple prolapsus. Besides the advantage it possesses, with the first described instrument over the globular pessary, in retaining its place during menstruation, and its perfect command by the patient herself, it affords certain aid, and in those cases where the patient living at a distance, a physician can form no diagnosis, but is obliged to receive the best description that can be given by letter, and prescribe on so uncertain a plan. All such cases have hitherto been indiscriminately treated with the sponge; a measure, the disadvantages of which have already been enumerated by the writer, and felt by physicians in general. It will at once be seen, that no deviation from position can exist, which this pessary will not immediately rectify. Whether simple general relaxation, or that of the anterior or posterior part of the vagina, allowing encroachment from the bladder or rectum, or in short any anormal position of the uterus itself. Its weight furnishes no objection to its being made of ivory, as it is supported by the external spring, whilst its dimensions need never exceed the breadth and length of the vagina.

As yet, the instrument has been used only in the writer's practice. Several are now in use in most aggravated cases in that of his friends. The result shall be communicated to the profession.

It is equally applicable to prolapsus recti. A patient of the writer's, who objected to Dupuytren's admirable operation, is in progress of cure by the machine. As the age of this person precluded the use of the corset, an umbilical truss was used as a *point d'appui*. The holes in the busk are intended for this purpose, or a gum elastic belt, either of which will answer in place of the corset, where age or disinclination prevents its use. In case of prolapsus recti, an ivory pad occupies the place of the pessary, the busk following the course of the spine.

But the writer has already trespassed too long. If his instrument is good, it will be used. If not, it will share the fate of the thousand chimeras that have preceded it; and he can only exclaim, "opera et impensa periunt."

ART. III.—*A Condensed History and Transactions, &c. of the New-York State Medical Society.*

[Continued from page 273.]

Twenty-eighth Meeting, Albany, February, 1834.

1. *Annual Address, on Dysentery. By Thomas Spencer, M. D., President, &c.*—The address is upon a very important practical subject, and the task is executed with considerable tact and ability. After giving his introduction, symptoms, prognosis, dissections, causes, and an outline of a general pathology of epidemics, which (by-the-by) is expressed rather obscurely, the author sums up his views upon the special pathology of the disease in the following propositions:

"1. A general epidemic predisposition is disseminated throughout the community,

rendering the mucous membrane of the large intestines highly susceptible to the action of the ordinary exciting causes of disease, and inviting their influence to be expended upon those organs.

"2. The digestive function is impaired, and the biliary secretion lessened or suspended.

"3. There is a diminution, and at times almost a suspension, of the excretory functions of the skin and kidneys.

"4. The disease, when fully established, essentially consists in an inflammatory affluxion of the sanguineous fluids to the mucous membrane of the large intestines.

"5. Symptomatic, irritative fever.

"6. Failure of the forces of life, induced by the tormina and tenesmus; and by the vascular inanition arising from the discharges and proportioned to their extent and rapidity.

"7. Disorganization of the mucous membrane of the intestines.

"8. Occasional translation of disease to other organs."

His remarks upon the treatment of the disease are so judicious and so well expressed, that we shall quote them entire.

"The curative indications are,

"1. To moderate the violence of the febrile excitement when excessive.

"2. To subdue the inflammatory action of the bowels and arrest the discharges.

"3. To restore the various secretory and excretory functions.

"4. To sustain the powers of life when necessary, and combat incidental symptoms.

"Among the remedies for moderating the febrile excitement and subduing inflammatory action, *blood-letting* holds a prominent place. But in dysentery, unusual care is necessary properly to adapt it to the varying character of different cases and different epidemics. Its employment should likewise be restricted to an earlier period than is required in ordinary inflammatory diseases, from the known tendency of dysentery to run into a low typhoid condition of the system.

"When the tongue is white, the skin hot and dry, the thirst intense, the discharges almost entirely mucous, and when there is soreness in the abdomen, with violent tormina and tenesmus, bleeding should be promptly carried to the extent of making a decided impression upon the system. No general rule can be given as to quantity, this requiring to be accommodated to the age, constitution and forces of life. It is much better, by one or two free bleedings, to bring the system promptly under its influence, than to have frequent resort to this evacuation. Venesection should rarely be employed late in the disease. Local bleeding, by *leeching* or *cupping*, is often useful, and the local depletion and counter irritation of *epispastics*, are frequently serviceable.

"A most important indication to be kept in view, is the restoration of the various excretory and secretory functions. Febrile diseases always subside when they are restored, and notwithstanding the just discredit into which the humoral pathology has fallen, there is much reason to believe that the retention of the various excreta, especially the neutral salts, usually discharged by the skin and kidneys, by their stimulus upon the lining membrane of the heart and blood-vessels, contribute in no small degree to the production and perpetuation of the inordinate action of the organs of circulation in febrile diseases. The surprising effects produced by the injection of saline fluids into the angial cist in the collapse of the late epidemic, give support to this opinion. If the interruption of the cutaneous function has the extensive and prominent agency in the causation of dysentery assigned to it by almost every writer, its restoration must be of primary importance. With a view to act upon the skin promptly and efficiently, we may combine the action of the *tepid effusion*, *emetics*, and *sudorifics*. A bucket or two of warm water should be poured over the whole surface of the body, while the patient is in a sitting posture, and without wiping, he should be wrapped in warm flannel, and put into bed.

"The utility of the tepid effusion is by no means confined to the early stage of the malady, but may be safely and advantageously employed at almost any period. This remedy is exceedingly useful in the common intestinal diseases of children, attended with discharges. A preference is given to this method of applying the warm water, over the warm bath, from the known exhausting effects of the latter, while the effusion makes a sudden salutary impression upon the skin and system, and is generally of easier application.

"After the tepid effusion, an emetic should be exhibited, in such a dose as to insure an efficient operation, which should be promoted by full doses of warm diluents, until a free warm perspiration is induced. A strong infusion of eupatorium forms one of the best diluents, and possessing considerable emetic as well as diaphoretic qualities, the vomiting may, by its aid, generally be perpetuated until a decided impression is made upon the system. Chamomile tea, warm water, or any other warm diluent, will answer. Repeated draughts of toast, rice, or gum-arabic water, should be substituted for the other diluents, after the operation of the emetic. At an early period of the disease, and when the attack has been violent, the succeeding regimen often requires to be continued, for 24 or 48 hours, carefully guarding against any exposure of the surface, which might give a check to the cutaneous excretion. I am anxious, strongly to enforce the necessity of freely acting upon the skin at an early period of this malady. When this is done, the disease

rarely gives us much more trouble. It should therefore be done effectually.

"At a more advanced period of the disease, however, the sweating should be more moderate, but steadily kept up. If, notwithstanding the employment of these means, the skin remains obstinately hot and dry, and the pulse hurried and corded, blood-letting is again required. From the great tendency to exhaustion, in this disease, it is an object to save the vital fluid, and it is, therefore, generally best to draw blood from a large orifice, and while the body of the patient is in an erect posture, with a view to induce faintness, This is frequently one of our most efficient diaphoretics. A proper selection of emetics is important. When, in the early stage, the discharges are principally mucous, and the febrile excitement is considerable, the tartarized antimony, or this combined with ipecacuanha, may be administered. On the contrary, when the discharges are principally sanguineous or sero-sanguineous, a preference should be given to combinations of ipecacuanha with sulphate of zinc. In the more advanced periods, if an emetic be given, ipecacuanha alone or combined with Dover's powder, is perhaps the best. There is not only torpor of the skin, but of the liver, at an early period of dysentery; and many pathologists believe these the first links in the chain of morbid phenomena which constitute the disease. If so, what remedy more efficient than emetics, in turning back the current of fluids to the surface, or *in restoring the hepatic secretion!* A common opinion obtains, that emetics are useful only by the evacuations they produce from the stomach itself. Nothing can be farther from the truth. In a vast proportion of cases, scarcely anything exists in the stomach at the commencement of vomiting; and when bile is evacuated, it is not generally until vomiting has continued some time, and it is then brought there by the inverted motion of the small intestines. It is also generally believed, that when an abundant secretion of bile exists, emetics are indicated; but they are much more indicated when the biliary organs are in a state of torpor.

"The action of emetics is primarily upon the stomach, an organ situated in the centre of the organs on which our existence unceasingly depends. By its numerous ganglionic connections, and infinite play of sympathies, all its movements are felt and responded to in the most distant parts of the animated machine; and, itself responding to every part, like a sleepless sentinel, it announces, by its own derangement, every disturbance even in the outworks of the citadel of life.

"Whatever, therefore, makes a strong impression upon the stomach, cannot fail of having a corresponding effect upon all the functions. The muscles surrounding the abdomen are thrown into active contractions, which strongly compress the abdominal and thoracic viscera, and hurry the sanguine fluid to the heart, rousing its energies and directing an afflux of fluids to the surface of the body, thus equalizing the circulation. If a recession of fluids from the surface, and an afflux of them to the large intestines, constitute the essential nature of dysentery, remedies giving a counter direction to their movements cannot fail of relieving the internal engorgements; and, while this centrifugal direction of the fluids is perpetuated, all the symptoms are uniformly relieved. Notwithstanding, some authors on dysentery repose great confidence in sudorifics in its treatment, I cannot forbear the expression of my belief, that our systematic writers have generally placed them as well as emetics, in quite too low a rank in the scale of remedies. An inflammatory condition of the stomach, constitutional peculiarities, or the stage of the malady, may contra-indicate emetics, when the other means of acting upon the skin must be employed.

"Powders of ipecacuanha and cremor tartar, alternated with doses of spirits of nitre, and a solution of super-carbonate of soda, may be administered every three or four hours, to perpetuate the diaphoresis.

"These have likewise a tendency to restore the function of the kidneys, always interrupted in dysentery. Should the tormina and tenesmus still continue, notwithstanding the employment of the preceding remedies, *opiates* may be appropriate.

"These have been alternately placed at the head, and at the lowest point in the scale of remedies, by different individuals alike distinguished for medical acquirements. It is an unquestionable fact, that opiates may be highly *injurious* or *beneficial*, according as they are skilfully or improperly adapted to the stage and varying circumstances of each epidemic, and each particular case. When there is a highly inflammatory diathesis present, and all the excretions locked up, nothing can be more injurious or hazardous than the stimulating effects of this drug. But when the disease is somewhat advanced, and the skin has become cool, and the tormina and tenesmus are still severe, opiates are eminently useful. Full doses, administered at long intervals, are much more serviceable than small ones frequently repeated. Since this drug has a direct tendency at all times to arrest the renal secretion, it is important at the same time to continue the remedies, that have a tendency to act upon the kidneys. Another important circumstance needs likewise to be borne in mind, the liability of this drug to produce engorgement of the brain. Nothing more effectually prevents this than a free discharge from the skin; immensely larger doses being required to narcotise the system during free perspiration, than when

the surface is dry. It is important, therefore, always to combine with it the use of warm diluents. Dover's powder, or this combined with camphor, given every six or eight hours, is one of the best forms of exhibition. The sulphate of morphia may perhaps be preferable in some instances, but I cannot speak decisively from my own experience. Laudanum, combined with starch or mucilage, administered in the form of *enemata*, is often highly useful in allaying the severe tenesmus. In some instances, however, the severe irritation they produce in their administration, especially in children, more than counterbalances any beneficial effects resulting from their narcotic influence. In such cases the hip bath is often, and indeed is *generally useful* in allaying the tenesmus, and a warm emollient poultice to the abdomen, greatly relieves the tormina. Much more caution is required in the administration of opiates to children than to adults, from the known tendency to a transfer of disease to the head, in all their intestinal diseases. Opium being principally useful in quieting the tormina and tenesmus, and by its action upon the cutaneous exhalents; where these objects can be readily obtained by the employment of other remedies, it should be excluded from our medicinal agents.

"*Purgatives* in frequently repeated doses, constitute the remedies on which most reliance is placed by many of our systematic writers on this disease; I cannot, however, discover the grounds on which their reiterated exhibition can be defended, if their pathological views be correct, that dysentery is essentially an inflammation of the bowels. Who would direct frictions to a highly inflamed surface? Or think of prescribing as a remedy for a patient laboring under pneumonic inflammation, exercise of the lungs by speaking or playing on a wind instrument? Cathartics, by the irritation they produce, invite an afflux of fluids to the intestines, and augment their peristaltic movements; and in this way are often exceedingly injurious in a highly inflamed condition of their mucous membrane. Under judicious administration, however, *laxatives* are highly useful; but even these should not be too frequently repeated. Their employment should be principally confined to the removal of irritating matters, retained or secreted in the intestinal tube.

"Formerly, the opinion prevailed that the retention of hardened scybalæ constituted the essential nature of the disease, and reiterated doses of cathartics were given for their expulsion; but observation has proved that they rarely exist.

"When, however, there is reason to believe them present, or that any irritating matters are retained in the bowels, a full dose of castor-oil combined with a few drops of laudanum, forms a good laxative. Another valuable laxative, is a combination of epsom salts, manna, and gum arabic. This produces its effect, principally, by inducing serous discharges from the small intestines, which effectually wash out any irritating matters in the inferior portion of the canal. When the stomach is irritable, the addition, at the time of exhibition, of cremor tartar and super-carbonate of soda, given in a state of effervescence, may be advantageously made.

"My own observation has not furnished me with the evidence of the great utility awarded by medical writers, to the use of calomel as a cathartic in the early stage of dysentery, as it prevails in this climate. In the warmer latitudes, however, from the statements of our ablest observers, I cannot withhold the belief that even in this stage, it is an important remedy. But, I have great reason to believe that a dose of calomel given in the acute stage has aggravated some of the symptoms; and I have for that reason of late years abandoned its use. In the sub-acute stage, however, I have derived great advantages from the administration of a full dose, combined with castor oil and a few drops of laudanum. In this stage, likewise, alterative doses combined with Dover's powder, are frequently of decided utility. The sugar of lead has much respectable testimony in its favor, and should unquestionably be employed, if the profuse discharges which sometimes attend the disease cannot otherwise be restrained. The treatment of the chronic form and its complication with disease of the head, constitute important parts of the remedial management of dysentery, but my limits will not allow my going into detail on these branches of the subject.

"In the remarks, gentlemen, I have offered upon the treatment of the acute stage of this painful malady, I am sensible I have presented some recommendations which do not accord with those generally given by our systematic writers on the disease. I however believe them right, and ask for them no other consideration, than their candid submission to the unerring tests of medical truth, experience and observation."

2. *Medical Topographical Report of the County of Columbia, communicated to the State Medical Society by the County Medical Society*, 1834. *Extracts from.*

"*Soil.*—There is every variety of soil in this county, viz. clay, sand, gravel and loam; though a warm gravelly loam is thought to predominate. The time of the year when noxious exhalations are most injurious, is during the latter part of the summer and the commencement of the autumn. There are a few mineral springs in this county. There is one within the corporation of Hudson, of the sulphureous character. It has not been analyzed, but it is evidently, to the sense of smell, well impregnated with sulphuretted hydrogen. Judging from the analysis of other springs of the same kind, and of its effects

upon diseases, it probably contains also more or less of iodine. There is another spring in the town of Chatham, which is said to be very similar to the celebrated Harrowgate waters of England. The New Lebanon spring is the most notorious of any in the county, though it possesses less mineral virtues than those we have mentioned. For bathing it is very excellent, always keeping the temperature of 72 degrees Fahrenheit. According to the analysis of Dr. Meade, two quarts of the water contain of

Muriate of Lime,	1 gr.
Muriate of Soda,	1¾ gr.
Sulphate of Lime,	1½ gr.
Carbonate of Lime,	¾ gr.

Of æriform fluids,

Nitrogen gas,	13 cubic inches.
Atmospheric air,	8 do."

"*Diseases.*—Previous to enlarging on this head, it may be proper to remark, that the town reports, upon which this is based, were made to the County Society in 1831. From these as well as from subsequent observation, it appears, that few diseases of a strictly endemic character have of late years prevailed in this county. In the fall, winter and spring, diseases of an inflammatory nature, chiefly show themselves. No peculiarity in their character has been discovered, nor has any other than the ordinary method for subduing them, been resorted to. In making this observation, however, an exception, applicable to one or two practitioners of this county, should be stated. It is maintained by them, that in the treatment of enteritis, the peristaltic motion of the bowels should not be excited by the use of cathartics. The argument adduced in support of this, is, that the indications of nature should here be strictly followed out; which is, to leave the inflamed intestine in a quiet state, until all inflammatory symptoms have been subdued by venesection, &c. What the result would be, in carrying this theory into practice, we are from experience unable to say, but the common practice with physicians in this county is, after the lancet, to resort to purgatives, chiefly sub-muriate of mercury, sometimes combined with and sometimes without opium, to discharge the contents of the bowels. Pulmonic affections are not uncommon in this county. There are probably more deaths from consumption, than from any other disease that is constantly visiting us.

"Intermittent and remittent fevers, are quite common, in some parts of the county, and more particularly in its southern portions. It prevails there usually during the early fall, and the latter spring months. The remittent form is more rarely met with, and when it is, we sometimes encounter it as an idiopathic disease, but not unfrequently as the result of a neglected intermittent.—When early prescribed for, the intermittent is pretty sure to yield to an emetic, and quinine during the apyrexia. It may not be improper to observe, that the quinine has in some parts of the county lost much of its reputation, from the frequent recurrence of the same disease, in persons who had been cured of it by this remedy. From eight to ten days is the usual immunity, enjoyed by those who are the fit subjects of this malady.

"*Epidemic Diseases.*—In 1830, different forms of scarlatina were very prevalent in this county; every subsequent year it has visited us, though it has confined itself to a few sections of the county. The usual mode of treatment, both in the simple and as well as malignant form of this complaint, is, to give an emetic in the commencement, with laxatives and mild diaphoretics, local applications of rubefacients to the throat and neck, epispastics, with stimulating gargles for the ulcerated tonsils. An early recourse was also had to tonics and antiseptics, such as an infusion of Cort-Peruv. port wine, yeast, &c. An effusion into the cellular membrane was the frequent termination of this disease. But this was generally removed by the use of tonics, combined with stimulating diuretics. As it regards the question of contagion, a diversity of opinion exists among the physicians of this county; many facts of almost equal weight and credit are adduced on both sides."

We are much pleased at seeing the attention of the Profession directed to this point of practice; for we are satisfied that in the various inflammatory affections of the bowels, drastic purgatives often have a disastrous effect. At the conclusion of the article, the following allusion is made to the deservedly popular and successful hospital for the insane of Dr. White.

"In the year 1830, a private insane hospital was established in Hudson, by Dr. S. White. The building is well calculated for the purpose, being situated on elevated ground, commanding fine scenery, good air, and wholesome water. The interior is also well arranged for the safety and comfort of the patients. The treatment of recent cases has thus far been very successful."

We have made a visit to this institution, and can bear testimony to the accuracy of the remarks made in the report of the Committee. This building is constructed of handsome stone, with a centre three stories, and two wings two stories in height. It is situated upon elevated ground on the north part of the town, and faces upon the south a very fine new building, which is intended for a Court House. Between the Asylum and the Court House, nearly upon the cross street which intersects the main street of the city, is situated the dwelling house of Dr. White, the medical proprietor of the institution. If any of our medical brethren wish to relieve

themselves of the noise, dust, and "wear and tear" of the city, by enjoying fine scenery, we would advise them to take the different views from the Asylum at Hudson. On the north and east you have a fine cultivated country, with handsome country seats in one direction, and the noble Hudson, covered with its rapid boats and whitened sails, in another. On the south and west, when looking over the city, you have that beautiful hill, called Mount Merino, and at a distance beyond, the Catskill mountains, stretching along for miles in all their majesty and grandeur. The location of this building is not only beautiful on account of the scenery it commands, but it is also extremely healthy. The mortality of the place is perhaps less than any other city in the State; and although the cholera made a visit at Athens, on the opposite side of the river, it has never made its appearance at Hudson.

Upon examining the interior of the establishment, the visitor finds every thing well adapted for the comfort and restoration of patients: rooms neatly kept, well furnished, ventilated and heated: out-buildings for noisy and disorderly patients: a spacious yard for exercise; and attentive and kind male and female superintendents, with their assistants. In his medical labors, Dr. White is assisted by his son, Dr. G. H. White. Their treatment is upon the most approved plan, and has been quite successful, being in recent cases about 90 per cent.

The establishment of this instituuion was truly a bold and benevolent undertaking; and as it was much needed, we hope it will continue to receive a liberal patronage.—*Ed's.*

3. *Medical Topographical Report of the County of Madison, by Alvin Ford, M. D., communicated to the State Medical Society by the County Medical Society. Extracts from.*

"In regard to disease, this county must be divided into two regions or districts, viz. the low and flat lands, and the elevated and uneven. The former lie in the north part, on an average of 600 feet lower than the latter, and occupy nearly one fourth of the area of the county. In this district lie the Erie canal and the great Canaseraga swamp. The soil consists almost entirely of sand and loam lying upon a bed of clay, and is evidently of alluvial formation. The land along the line of the canal, and between that and the hilly country south of it, is thickly inhabited, and about two-thirds of it under a high state of cultivation. North of the canal, very little of the land is settled, except a beautiful ridge of a gravelly alluvial soil, about one mile and a half wide, that rises gradually from the lake, till it reaches an elevation of 50 or 60 feet above its surface."

"The character of the diseases of this region, is entirely different from that of the southern and more elevated district. Here bilious and bowel complaints are very common, and *intermittent* and *remittent* fevers are endemic. In the early settlement of Chitteningo flats, they prevailed annually, sweeping off immense numbers of the early settlers; but since the lands have been generally and well-cultivated, these diseases have very greatly diminished. On the margin of Oneida creek, these diseases have likewise prevailed, though not as extensively or malignantly. Along the Cowossolon, from the circumstance of its traversing a large extent of level land, and the great swamp overflowing during every wet season, a large extent of surface, these fevers prevail extensively, and particularly when heavy rains are succeeded by hot, sultry weather. In 1819, hot, sultry weather commenced in the early part of June, soon after the spring freshets, and these diseases commenced in that month. and prevailed extensively, till the latter part of September, during which period, but very few of the population escaped attacks of more or less severity. Many instances occurred of whole families being simultaneously attacked with the various grades of the disease, from the mildest intermittent to the most malignant form of remittent or continued fever.

"During this year, there was a great tendency in these diseases to run into a low typhoid or continued type, and after proper evacuations, and the cold affusion, they required an unusually early exhibition of bark and other tonics, to arrest their progress."

"Irregular intermittents were, however, exceedingly common, and the paroxysms violent. The attacks were generally preceded by pains in the limbs, back, and head, for several days, loss of appetite, languor, and indisposition to corporeal or mental exertion. But occasional cases occurred, without any previous warning. A severe rigor or severe coldness of the whole body, and depression of all the powers of life, attended with stupor, ushered in the attack. In general, however, after the premonitory symptoms had continued for a few hours or days, a severe rigor, followed by the hot stage, ensued, and lasted from a few minutes to two or three hours, and the succeeding hot stage subsiding gradually, without diaphoresis, would leave the system for a time free from fever. On the following day, a hot stage would come on without the previous cold stage, and go off with diaphoresis. An irregular double tertian of this character, was frequent.

"At another time, the fever would come on with a little chilliness, followed by a severe hot stage, for twenty-four hours or more, and go off with a sweat, followed the next day, by a severe rigor and hot stage, without diaphoresis. These cases were generally attended, during the hot fit, with severe pains in the head and back, at times nausea and vomiting, at others with severe delirium or profound coma, for hours.

"Many cases occurred, in which neither a cold or sweating stage was present, and occasionally the rigor would be the last stage of the paroxysm. Cases sometimes occurred, in which the extremities remained cold, and the patient

experienced a sensation of chilliness throughout the whole paroxysm. In the remittent form, the commencing rigor was not as severe, and the headache and pain in the back, were less violent than in the irregular intermittent; the pulse more frequent, with less fullness; the tongue covered with a white or yellow fur, and as the disease advanced, sordes collected on the teeth. The paroxysms occasionally lasted from a day or two to a week, without distinct remissions, although a marked abatement generally occurred once in twenty-four hours.

"But few fatal cases occurred in this section, although in some of the adjacent counties, the disease was very mortal. Those that were attended with local disease, generally yielded to active depletion, and the only cases that assumed a malignant character, were those in which the paroxysm terminated with diarrhœa or cholera morbus, instead of diaphoresis. Although many cases of this description, were unattended with much apparent danger, yet large serous discharges came on, and the physician found, on first being called, that his patient was in a state of fatal exhaustion.

"The onset of these diseases was generally met by emetics, cathartics, and diaphoretics, and cases complicated with local inflammation or attended with high excitement, required bloodletting, alterative doses of mercurials, and other anti-phlogistic remedies, till a full solution of the local disease, and an entire intermission of fever, were induced, when full doses of quinine would readily arrest the paroxysms. No circumstance has been more unfortunate in the treatment of these diseases, than the early exhibition of quinine and astringents, since the consequence almost uniformly has been a very slow recovery, frequently attended with chronic inflammation of some important organ. Many cases of this nature occurred, when quinine was used as a domestic prescription, without previous evacuations of any kind.

"In cases of an irregular character, or those attended with simple high excitement, no remedy held so controlling an influence as the *cold affusion*. If the proper time was seized upon, which was the height, or the beginning of the decline of the paroxysm, when the skin was hot and dry, when the head was painful and the patient restless, it almost uniformly brought about an entire intermission of febrile excitement, and induced the utmost tranquility in the patient. The transition from extreme restlessness and pain, to ease and comfort, was often so sudden as to appear almost *like magic*. The entire intermission it induced, afforded an early opportunity of giving quinine, and thus promptly arresting the disease.

"The exhibition of a mild emetic of ipecac. immediately after the cold affusion, assisted by warm diluents as diaphoretics, was often a valuable auxiliary, and tended more effectually to prepare the system for the exhibition of quinine. The cold affusion was repeated in succeeding paroxysms with great benefit, especially when the tongue remained coated, which has always been a barrier to the early exhibition of tonics, except in those cases of malignant intermittents, complicated with apoplectic coma, during the paroxysms. These cases were most successfully treated by active depletion, and then the free use of quinine, combined with emetic tartar, in the intermissions.

"The tepid, or warm affusion, was highly useful in cases complicated with local disease; and those where the vital powers were greatly depressed. In such it often produced a marked change, by equalizing the excitement, inviting the fluids to the surface, and allaying irritation.

"During the prevalence of these fevers, as endemics or epidemics, no complication was attended with so much hazard as diarrhœa, from the circumstance of its scarcely inviting attention till the patient, at the close of the paroxysm, was found in a state of irrecoverable exhaustion. This was at times so sudden, that though able to sit up and walk about at one period of the day, they were found moribund at another, simulating in a marked degree the last stage of the epidemic, which has been misnamed *cholera*.

"Such cases were best controlled by the tepid or warm affusion, followed by emetics of sulphate of zinc or copper, combined with ipecac, at the same time giving freely of warm diluents to act upon the cutaneous exhalents. When these did not arrest the diarrhœa, Dover's powder combined with camphor, or laudanum combined with spirits of nitre, would often arrest the progress of this fatal symptom. When there was epigastric tenderness, cupping was highly useful. In such complications, as soon as a full intermission was procured, liberal doses of quinine were successfully administered."

"*Cynanche Anginosa*, or *Scarlet Fever*, is one of the most common diseases of this county, in the cold season of the year, though it does not often become epidemic. Dr. Bailey, of Brookfield, has had the goodness to furnish me with the following account of a disease that prevailed in his neighborhood.

"'In the winter of 1830 and '31, an epidemic prevailed in the northern part of this town, and the adjoining town of Sangersfield, in Oneida county. During several weeks previous to the appearance of the disease, in Brookfield, I frequently heard that a very malignant disease was prevalent in Sangersfield, which carried off numbers of the inhabitants. But I did not obtain any correct information relative to the symptoms or mode of treatment. I waited with the most painful anxiety, daily expecting its approach. At length, I was called to a patient, in my own neighborhood, who had been unwell for several days previous to my being called. I was not apprehensive, at first, of its being the disease so much talked of, nor did I feel any alarm for the safety of my patient. But on the second day after my first visit, the disease put on very alarming symptoms, and I became satisfied that it was the disease. I then adopted the most energetic measures, but with no beneficial effects. The patient rapidly sunk into the arms of death.—This determined me, should I have another case of the kind, to pursue a more active course of practice from the commencement.

"'The disease soon appeared as an endemic, in the central and northern parts of my practice. It seemed to me to be a typhus fever, with local inflammation. The topical inflammation was

not confined, in all cases, to the same organs. Sometimes it was located in the tonsils; in other patients, on the lungs; and in others, the kidneys and urinary bladder were the seats of the disease; yet in all cases, the fever and general symptoms were the same.

" 'The disease was generally ushered in with the usual symptoms of fever. In a few cases, the patient complained of a slight pain in the head, a few days previous to the general attack; but commonly he was seized with chilliness, followed by burning heat, thirst, and excruciating pain in the head, with severe pain also in whatever part happened to be the seat of the local affection. The pulse beat generally from 120 to 140 strokes in a minute, and the skin, in some instances, gave a peculiar burning sensation to the touch. To a superficial observer, the pulse might have suggested an idea of fullness, but on making a moderate pressure on the artery, its real state was easily discovered. Where the lungs were the seat of the local affection, the patient complained of a most distressing pain in the side, or under the sternum, and a want of breath, like a person in a crowded or confined apartment. There was, in these cases, much cough, attended with a difficult expectoration of a viscid phlegm, intimately mixed with blood, so as to present a homogeneous appearance. When the urinary organs were the seat of the disease, in addition to the constitutional or general symptoms, there was a most distressing pain in the back, running along the course of the ureters to the bladder, attended with a painful discharge of bloody urine. In a few cases, an erysipelatous eruption took place about the scalp, which ended in suppuration.

" 'In the treatment of this disease, I made use of venesection in one case only, (the first,) and the patient died. The course adopted after this was cal. 6 grs. once in four hours until moderate purging was induced, then calomel and opium in small doses, every four hours. This course was pursued without reference to the local affection. When the tonsils were affected, in addition to the above, I applied a blister to the throat, and gave a strong decoction of seneka. When the lungs were affected, I applied blisters to the chest, gave seneka, and mucilage of gum-arabic, and calomel and opium as above stated. When the urinary organs were affected, I gave in addition to the calomel and opium, spirits nitre dulc. and mucilages, and applied a strong tincture of capsicum to the back with friction. Under this mode of treatment, I had the happiness to see my patients generally recover. On the fifth day of the disease, (generally,) a slight ptyalism came on, with an abatement of all the symptoms, and on the seventh, the patient was convalescent.

" 'There were a few cases, in which no reaction took place, but the patients appeared to be sinking under the cold stage. In these cases, I had recourse to the most diffusible stimulants, with the happiest effects.'

"In the autumn of 1830, typhus fever prevailed in New Woodstock, and continued more or less, during the following winter. There were in all, between 60 and 70 cases. In a majority of them, there was a strong tendency to sub-acute inflammation of the brain or its membranes. In some, the lungs were the seat of the inflammatory attack, and more rarely the stomach and bowels. The patients were sometimes attacked suddenly with severe pain in the knees, back or head; sometimes in all these parts simultaneously, followed by a severe rigor. Generally, however, the attack was more gradual, the subjects of it complaining of languor, loss of appetite, indisposition to mental or corporeal exertion, vertigo and slight nausea, a sensation of coldness creeping over the different parts of the body, and frequent sighing.

"The symptoms of this epidemic, (if such it may be called,) are so perfectly described by Armstrong, in his treatise on this type of fever, that I shall refer to him for a full description. There were, however, one or two peculiarities worthy of notice. In many cases, there would come on a severe rigor, which would be repeated once in two or three days, and sometimes more than once the same day; followed by drowsiness and great prostration. In some instances that I witnessed a year before in the town of Pompey, (Onondaga co.) this rigor was followed by profound coma and death in a few hours. Extreme torpor or insensibility of the prima via to the action of cathartic medicines, was another peculiarity; it being, in some cases, almost impossible to produce an evacuation, by any means. Large doses of calomel, colocynth, and even Croton oil, assisted by the milder cathartics, enemata, and the warm bath, would sometimes produce only very scanty and unsatisfactory discharges.

"The disease, however, generally yielded, under the judicious administration of anti-phlogistic and alterative remedies. But in a few cases it assumed a malignant aspect, when the name *typhus* was suffered to mislead and deter the medical practitioner from the use of the only means which offer security against local disorganization. In a few such instances, where stimulant remedies had been early used, petechiæ and vibices appeared on the skin, and the patient sunk under a fatal diarrhœa, or the usual symptoms of compressed brain. In one case the skin was so thickly studded with points of capillary extravasation, as to have a blue or purple color from head to foot; and in another there were numerous buboes, or imperfect abscesses, in various parts of the body and limbs, containing from a thimble-full to an eggshell-full of bloody purulent matter. In this case the patient recovered."

4. *Officers, members and delegates present.*—Drs. Thomas Spencer, Madison, President; James McNaughton, Permanent Member, Vice President; Joel A. Wing, Permanent Member, Secretary; Platt Williams, Permanent Member, Treasurer; Jonathan Eights, William Bay, John G. Morgan, Laurens Hull, Moses Hale, Daniel Ayres, Joel Foster, Charles D. Townsend, Richard Pennel, Peter Wendell, Samuel White, T. Romeyn Beck, Permanent Members.

The following gentlemen presented certificates as delegates from their respective county

medical societies, and took their seats accordingly:

John James, Albany; Samuel McClellan, Rensselaer, William Carlisle, Montgomery; William Horton, jr. Orange; Phineas Hurd, Cayuga; John McCall, Oneida; Sumner Ely, Otsego; Cornelius H. Van Dyck, Schoharie; Erastus Hamilton, Greene; James Fountain, Westchester; Thomas Spencer, Madison; John S. Shuler, Niagara; Abijah G. Benedict, Dutchess; Charles Winne, Erie; Robert G. Frary, Columbia; Calvin W. Smith, Herkimer; Luke G. Tefft, Onondaga; Samuel P. Bishop, Tompkins; Ebenezer Steel, Delaware; Sylvester Miller, Lewis; Hiram Corliss, Washington.

The following gentlemen, being members of the Legislature, were invited to take their seats as honorary members:

Drs. Charles Winfield, Orange; Barent P. Staats, Albany; Miles Stevenson, Clinton; Henry T. Sumner, Madison; Noyes Palmer, Cayuga; Merrit H. Cash, Orange; Nicholas B. Harris, Rensselaer; Andrew Groom, Cayuga; Jared H. Parker, Onondaga; Carlos Emmons, Erie; Theodore W. Anthony, Dutchess; Eli West, Jefferson.

5. *Censors' Report.*—The Censors reported, that they had examined and admitted to license the following gentlemen since the last annual meeting:

Dean Hathaway, Madison; Halsted Hermans, Albany; Nathan R. Taft, Onondaga; William Vanderhoof, Dutchess; Theodore Fowler, do.; John Sickles, jun. New-York; George W. Hodgson, do.: Alanson Prime, do.; John A. McVickar, Lewis; Albert H. Greenly, Jefferson; Robert P. Butler, England.

6. *Report of the Hudson Lunatic Asylum.*—Dr. White presented the following report of the Hudson Lunatic Asylum:

Statement of cases at the Hudson Lunatic Asylum, from July 1, 1830, to January 1, 1834, a period of three years and a half.

One hundred and thirty-one persons have been received and medically treated, to wit:

Chronic cases, ...	70
Recent cases, ...	49
Intemperate, ...	10
Opium eaters, ...	2
	131

During the above period, one hundred and nine have been removed, to wit:

Chronic cases,	6	recovered.
	10	much improved.
	10	improved.
	16	stationary.
	1	removed within 2 weeks, the friends not complying with rules.
	8	died.
Recent cases,	42	recovered.
	2	much improved, but removed before the expiration of the quarter.
	2	died.
Intemperate,	9	reformed.
	1	unreformed.
Opium eaters,	2	reformed.
	109	

Twenty-two cases remaining, January 1, 1834, to wit:

Chronic cases,	1	recovered.
	2	much improved.
	11	improved.
	5	stationary.
	19	
Recent cases,	3	recovered.
	22	

SUMMARY.

Chronic cases,	7	recovered.
	12	much improved.
	21	improved.
	21	stationary.
	1	removed within 2 weeks.
	8	died.
	70	
Recent cases,	45	recovered.
	2	much improved, but removed before the expiration of the quarter.
	2	died.
	49	
Intemperate,	9	reformed.
	1	unreformed.
	10	
Opium eaters,	2	reformed.
	131	

According to the above Report, it will be perceived, that more than 90 per cent. of recent cases have recovered; whereas, in the chronic cases, only one in ten was restored; which may be accounted for by the fact, that many of the chronic cases were admitted for their safety and comfort, without any curative means being resorted to, with the prospect of recovery.

7. *Permanent and Honorary Members.*—Drs. William Taylor and William Horton, jr. were elected permanent members.

Drs. James Conquest Cross, of Kentucky, and Alfred T. Magill, of Virginia, were elected honorary members.

The following gentlemen were nominated as honorary members:

Dr. Alexander E. Hosack, New-York.
David Palmer, Westchester.
Cornelius Holmes, Washington.
John Eberle, Cincinnati, (Ohio.)

The following gentlemen were nominated as permanent members:

Dr. William Carlile, Montgomery.

Dr. John Holmes, Herkimer.
J. Edwin Hawley, Erie.
Cornelius P Heermance, New-York.
Bryant Burwell, Erie.
Amos Botsford, Greene.

8. *Election of Officers for* 1835.—Drs. John H. Steel, President; James McNaughton, Vice President; Joel A. Wing, Secretary; Platt Williams, Treasurer. James R. Manley, Edward G. Ludlow, John C. Cheeseman, Jonathan Eights, William Bay, Peter Wendell, Moses Hale, Elijah Porter, Samuel McClellan, John McCall, Thomas Spencer, John G. Morgan, Censors. Laurens Hull, John S. Shuler, Sylvester Miller, John James, T. Romeyn Beck, James Fountain, Samuel White, Charles Winne, Sumner Ely, Committee of Correspondence. John B. Beck, James R. Manley, Richard Pennel, John Stearns, John C. Cheeseman, Committee on Prize Questions and Dissertations.

ART. IV.—*Twenty-ninth Meeting, Albany, February,* 1835.

1. *Essay on Hygeia, by Dr. Elijah Porter, of Saratoga Coun'y. Extracts from.*—"We would premise, as the nature of our subject demands, that it is utterly absurd and inconsistent, to suppose the existence of a remedy, which would effectually cure the same disease in persons of different constitutions; and that when an empiric recommends the same arcanum or secret medicine to those of different temperaments, without any distinction between the child, the youth, the middle-aged and the aged; between the delicate and plethoric female and the hardy and iron-framed sailor, or the sturdy and robust farmer and the enfeebled and toil-worn mechanic; his object is not *their good*, but *his own interest*—not the promotion of *their welfare*, but the *distension* of his own purse. Ignorance and self-love are, indeed, occasionally the authors of prescriptions of this character; but these, so far from palliating, rather aggravate the offence; for those who have had the advantage of scientific research, and have so misimproved them as to remain yet ignorant of the human constitution, surely ought not to assume the responsibility of prescribing medicines, on the success or failure of which, human life may depend; much less ought those who are wholly unacquainted with the character of the human system, and the nature of the pretended remedy; and the interference of persons of this stamp, should be universally avoided as no less deleterious to the welfare of the human family, than were the fire-brands to the wheat of the Philistines. How often do we hear the term *Hygeian* applied to patent medicines, even by those who know that the very name implies health, or that state of the system which does not require remedies, but must be impaired by them. How often, too, do we see delicate constitutions entirely ruined by this class of medicines; when a judicious regulation of the non-naturals was all that was necessary to preserve the health of the system, and keep open the channels of life. I think that I may safely appeal to the experience of every medical gentleman, to sustain me in the truth of this assertion.—Who, in this association, has not seen slight colds rapidly assuming the forms of mortal consumptions, from the use of some of the stimulating balsams—medicines which might indeed have been proper for the aged and phlegmatic, but which, to the young and the sanguine, were as fatal as the arrows of death? Who, that has ever read, but has admired the wisdom of Sydenham's adage, that 'some knowledge is necessary to know when to begin to take medicine, a great deal to know where to leave off.'

"More than one half of the rapidly fatal consumptions with which I have been acquainted in an extensive practice of forty years, have taken their origin in the injudicious use of medicines by those who did not need them, and who, by a correct regulation of the non-naturals, would probably have been restored to health, had not some kind neighbor or ignorant pretender to a specific cure, recommended to their use a nostrum, which (if their professions were to be believed) had already cured numbers who were afflicted with the same disease.

"We frequently meet with persons of some knowledge and much goodness, who have been instrumental in bringing many to a premature end, by lending their names to men like Swaim, who with his Panacea has probably done more injury in a single year, than would counterbalance every good action of his life. I am acquainted with a clergyman of celebrity, whose name is affixed to a certificate of the efficacy of a secret cure for dyspepsia, in which he stated that more than three years since, he was, himself, completely cured by this medicine, when he would still pass among strangers more readily for one of Shakspeare's ghosts, than for a healthy man.

"Another clergyman with whom I was acquainted a few years since, purchased Thompson's patent, and took of his No. 6, until the tone of his stomach was so completely destroyed, that doses sufficient to intoxicate were unable to promote digestion; and he died under forty years of age, fully convinced until within a fortnight of dissolution, that every dose improved his health, while it was obvious to all around that he was constantly sinking nearer and more rapidly to the grave.

"How often have we to mourn the untimely fate of valuable acquaintances and esteemed friends, who, in the enjoyment of health, a state in which the use of medicines is not only useless, but injurious, yet in the anticipation of future diseases, have recourse to artificial stimulants; and abandon the judicious regulation of the non-naturals, for the use of those medicines which, as they are not beneficial, must necessarily be deleterious.

"Hygeia, in its primary sense, signifies *health*, and a Hygeian medicine, or to use a tantamount expression, *a cure for health*, involves so palpable an absurdity, as to show full plainly the blindness of the minds of those who have blazoned forth throughout the world, the efficacy of their invaluable arcana. Patent medicines commonly have annexed to the numerous and

incongruous epithets, which they are by the patentees alledged to possess, the properties both of prevention and of cure, and that in diseases wholly opposite in their nature, and in persons entirely dissimilar in habits, character and constitution; the absurdity of which, we should suppose, would check their use, at least among those who profess to be guided by the lamp of reason. But experience tells us that we are wrong; it teaches us that deeply as the love of life is implanted in the human breast, yet in the use of medicines which most endanger both his happiness and life, he is most credulous, careless, and incautious.

"Yet when we see men bold and confident in acknowledged ignorance succeed in business as physicians, men too whose judgment would be inadequate to the lowest of the mechanic trades; shall we wonder that the same frail being should allow himself to be the dupe, and his purse the prey of every ignorant pretender, who could persuade him that health was a disease, and that patent medicines would cure it?

"But we will now pass over from this to another branch of our subject—*Alcohol*, which is by a large portion of mankind, regarded as almost indispensable to health, particularly on exposure to heat, cold or fatigue. It is the product of fermentation, and constitutes all that is salutary as well as dangerous in wine, beer, cider, rum, gin and brandy, and is very properly called spirits of wine. The juice of any fruit when first pressed out, is called *must*, and after fermentation becomes *wine*. This contains more or less alcohol, in proportion to its saccharine qualities."

"The effects of alcohol upon the health. It will be perceived that I use *it* and *spirits of wine* as synonymous; as they are in fact the same in a scientific sense; for alcohol remains unchanged in nature, if not in name, whether combined with the water of the grape, apple or other fruit. Drunkenness is more readily produced in cold than in warmer regions, but its inroads are less speedy, though equally fatal; while its deleterious effects upon the morals are more rapid in their progress, in southern countries."

"The Rev. Dr. Beecher, in speaking of beer, remarks, that it will finish what ardent spirits has begun, and with this difference only, that it does not rasp the vital organs with quite so keen a file, and enables the victim to come to his grave by a course somewhat more dilatory, and with more of the good-natured stupidity of the idiot, and less of the demoniac frenzy of the madman. Speaking of wine, he says, 'the victim is only stretched longer on the rack, to die in torture by the gout; while ardent spirits finishes life by a shorter and perhaps less painful course.' Dr. Harden observes, that 'the habitual use of wine, as well as the temperate use of ardent spirits, is the cause of intemperance;' that all alcoholic liquors must be abandoned, or the vice of drunkenness will continue. The Broome County Medical Society says, 'it is evident that neither wine, beer, or cider would be made, used, or esteemed as drinks, were it not for the alcohol which they contain; that alcohol, in spite of any delusive name which may be bestowed upon it, is alcohol still; still one of the most deadly poisons known to physicians.' To quote more authorities is needless; suffice it to say, we have a redeeming assurance, that less alcohol is used now than a few years since."

2. *Medical Topographical Report of the County of Onondaga, by Drs. Sing, Clary, Hanchett, Davis, and Hoyt. Extracts from.*—"The face of the county possesses considerable diversity; it is made up of plains, hills, valleys, woodlands, and arables. No section can with propriety be denominated mountainous, though we have here some of the highest land in the State. The great dividing ridge which extends from east to west through several counties, passes through the middle and southern part of this. The streams which arise on the south side of this ridge, make the head waters and tributary branches of the Susquehannah, and empty into the Atlantic; those arising on the north side take a northerly course, and flow into lake Ontario. The highest point of land is in the town of Pompey, called Pompey Hill—being 1300 feet above the level of the Hudson at Albany, and 800 above the Erie canal at Syracuse. Many parts of Fabius, Manlius, Onondaga and Skeneatelas are nearly of equal elevation. The contrast between this part of the county and that lying north of the Erie canal, is extremely striking; the latter is one continuous uninterrupted level, with scarcely any variety, with here and there a sluggish meandering stream, winding its way towards the lakes. The former is made up of hills and vales, and ridges and ravines, with rapid streams. The hills are generally cultivated to their summits, and prolific in the growth of the staple commodities; and for four months of the year covered with snow.

"Some sections of the low lands are marshy, yet susceptible of being drained, and of a highly productive character, and are covered with snow a comparatively short period. The great ridge runs east and west, but the streams run north and south; the smaller ridges extend in the same direction.

"The timber of the higher regions consists of rock maple, ash, black and white oak, cedar, basswood, hemlock, pine. On the flats, beech, hemlock, cedar, and swamp oak, elm, soft and hard maple, pine, basswood. From the latitude of the county and the character of its surface as presented above, may be inferred the climate and prevailing winds. We are not aware that any meteorological table is kept in the county, to which we can refer you for correct and conclusive data on these points, a matter which we sincerely regret.

"The soil presents a great variety; clay, gravel, sand and loam all exist, though the most predominant may be regarded as gravel and loam—these form the greater part of our hills, and exist to some extent in the low lands. Extensive regions of the latter are covered with a rich alluvion, from six inches to three feet deep, highly productive, answering in many cases as a manure for less rich sections. There are many circumstances which render it probable that at some former period, perhaps not very ancient, extensive tracts in the northern part of this

county were covered by the waters of the adjacent lakes. The diluvial character of the soil the discovery of marine shells, which are found in many sections, embedded in the soil and on the side of hills, and in penetrating the earth, both in their original state, and some of these forming most singular and interesting petrifactions, together with the fact that the face of the country is one almost continuous level, and but slightly elevated, render such an hypothesis extremely probable."

"In the western part of this county is a spring which throws off quantities of carburetted hydrogen.

"It may not be inappropriate here, in drafting this sketch, to include a few facts in relation to the Salt Springs at Salina, which are the most extensive in the United States, for the manufacture of salt from natural brine. These were discovered by the whites at an early period, through the medium of the Indians, to whom they were probably known long before Columbus visited America. Salt water is now obtained in large quantities, not only at Salina, but also at Geddesburgh and Greenpoint, at which villages and at Syracuse and Liverpool, are extensive salt manufactories. Professor Lewis C. Beck has made an analysis of the water, which is as follows:

Carbonate of Lime,	1.79
Sulphurate do.	4.20
Muriate do.	3.48
Muriate of Magnesia,	2.57
Muria e of Soda,	143.50
	155.54

"In this analysis is an omission of the iron, which may be seen deposited on the works and substances about them, and also when mixing with the water a solution of nut-galls.

"The source of these apparently exhaustless streams is often made a subject of inquiry; the prevalent and popular opinion is, that there are in this region extensive beds of fossil salt, which are constantly dissolving and issuing from the earth: how deep these may lie, and whether immediately beneath the springs, or at some distance, are facts equally beyond our knowledge.

"Great quantities of salt are manufactured in the district bordering on the Salt Springs, both by solar and artificial heat. The solar evaporation takes place in open vats, in which the water is exposed to the sun; these are constructed on a plain west of the village of Syracuse, and occupy one hundred and fifteen acres. In this mode 150,000 bushels of salt are made annually. Besides these there are establishments at Geddes, Salina and Liverpool, in which immense quantities are manufactured by artificial heat. From all these sources the whole amount of salt inspected last year was 1,800,000 bushels.

"Cutlery in this immediate neighborhood becomes rusty from the slightest exposure—it is corroded, in fact, to a destructive degree, unless extreme care be taken in polishing and keeping these articles dry. This does not occur simply from humidity of the atmosphere, as is known from the fact, that the cutlery of families living in lower situations, where the air is more humid, is comparatively exempt, whilst to those in the immediate vicinity of the vats it is extremely troublesome."

"The men employed about the salt works, notwithstanding their intemperance and necessarily irregular habits, possess comparatively vigorous, healthy constitutions, and are not often the subjects of disease.

"Several years since, when almost every decent citizen was the victim of an acclimating fever, those who engaged in the salt business, particularly about the solar works, were seldom affected.

"In 1832, of about seventy-five men employed at the solar works, not one was attacked with the cholera. Though several of the boilers fell victims to this desolating scourge, their habits and exposure are such that we should naturally suppose them most susceptible to any general morbific cause. These to be sure may be coincidences, but they certainly speak volumes to the fact that the occupation is remarkably healthy, and in connection with other circumstances, afford ample ground for the conclusion, that the atmosphere of this part of the country, is rendered salubrious and less productive of disease, in consequence of these manufactories. The scientific deduction to be made from these facts, your committee will not stop to consider, but close this part of the report, with the mention of one simple circumstance—the blood drawn from the arm of the salt boiler is uniformly of a light red appearance, more nearly the aspect of arterial than venous blood."

"In discussing the diseases incident to this section of the State, your committee will aim at the omission of every fact not peculiar. The hilly and elevated districts are occasionally visited by epidemics. Phlegmasiæ, in all their varities are common, especially during the fall and winter months. Scarlatina Anginosa of the American writers, is perhaps the most frequent epidemic; this recurs at distant intervals, prevailing with various degrees of severity, and even sometimes of the most malignant grade.

"Influenza also occasionally sweeps through these hilly regions. Within the last few years, the character of diseases prevailing in the lower districts, has undergone a material change; all the affections of these sections are more of an inflammatory type, than formerly. However, these parts of the county are still subject to intermittent and remittent fevers.—The first epidemic of which we have any account, was in 1801.

"The pneumonia typhoides, in its devastating course, visited this county in 1812 and '13—many fell victims to its rage.

"In 1819, many parts of this county were subjected to an unusual prevalence of intermittent and remittent bilious fevers.

"But the most extended epidemic occurred in 1828; it prevailed over the whole range of low lands bordering on the great lakes, and appeared in every variety of grade, from the mildest to the most stubborn and malignant affection; and undoubtedly resulted from animal and vegetable decomposition. In July of that year, immense quantities of rain descended upon the marshes and low lands, so that the valleys and morasses were completely deluged with water; the ensu-

ing weather was extremely hot and dry, and with this state of things the epidemic commenced its ravages. In the course of the disease there was generally some visceral determination, either to the liver, bowels, lungs, or brain, though generally the former."

Three other papers were read before the Society at this meeting; an Essay on Cholera, by James R. Manley, M. D., resident Physician of the city of New-York; one by Professor Joslyn, of Union College, N. Y., on the Physiology of Respiration, and Chemistry of the Blood, applied to Epidemic Cholera; and the other a Report on the Medical Botany of the town of Hamilton, Madison Connty, by Drs. J. S. Douglass and J. Babcock. These papers give much interesting information on the subjects they treat on; but not admitting of either Analysis or Extracts from them, we refer the reader to the papers.—*Eds.*

4. *Officers, Members and Delegates present.*—Drs. John H. Steel, Permanent Member, President; James M'Naughton, Permanent Member, Vice-President; Joel A. Wing, Permanent Member, Secretary; Platt Williams, Permanent Member, Treasurer; Jonathan Eights, Daniel Ayres, John G. Morgan, William Bay, Joel Foster, T. Romeyn Beck, Charles D. Townsend, and Peter Wendell, Permanent Members; Thomas Spencer, Madison; John M'Call, Oneida; Phineas Hurd, Cayuga; Calvin W. Smith, Herkimer; Sumner Ely, Otsego; Hiram Corliss, Washington: Robert G. Frary, Columbia; Erastus Hamilton, Greene; John James, Albany; Abijah G. Benedict, Dutchess, Delegates.

The following gentlemen presented their certificates, as Delegates from their respective County Societies, and took their seats accordingly, viz:

Drs. James W. Miller, Montgomery; Ithamer B. Crawe, Jefferson; Stephen V. R. Bogart, Ontario; Daniel L. M. Peixotto, New-York; John P. Higgins, Saratoga; Ferris Jacobs, Delaware; Elisha Moore, Oswego; Nicholas B. Harris, Rensselaer.

The following gentlemen, members of the Legislature, were invited to take seats as *ex officio* Honorary Members:

Drs. Noyes Palmer, Cayuga; Andrew Groom, Cayuga; Merrit H. Cash, Orange; Christopher C. Rice, New-York; Truman B. Hicks, Warren; Theodore W. Anthony, Dutchess; Parvis A. Williams, Tompkins; Stoddard Judd, Dutchess; Peter R. Murphy, Herkimer; Joseph Carpenter, Otsego; William S. Paddock, St. Lawrence.

5. *Censors' Report.*—The Censors of the Southern District reported, that since the last meeting of the Society, they had examined and licensed the following gentlemen:

Frederick W. Hurd, Samuel Hart, Edward M. Guion, William H. Beers, Elias Peck, Elias T. Pentz, William P. Turpin, Joshua B. Fowler, George Jones, William H. Day, James R. Baldwin, Cornelius B. Archer, Henry Willshir.

Western District.—Lewis Post, James Foran, and Charles Clarke.

Middle District.—J. B. Scovel.

Eastern District—Philip T. Heartt.

6. *Permanent and Honorary Members.*—Drs. Thomas Spencer, of Madison, and Samuel McClallen, of Rensselaer, were elected Permanent Members.

Drs. Samuel Jackson, of Philadelphia, and John Eberle, of Ohio, were elected Honorary Members.

The following gentlemen were nominated as Honorary Members:

Drs. Robley Dunglison, Maryland; Thomas Sewall, Washington; Joseph W. Brewster, Onondaga Co.

The following gentlemen were nominated as Permanent Members:

Dr. Ithamer B. Crawe, Jefferson; Calvin W. Smith, Herkimer; Robert G. Frary, Columbia; Phineas Hurd, Cayuga; Erastus Hamilton, Greene; John James, Albany; Ebenezer Steele, Delaware.

7. *Election of Officers for* 1836.—Drs. John H. Steel, President; James M'Naugton, Vice-President; Joel A. Wing, Secretary; Platt Williams, Treasurer. James R. Manley, Edward G. Ludlow, Daniel L. M. Piexotto, Jonathan Eights, William Bay, Peter Wendell, Daniel Ayres, Moses Hale, James W. Miller, John McCall, Stephen V. R. Bogart, Ithamer B. Crawe, Censors. Thomas Spencer, John G. Morgan, Charles D. Townsend, Joel Foster, Calvin W. Smith, Sumner Ely, Hiram Corliss, Robert G. Frary, Abijah G. Benedict, Committee of Correspondence.

Resolved, That the following be the Prize Question, for the current year. and that the sum of Fifty Dollars be offered for the best Dissertation on the same:

The Influence of Trades, Professions, and Occupations, in the United States, in the Production of Disease.

The following gentlemen were appointed the Committee on Prize Questions, for the current year:

Drs. John B. Beck, James R. Manley, Richard Pennel, John Stearns, John C. Cheeseman.

ART. III.—*A Treatise on the Theory and Practice of Medicine and Surgery*, by L. C. ROCHE, and J. L. SANSON. Translated from the French, by A. Sidney Doane, A.M., M.D.

*Arteritis.**—Inflammation of the arteries of the extremities, which is pretty well known in an anatomical point of view, is not so well understood in respect to its causes and symptoms: and this too, not because the disease is too rare to be easily observed: on the contrary, it is more frequent than is generally believed, but it often happens that its effects are noticed, but are not

* Dict. de med. et de chir. pratique. Vol. II. art. Arteritis, by Bouillaud.

referred to their true cause. Thus a distinct disease has been made of one of its most serious and perhaps most common effects, and this has been specially described under the term of *gangræna senilis.*

In fact, gangrene (very improperly termed *senile*, because it affects persons at all ages) is very frequently the result, the symptom of an arteritis. The proofs of this truth are numerous. 1st, We almost always find traces of inflammation in the arteries of limbs affected with what is termed senile gangrene: 2d, the causes which produce this gangrene, have always been those which impart to the blood irritating qualities, as the abuse of spirituous liquors, highly stimulating meats, &c.: 3d, the interesting experiments of Cruvelhier have shown that the injection of an irritating substance into the arteries of the limb of an animal, will cause the inflammation of the internal tunic of these arteries, and the gangrene of the parts to which they are distributed:* 4th, this gangrene is always preceded by more or less severe local pains, and it is often attended with general symptoms of reaction which indicate an active morbid process: 5th, finally, the antiphlogistic treatment has been found to be most beneficial.†

But it may be said the arteries are often inflamed, and no gangrene occurs; this proves only that gangrene is not a necessary effect of arteritis, which we willingly admit. It might be added, that in limbs affected with what is termed senile gangrene, dissection has shown no trace of inflammation in any artery. We also have verified this fact; but, like the preceding one, it is a negative fact, which proves only that this gangrene may be produced by other causes than by inflammation of the arteries. In this case, as in many others, pathologists have confounded under a common term affections of different natures. They have included under the name of senile gangrene, all the spontaneous gangrenes, the causes of which escaped them: and ignorant of the nature of these gangrenes, have supposed it to be the same in all cases, because they have appeared to them similar. Finally, it may be objected, that the arteries are frequently found obstructed in limbs affected with senile gangrene, and that it is more natural to attribute this partial death to the privation of blood, than to the inflammation of the artery: but this obliteration of the arteries is itself one of the effects of their inflammation, for it is produced by more or less dense fibrinous concretions, arranged within the artery in successive and concentric layers, by a kind of blackish paste which adheres to its parietes, &c.; and at the same time we observe traces of inflammation in the internal tunic, it being red, friable, peeling off after the middle tunic, &c. Secondly, phlegmasiæ sometimes exist, without obliteration; a canal remains in the centre of the laminar layers of fibrine which line the inflamed artery, large enough to allow the passage of sufficient blood to preserve vitality in the limb, and yet gangrene is produced. Léveillé stated a curious case of this kind at the Royal Academy of Medicine, (October 9, 1827.) Finally, the arteries are frequently obliterated by ligature, and gangrene seldom follows. The obliteration of the arteries, then, is not the principal cause of gangrene of the extremities, and although we do not deny its frequent and incontestible influence in this result, we think that inflammation takes a more powerful, direct, and necessary part in it.

In continuation, and to prevent a misconstruction of our remarks, we say that arteritis often produces gangrene of the parts to which the inflamed artery is distributed, and that among the cases of senile gangrene mentioned by authors, there are a great number caused by this inflammation. We by no means pretend that all inflammations of the arteries of the extremities are causes of gangrene, and still less that all gangrenes are caused by this phlegmasia.

Causes.—Arteritis generally developes itself under the influence of local causes, as blows, falls, violent exercise, severe operations, particularly amputations of limbs, ligatures of the arteries, and finally, inflammation of the contiguous parts. The relation between these causes and the effect is too evident to require demonstration; but arteritis sometimes results from more remote causes, the mode of action of which is less palpable. Thus it would seem that the use of food which is too stimulating, and the abuse of alcoholic drinks, may produce it. Pott and Jeanroy have described, under the term *gangrene of the rich*, an affection which is only an arteritis, and they have remarked, that among the rich, the disease affected those only who ate and drank to excess; whence they have concluded that it was the effect of this bad regimen. This eteology seems to us well founded. We can imagine in fact that such a diet, and the abuse of ardent spirits, may render the blood too irritating, and that the inflammation of some arteries may be the result of it. We think that spurred rye acts in the same manner; for gangrene of the extremities, by which its use is often followed, presents the same symptoms as the gangrenes in which we have found the arteries inflamed. The remark made by all the physicians who have observed the effects of ergot, that the gangrenous limbs were detached without hemorrhage, supports this opinion. Finally, we think that the miasmata which produce the plague and the yellow fever, often inflame the arteries, and that the gangrenes sometimes seen in these diseases, arise from arteritis.

Symptoms, Progress, &c.—The symptoms of arteritis are generally rather obscure. Deep seated pains in a limb, numbness, weight, difficulty in the motions of the part, enlargement and increased energy in the pulsations of the artery, may lead us to suspect that this is inflamed; but we must admit that these are far from being pathognomonic symptoms. When, however, they continue, we should be led to distrust it, and in this case a too active mode of treatment is preferable to an inactivity which might be dangerous. We will remark, however, that these symptoms are obscure, only when they are developed spontaneously; for when they are preceded by a violent contusion of the part, an operation, &c., the knowledge of the cause facilitates the diagnosis.

* Nouv. bibl. med., October, 1826.
† Dict. de med. et de chir. prat., Vol. XX., art. Gangrene, par Beguin.

The symptoms of arteritis produced by an internal cause, are seldom more evident at the commencement: after a while, however, they become a little more clear. The following is commonly the order in which they appear: at first a sensation of weight, a numbness or a sensation of cold, is perceived in the part; more frequently, very severe pains are felt in it. They occupy, for instance, the foot, at its articulation with the leg, in arteritis of the abdominal limbs, which is the most common; sometimes the limb is affected with more or less perfect paralysis, and sometimes it is discolored, and not swelled: sometimes it is blueish and swoln. The local symptoms which we have mentioned above, are attended by general symptoms, as agitation, restlessness, vertigo, redness of the face, oppression, acceleration and fullness of the pulse, heat of the skin, and loss of appetite; sometimes, on the contrary, they consist in apathy, the diminution of all the sensations, and the slowness of the circulation.

After these symptoms have continued a variable length of time, which duration varies from one day to several months, gangrene shows itself. It generally commences by a black or blueish circumscribed spot, situated on one of the toes, for instance, and around which the epidermis is detached, and under which the skin appears of a deep red color; sometimes it is indicated by a slight swelling of the epidermis; distinct eschars form here and there, which soon blend together; finally, in some cases, it affects at the same time the whole thickness of the limb, to a greater or less extent, and makes frightful progress; but whatever may be its progress at the commencement, the principal character of this gangrene is, not to be preceded by a marked inflammatory state of the skin, or rather, to be preceded by an inflammation too slight to explain the developement of it. Hence, very frequently, the patients indulge in a false security, when the first symptoms show themselves, and consider the first black spots which appear, as contusions; but the physician will not indulge in this delusion, and as soon as he perceives the symptoms indicated, he will suspect the existence of inflammation of the arteries, which may be attended with the most serious consequences. In fact, gangrene soon progresses more or less rapidly; it attacks first the toes, then extends to the dorsal face of the foot, penetrates entirely through this part, spreads sometimes to the articulation of the foot and leg, and sometimes extends to the whole leg and thigh.

The parts affected by gangrene present two different aspects; sometimes they are black, dry, hard, horny and odorless, and sometimes they are soft, greyish, swelled, and very fetid. If mortification is very much confined, only local symptoms appear; when they are very extensive, on the contrary, the pulse is accelerated, it is small and intermittent; the skin is dry and burning, the thirst urgent; delirium supervenes, with subsultus tendinum; all these symptoms of reaction, however, soon disappear, and give place to stupor, general insensibility, feebleness of pulse which are soon followed by the death of the individual. When the gangrene is arrested, however far it may have extended on the limb, the termination is not so fatal. A circle of inflammation forms on the sound parts contiguous to those which are dead; the latter are detached, and fall off spontaneously, and, what is remarkable, without any hemorrhage; there is no effusion of blood, even when the surgeon separates the gangrenous parts from those which have preserved their vitality. In both cases wounds occur, which are easily cured, provided there remain of the soft parts sufficient to cover the naked bones. The cure, on the contrary, is retarded, if the portions of bone cannot be covered by the flesh; in this case, the exposed bones should be sawed off.

The prognosis of arteritis is not very serious, when only a single artery is inflamed, and no gangrene is produced; when, on the contrary, several arteries are affected with inflammation, the consequences of it may be dangerous, even when no gangrene exists. Some authors (Franck, Pinel, Bouillaud,) think that the *inflammatory fever* depends on this phlegmasia. Finally, when arteritis is followed by gangrene, the prognosis varies, according to the extent of this gangrene, whether it continues to spread, or is arrested, and according to the age and constitution of the individual affected by it.

Anatomical Characters.—If we examine in the cadaver the inflamed arteries, we find that the internal tunic is red, swelled, softened, that it has lost its polish, is easily detached from the middle membrane, and is lined by a clotty or puriform exhalation; or it is thickened, indurated, covered with wrinkles, and cartilaginous, fibro-cartilaginous, or osseous plates are formed at its expense. Sometimes we find small abscesses developed within the arterial tunics; sometimes they are completely ossified, or more or less perfectly obliterated, by a kind of thick blackish paste, by fibrous concretions of different degrees of hardness, and lastly, by concentric layers of fibrine, which adhere more or less firmly to the inner tunic.

Treatment.—The treatment of arteritis should be entirely antiphlogistic; large and repeated general bleedings, and aqueous drinks, form the basis of it; opium should be administered internally, when the pains are very acute, and emollients and narcotics should be applied to the painful part. Leeches might probably be used with advantage, on the course of the inflamed artery, but the difficulty of distinguishing this lesion would prevent our recurrence to this remedy.

The gangrene of the parts to which the inflamed artery is distributed, does not contra-indicate this treatment. It was long thought necessary to treat cases of this character with cinchona, camphor, sal ammoniac, and all the known antiseptics; the ignorance of the true cause of the disease prevented the employment of other remedies. Dupuytren, fatigued by having tried all of them on a female affected with this disease, whose pulse was full and hard, and whose face was red and flushed, decided on taking two palettes of blood from her; this happy thought was followed by success; the severe pains with which the patient was affected, were relieved; sleep, which had deserted her, returned, and the gangrene was arrested. Fifteen days afterwards,

the symptoms seemed as if about to recur, but were cut short by the same remedy; finally, the gangrene threatened to reappear several times, but each time its developement was prevented by bloodletting. After some time the patient was cured. We must not, then, hesitate to imitate the conduct of this learned professor, and particularly when the arteritis, although producing gangrene, is attended with severe pains, great swelling, fullness and hardness of the pulse, and marked color in the face. This rational treatment has been sanctioned by farther experience; several facts similar to that stated, have since presented themselves to Dupuytren, and the same treatment has been successful. We hope, however, that our remarks will not be construed as indicating the antiphlogistic mode of treatment for all cases of spontaneous gangrene; but that reference will be had to our general views on arteritis.

When the gangrene has been arrested by pursuing this course, we must try to facilitate the falling off of the eschars. The topical applications and the dressings useful for this purpose, will be mentioned in treating of gangrenes generally.

It will be recollected we stated in our number for October last, that our valuable contributor, Dr. Watson, was then on the eve of his departure for Europe; that it was his intention to visit the principal Hospitals, Medical Institutions, &c., and that he would give, through the medium of this Journal, such information as might appear interesting to the Medical Profession on this side the Atlantic. We then expressed ourselves thus: "With the talent, ability and industry possessed by Dr. W., we feel confident that few have left our shores, so capable as himself to collect and communicate valuable information. We shall therefore look with pleasure for communications from his pen."

We have just received the following communication from Dr. Watson, dated *London, 4th Feb.* 1836, which we hasten to lay before our readers, not doubting but they will find it highly interesting and useful.—*Ed's.*

Art. IV.—*A Succinct Account of the Hospitals, Medical Institutions, &c., in Paris.* By John Watson, M. D., one of the Physicians to the New-York Dispensary.

The institutions of Paris for the reception of the sick and infirm, are of two kinds, viz. Hospices, and Hospitals. The Hospices are somewhat similar to our poor-houses, but have also infirmaries attached to them, and offer as great a variety of medical and surgical practice, as the hospitals properly so called. These hospices are, in number, eight; the two most important of these are Salpêtrière and Bicêtre, the first of which is for females only, and contains between five and six thousand inmates; the other is for men, and accommodates about four thousand. Besides the infirm and sick, these two institutions have also an immense number of lunatics, who are classified according to the character of their derangement, and treated with as much attention and kindness as their condition will admit. These institutions are both at some distance from the School of Medicine; the latter, indeed, is two or three miles out of the city, so that they are not attended by the students. They are not, however, useless to the profession; for it was at Salpêtrière that M. Cruveilhier collected the materials for his splendid work on Pathological Anatomy. He is, I believe, still pursuing his investigations, and if a sufficiency of materials can conduce to the completion of his work, he can have nothing to complain of.

Of hospitals properly so called, in Paris, there are fourteen, and the average number of patients received in them annually, is between forty-seven and forty-eight thousand. This estimate does not include the military hospitals, nor the Hotel des Invalides, an institution for old disabled soldiers, and of which Baron Larrey is the surgeon-in-chief. The wards of the hospitals are generally very spacious. The principal wards of Hotel Dieu contain each about seventy-five beds. At the Hotel des Invalides, and at La Charité, there are some wards more spacious still. The accommodations for the patients are good; their bedsteads are of iron, their beds are curtained, and kept remarkably clean. The floors of the wards, as of most of the houses in Paris, are paved with tile, which, in the winter season, gives them a cold and cheerless appearance.

Hotel Dieu is the oldest, and is considered the principal hospital of Paris; it has accommodations for one thousand patients, of which nearly four-fifths are medical, and the rest surgical cases. It is attended daily by three surgeons and ten physicians, who have each their own wards, and are independent of one another.

La Charité is usually considered second in importance, and, like the preceding, it is principally occupied by acute cases; it contains perhaps about five hundred beds, of which the greater part are for medical cases. It is attended daily by two surgeons and four physicians.

La Pitié, judging by the preferments of the faculty, is considered third in importance. The medical cases here are usually of a more chronic character. The number of beds is six hundred, of which one hundred and thirty-five are for surgical cases. It is attended by two surgeons and five physicians.

St. Louis is principally celebrated for cutaneous and scrofulous affections; it has also

an important surgical service, and it so happened that I found a greater variety of fractures and other injuries here, than in any other hospital of Paris. The baths of this hospital are very extensively used, and adapted to every variety of application. About nineteen thousand baths, fumigations and douches are annually administered to patients within the hospital, and upwards of eighty thousand to out-door patients. The number of beds is about seven hundred, and the patients are under the charge of three surgeons and five physicians.

The Venereal Hospital is said to contain about six hundred beds, but of these I only attended the service of M. Ricord, and was led to believe, that, taking into account the greater amount of population of Paris, it has not so much of this disease—at least in hospitals—as may be found in the hospitals of New-York.

The Necker Hospital is a small establishment, containing only one hundred and twenty-four beds, and resorted to by students only to witness the operations of M. Civiale, who has a service here, and who usually once a week operates, according to his well known process, for breaking up the stone in the bladder.

The Clinique, or *Hospital of the Faculty*, is a small and recent establishment, intended principally for the benefit of students about to graduate; here they are examined on the cases before them, and are required to go through all the manipulations that would be necessary, if they had the sole charge of the case themselves. There is here a service of midwifery, of medicine, and of surgery; M. Dubois has charge of the first, M. Rostan of the second, and M. Jules Cloquet of the other.

The preceding are almost the only hospitals that the students resort to for instruction. The Children's Hospital is, however, occasionally attended by some of them. It is intended for the reception of children between two and fifteen years old, but has occasionally some under the age of two years. It contains five hundred and sixty beds, of which sixty-nine are surgical. The situation of this hospital is more pleasant and more retired than that of any of the others; the wards, too, are kept remarkably neat, and every thing is in perfect order. I was somewhat surprised, however, to find children affected with small-pox, measles, and scarlatina, mixed up indiscriminately, and in the same wards with other cases. This I have since found to be the usual practice; and instances of small-pox may at almost any time be found in the other hospitals, and not the least precaution taken to prevent the communication of the disease to the other patients. In short, Paris, with all its accommodations for the sick, has as yet no hospital set apart for contagious diseases.

The attendance of the physicians and surgeons on the hospitals is remarkably systematic; each one—attended by his Interne and Externes, who are required to be present and to answer to their names—pays his visit early in the morning, some commencing at seven, some at eight, but none later than nine. The Interne is usually required to keep a written account of the cases under his care, so as at any moment to be able to give their whole history. The Externes, besides attending to dressings, &c., are required to take down the prescriptions, and afterwards enter them in a tabular form into a book, which the attending physician or surgeon carries through his wards, and which shows him at one view all that had, during his former visits, been ordered to his patients. The notes of the Interne are usually made up from the remarks of the physician or surgeon during the visit; and sometimes he will dictate the appearances and changes in the case, so that not only the Interne, but the class of students in attendance also, may have every means of filling up their notes. Several of the attending physicians and surgeons, after making their morning visit, deliver clinical lectures to the students. These lectures are always drawn from the cases actually under treatment, and afford the lecturer an opportunity, not only of contrasting different cases of the same disease, but also of dwelling more fully on individual affections, and of exhibiting to the students the pathological state of parts, in cases that prove fatal. Nine of these lecturers, viz. four surgical, and five medical, are called Clinical Professors, because they are attached to the faculty of the School of Medicine. Their professorship, however, gives them very little consequence in the opinion of their audience; the students never consider whether their instructor be a professor or not, so long as his service is a profitable one, and they are benefited by his lectures.

Under regulations such as these, it could hardly be otherwise than that the French should become acute observers; and certainly, on those branches to which they have specially directed their attention, they are unequalled. These branches, however, do not embrace the whole, perhaps not even the most important part of the profession, and on many points of it—if I may presume to decide—they are utterly in the dark. They may, nevertheless, have good reason to find fault with us, for striking at their imperfections. They may tell us in reply, that their course of investigation is as yet incomplete; that they are satisfied with perfecting their knowledge on one or two subjects at once; that their ultimate object is the perfection of the profession in all its parts; that they have the means as well as the will to do so; and that the time may not be far distant, when their indications and their treatment shall be even more thoroughly established than their pathology. Such would be their natural comment on those that would complain of them, and

certainly it is a reasonable one; for they have begun the investigation of disease at its foundation; they are inquiring of Nature wherein she is affected, and they may one day end by discovering how to set her right. But at present, this last and most essential part of the profession can scarcely be said to be under their consideration; at any rate, they are not advancing it. The generality of them appear to have little confidence in medicine, and what medicaments they use, are, with two or three exceptions, the simplest and least efficient. Amongst the medicinal agents which they appear almost to have condemned, may be enumerated active purgatives, emetics, sudorifics, and alteratives; and those most commonly employed by them are demulcents and diluents; opium and other narcotics are occasionally employed—tonics and stimulants, rarely; but the whole train of mercurial preparations, except in venereal and cutaneous diseases, never. For the purpose of moving the bowels, they scarcely ever administer medicine by the mouth; this object is effected by stimulating enemata. Indeed, they have a peculiar fondness for what they call lavements, and often administer them without any apparent reason; even in diseases of the chest, and in other cases where the bowels are not involved in the disorder—next to the *Bouillon* and *Sirop de Gomme*—the *Lavement Emollient* is the most frequent prescription. With respect to antimonials, I did not find them so freely employed in diseases of the chest, as I had reason to believe; they are nevertheless used occasionally. With respect to venesection, there is great diversity of opinion amongst them; some rarely resorting to it, and others, perhaps, employing it to excess. Their system of regulating the diet of the sick is worthy of imitation; the patient's food is as regularly prescribed as his medicine, and noted down in the same way in the prescription book of the physician.

The surgical practice of Paris, as a whole, is inferior to our own; their bandaging, except in the wards of Baron Larrey, is generally negligent; their mode of putting up fractures, clumsy and imperfect; their operations, in no way better chosen, and never better executed. Taking into account the immense quantity of disease, one is rather surprised to find so small a portion of it arising from accidents. Fractures, dislocations, wounds and other injuries, arising from accidental causes, are comparatively few; and I am pretty well persuaded that there is usually more of such practice in the New-York Hospital, than in any two hospitals of Paris. The Parisians are not so subject to accidents, as either the English or Americans; they have not the same amount of intemperance amongst them, they have very few public works in progress, are not exposed to injuries from machinery, and although their streets are narrow, and mostly without side-walks, yet the foot passenger can always run as fast as the fleetest of their cab-horses. But there are some points in their surgery worthy of our attention, and perhaps the most important of these is their mode of studying diseases of the uterus. These they investigate with the strictest care, and in every case where there is any reason to suppose that this organ is affected, they resort to the speculum vaginæ, through which they are enabled both to examine the state of the uterus, and to apply their remedies directly to the part affected.

Among the most popular men attached to the hospitals—beginning, according to French etiquette, with the surgeons—we may enumerate Lisfranc, Velpeau, Roux, Ricord, Civiale, Sanson, J. Cloquet, and the younger Bérard; among the physicians, Louis, Chomel, Andral, Bouilland, Biett, Piorry, Rayer, Dubois, and Rostan. Most of these men already hold conspicuous places in medical literature, and their works are almost as well known in America as in France.

Lisfranc has a service at La Pitié, and is the greatest favorite of the students, his popularity depending as much, perhaps, upon his mannerism, as upon his acknowledged abilities. He endeavors as much as possible to avoid the necessity of operations, and often speaks of having cured by medical treatment, diseases for which others would have operated. He has under treatment a great number of females with diseases of the uterus, and I understood that he is soon to publish a work on these affections. I saw him operate but twice; once for extirpating a small tumor from the parietes of the abdomen, and once for removing the metatarsal bone of the small toe of the left foot. The first of these he had considered a case of cancer, and without any other reason, that I could discover than that the tumor was attended with acute lancinating pains. The patient was a young man, his disease of several months' standing, and the tumor, when removed, presented no malignant appearances. Just before my arrival, he had operated on a young woman for artificial nose; the integument for this purpose was turned down from the forehead. The patient was still in the hospital, at my departure; but the flap had cicatrized, and the case may be considered fairly successful. I saw but one case of fracture in his wards, and his treatment of this was so characteristic of the man, that I am tempted to relate it. The patient, a middle aged laboring man, had slipped on the ice, and broken his leg about midway between the knee and ankle joints. The upper portion of the fractured tibia was very sharp, and when Lisfranc saw it, (the next day after the accident,) the sharp point of the bone had almost penetrated through the integuments. The limb was lying on a pillow, and the contraction of the strong posterior muscles of the leg, had a further tendency to draw the integuments tense over the bone that was pressing upon them from beneath. Raising up the limb, he placed the broken

ends in coäptation, but as soon as the leg was at rest on the pillow, the previous displacement again occurred; the limb was again adjusted and placed on the pillow, but with no better result. The same proceeding happened three or four times, and at length Lisfranc, instead of resorting to some sort of apparatus to keep the bones in place, fell into a violent passion with the patient, because he *would* not keep the leg at rest. Every epithet of imprecation, infamy, and reproach, was heaped upon him, but all to no purpose; and although the suffering man literally trembled beneath the scowl of his surgeon, nothing was effected by it—the muscles still continued to contract. Words thus proving useless, he resorted to other measures, and gave the poor fellow a few smart blows over the patella of the broken limb; but these were as unsuccessful as the other means, so that after all his trouble, he had to give up the attempt, and the patient remained as at first until the next day. The displacement was then effectually reduced, and the leg buried beneath a superfluity of thick pads, over which were placed three short straight splints—one on each side, and one in front—and the whole bound tightly together by three or four stout strings. In this position the leg remained for a month, and the splints had not been removed at my last visit.

Velpeau, Professor of Clinical Surgery at La Charité, is attended by a larger class of students than any other surgeon. His service offers a great variety of cases; he is indefatigable in his attention to them, and is, beyond all question, the best clinical instructor in Paris. During the two months of my stay there, he had no capital operations; but I am told that as an operator, he is not at all distinguished. He is lame of his right hand.

Roux, successor to Dupuytren in the chair of clinical surgery at Hotel Dieu, has also a large class of students attending him. I saw him operate but once, viz. for the cure of hare-lip. In drawing the edges of the wound together, he used the pins. A few days before my first visit, he had filled up a cavity in the cheek of a female patient, by turning a flap of integument over it. The flap was attached to the edges of the wound, in this case also, in the same manner. Roux, as a lecturer, is greatly inferior to the preceding.

Sanson is also at Hotel Dieu; he is at present contending with a number of others for the chair of Clinical Surgery at La Pitié; he has turned his attention, lately, to diseases of the eye, and has been delivering lectures on that subject. I saw him operate for vesico-vaginal fissure, for varicose veins of the leg, and for what was called strangulated hernia. In the first case he applied the actual cautery, defending the adjacent parts by means of the speculum. In the second, the superficial femoral vein was raised up within a fold of the integuments, and pressure made upon it so as to interrupt the passage of blood through it. The pressure was applied by means of two small parallel metallic plates, drawn together by screws. The operation is not a new one; we have the instrument for it in the New-York hospital. After pressure had been applied about six hours, or long enough to produce vesication on one part, the instrument was removed and placed farther down, and so from one place to another along the vein. The result of the case I cannot say. The third case occurred in a female, and was stated to be a strangulated inguinal hernia. A free incision was made over the tumor, along the course of the inguinal canal, quite through the integuments; the second application of the knife passed through the cellular and adipose substance, but as the incision was continued on towards the lower edge of the tumor, it gave vent to a copious gush of purulent matter, in every respect similar to what might be expected from a lumbar abscess. A pint of pus, at least, if not more, was discharged through the opening. M. Sanson found at the bottom of the opening, a sort of ragged, fistulous canal, which he stated to be the intestine, in a state of sphacelus. Of this, however, I was not at all persuaded; the patient had had no hiccough, nor vomiting, so far as I could learn;—and I had previously found, in examining a subject that had died of lumbar abscess, a slender canal, almost as regular in its calibre as the small intestine, and extending thus on the surface of the muscles, from the dorsal vertebræ to the groin. After the matter had been all evacuated, M. Sanson examined the appearances of this fistulous canal as carefully as he could, but he was evidently confused, and ordering a poultice to be applied, he left the case, without any further light as to its nature. This woman died in the course of a week or so after the operation; and although I made several inquiries, I could not ascertain any thing further concerning her. I found a fractured leg in M. Sanson's wards, carefully secured in splints, and the whole placed on a swing, and elevated ten or twelve inches above the bed.

Ricord, at L'Hopital des Vénériens, has collected many interesting facts on the subject of venereal diseases. He believes that although the true primary syphilitic sore may generally be recognised, it has, nevertheless, no external character that can properly be considered diagnostic. The contagious quality of the virus found in it, he considers the only real diagnostic sign; and even this sign is lost as soon as the ulcerative stage is suspended, and the sore begins to granulate. For the purpose of verifying the disease, he is in the constant habit of inoculating his patients with matter taken from their own sores; he generally applies the matter on the thigh, and sometimes in this way produces disagreeable and obstinate ulcers. He states, however, that he can always interrupt the progress of a chancre, and prevent it from producing

constitutional symptoms, when he has an opportunity of seeing it within four or five days of its commencement. To effect this, he cauterizes the sore frequently and freely with argentum nitratum. He may be considered a rational mercurialist, giving calomel and other preparations of mercury in such cases as resist the other means of treatment. He cures chronic urethritis, by the introduction of argentum nitratum once or twice a week, by means of Lallemand's instrument, into the urethra. In the treatment of females, he never neglects to have them examined through the speculum, and most commonly finds chancres or abrasions about the os tincæ and neck of the uterus. He makes a thorough examination of all the females, before his class, once a week.

Civiale has a small ward in the Necker Hospital, and operates every Saturday on such of his patients as are in a condition to undergo the process. During my stay, I attended on his operations five or six times. He had in all this period but three patients, two of whom were discharged cured, and the third, although still in the hospital, had been relieved of almost every part of his calculus. The first case, a robust man about fifty years old, was cured, after undergoing the operation three times. The first trial had excited some irritability of the urethra and swelling of the testicle; but after these were subdued, the patient submitted to the operation without any apparent pain, and to all appearance was effectually cured. In the second case, the urethra was rather contracted, and the bladder irritable. The patient was a delicate old man, perhaps about sixty-five; he bore the operation without much expression of pain, and was cured in five trials. The third case was a man of lymphatic temperament, about the same age as the preceding. He had undergone the operation eleven times, and every time with fear and trembling. The stone, in this case, was excessively hard; its fragments could not be indented with the finger nail. He had preserved all the fragments voided; they might have weighed two ounces, or perhaps three, and some of them were twice as large as peas. M. Civiale sometimes uses his own, and sometimes Hourteloup's instrument. The latter, however, is seriously objectionable. It is apt to get clogged with the debris of the stone; the blades are thus prevented from coming close together, and on reaching the meatus externus, they are arrested by the narrowness of the canal, and it is necessary to cut the meatus, in order to remove the extremity of the instrument. Since my return to London, I have seen an improvement on this instrument, by which this objection to it may be obviated.

Among the physicians enumerated above, Louis and Andral are at La Pitié. The latter I heard lecture a few times at the School of Medicine, where he draws an overwhelming class of students; but I had not an opportunity of meeting him at the hospital.—During the winter season, his attendance there is not regular. Louis' manner of searching out his patients' affections, is worthy of admiration; a good description of his method may be found in the Life of Dr. Jackson, by his father. His service is mostly made up of chronic cases, and he is followed by a great number of students, who are endeavoring to become familiar with the stethoscopic signs of disease.

Chomel is Professor of Clinical Medicine at Hotel Dieu. He investigates the affections of his patients on much the same plan as Louis, but never uses the stethoscope; instead of this, he always applies his ear immediately to the chest. His cases are generally acute, and his service offers great variety.

Bouillaud, at La Charité, makes a greater display of accuracy in examining his patients, than either of the preceding; he not only carries his stethoscope, but also his test-paper, for examining the urine, and his tape, for measuring the relative size of different parts of the body and limbs. He has recently advanced some new opinions on the subject of rheumatism, an account of which he has already published. He depletes more freely than any other physician of Paris, and there have recently been some warm discussions between him and Louis, on the propriety of blood-letting.

In the French system of professional preferment, every advancement, from the dressership upwards, is only to be acquired by *concours*, public examination and public competition. This method speaks for itself; it is the only true way to secure to industry and merit their proper recompense.

A few remarks might perhaps not be amiss, on the advantages the American student may expect to obtain, and the objects he should attend to, in visiting Paris. The greater number of American physicians who resort to the French hospitals, leave home immediately after receiving their degrees, and very frequently without having attended to the hospital practice in their own country. Under these circumstances, they are ignorant of what is excellent at home; they are unable to discriminate what is peculiarly worthy of their attention, and their time is wasted and their attention distracted, by a diversity of objects, all tending to no useful end, or at any rate, rendering them no greater benefit than they might have obtained, without the expense and trouble of traveling.

With respect, then, to the studies usually attended to previous to graduating, the student can have as great facilities in New-York as anywhere; and if, during his preparatory studies, he has also attended to hospital practice, he will graduate with juster notions as to the force of medicine, and its power of overcoming disease, than if he had prepared himself in France. The privilege of dissection, there, is certainly great, when compared with

the restrictions on it in England. It is cheaper, too, than with us, but not so much so as to make it any great object. With respect to the study of obstetrics, students are mistaken who expect to have much greater advantages there than in New-York. The Hospice de la Maternité, the only institution of any extent, is attended almost entirely by females, and students are wholly excluded from it. The hospital of the Faculty, it is true, has a few beds for lying-in-women, and students have occasionally the privilege of making examinations during the labor. But it should not be forgotten that every student attending the lectures in New-York, has an opportunity of managing, every season, several cases for himself. With respect to surgery, I hold that New-York is unsurpassed by any place, and except so far as lithotrity and the management of uterine affections are concerned, Paris is infinitely inferior to it. In their management of cutaneous diseases, the French are superior to us, and in their manner of examining medical cases, they surpass us. I do not know, however, that their diagnoses, except in diseases of the chest, are in general superior to our own. But in detecting and discriminating these last diseases, no other school of physicians is able to compete with them.

Before leaving home, then, in order to be able to employ his time to the best advantage, the American student should be familiar, not only with his books, but with the practice of our own physicians and surgeons; and thus knowing what he is able to meet with at home, he can estimate more properly the peculiarities of foreigners.

REVIEWS.

Art. I.—*Elements of Medical Jurisprudence.* By Theodric Romeyn Beck, M. D., Professor of the Institutes of Medicine, and Lecturer on Medical Jurisprudence in the College of Physicians and Surgeons of the Western District of the State of New-York, &c. &c., and John B. Beck, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons, New-York, &c. &c. 2 vols. 8vo. pp. 661. Albany: Steele & Skinner. 1835.

The best evidence of the estimation in which the above work is held, is to be found in the fact that, within a comparatively short period, five editions have been issued from the press, and it has been twice reprinted in England, with notes, by Drs. Dunlop and Darwell. Great labor has been bestowed by the authors, to render the present edition in every way more valuable, and we think we shall be borne out in pronouncing it the best standard work on the subject, in the English language.

When we examine the records of our criminal courts, even in this enlightened city, we have often been grieved to observe the total want of knowledge of the subjects treated on in these volumes, by medical men; we have been shocked to see them recklessly place their hand upon the sacred volume, and swear "to tell the truth, the whole truth, and nothing but the truth," when, through their ignorance of this important branch of their profession, a well-conducted cross-examination has demonstrated their inability to redeem the pledge. We therefore feel it a duty to warn all, and more particularly those who desire that kind of distinction which results from often figuring before the public, as medical witnesses, not only to give the work under notice a place in their libraries, but carefully to study its contents, and they will find themselves fully armed against the assaults of the Bar, and will have the consoling reflection of having faithfully discharged their duty to their profession, their country, and their God.

Of course an extensive analysis of these volumes cannot be expected in the short space allotted; we shall content ourselves, therefore, by calling attention to some of the more interesting subjects. The first volume is divided into thirteen chapters; that on Insurance upon lives, has been added to this edition, not having been previously noticed. We may remark, in reference to the division of the subjects, we think the plan adopted admits of some improvement, but it is decidedly better than the confused and complicated arrangement of Paris and Fonblanque.

The first chapter, on Feigned Diseases, oc-

cupies forty-nine pages, and the second, on Disqualifying Diseases, are principally intended for the use of the military physician and surgeon.

"But although the subject of disqualifying diseases falls peculiarly under their notice, yet there may be numerous instances in civil life, where the opinion of the medical man is required concerning them. He may be directed, for example, to ascertain whether an individual is fit to serve on a jury, whether he is able to attend as a witness, or whether he is competent to take on him certain offices or duties. Again, a physician may be ordered to investigate the condition of a criminal, and to report whether he is capable of undergoing hard labor, or of suffering other severe punishments that are inflicted by the justice of his country."

We pass over the chapter on Impotence and Sterility, merely calling the attention of our readers to the following law of this State, according to the Revised Statutes passed in 1828.

"The chancellor has now the power of declaring the marriage contract void, for (among other causes) physical incompetency in either of the parties, existing at the time of marriage. It is further enacted, that a suit to annul a marriage on this ground, shall only be maintained by the injured party against the party whose incapacity is alleged; and shall in all cases, be brought within two years from the solemnization of marriage."

We shall pass over the chapters on Doubtful Sex, Rape, Pregnancy, and Delivery, as our space will not allow us to do full justice to them, and come next to the eighth chapter, on Infanticide, by Professor J. B. Beck. This is the most full and complete treatise on this important and interesting subject, that we have ever seen; it occupies one hundred and seventy-nine pages, and embodies all the information necessary for the purposes of the physician and the members of the Bar. We are not able to follow Dr. B. through his judicious examination in relation to the value of the different tests for ascertaining whether a child be born dead or alive; the subject is an important one, and in a court of justice the physician requires all the light of science to enable him to shield the innocent, or testify against the guilty mother. We shall be excused for quoting largely.

"*Of the method of conducting examinations in cases of Infanticide.*

"In every case of infanticide, so much depends upon the testimony furnished by the physician, that it becomes a sacred duty on his part to investigate, with the utmost fidelity and impartiality, every circumstance which may aid him in coming to a satisfactory and enlightened decision. The labor of such investigation is doubtless great and unpleasant; but unless submitted to by the professional witness, he certainly cannot be considered as qualified to give his evidence in a case which involves the life of a fellow being.

"*External examination of the child.*—This should embrace the following particulars:

"(*a*) Every thing relating to its external appearance, shape, conformation, condition as to putrefaction, spots, ecchymosis, &c.

"(*b*) Its size, including not merely the size of the whole body as to length, but the dimensions of the head and of the thorax.

"(*c*) Its weight.

"(*d*) The condition of the umbilical cord.

"*Internal examination.*—This should include,

"1. The condition of the respiratory organs:

"(*a*) The dimensions and shape of the thorax.

"(*b*) The situation of the diaphragm.

"(*c*) The color of the lungs.

"(*d*) Their volume.

"(*e*) Their shape.

"(*f*) Their situation.

"(*g*) Their consistence or density.

"(*h*) Their absolute weight.

"(*i*) Their specific weight.

"2. The condition of the organs of circulation:

"(*a*) The foramen ovale.

"(*b*) The ductus arteriosus; its dimensions and shape.

"(*c*) The ductus venosus.

"(*d*) The state of the umbilical vessels.

"3. The condition of the abdominal organs:

"(*a*) The liver; its weight.

"(*b*) The stomach and intestines; particularly the large intestines, with a view of ascertaining the presence or absence of the meconium.

"(*c*) The state of the urinary bladder.

"4. The condition of the brain and spinal marrow.

"*Mode of conducting the dissection of a child.*

"It will be found most convenient to commence the dissection with the mouth and the cavities leading to the chest. An incision should first be made from the under lip to the top of the sternum, and another along the lower edge of the inferior maxillary bone; after which, the integuments are to be dissect-

ed back. The lower jaw is then to be divided at its symphysis, and the two portions separated. By bending the head back, we shall now be able to obtain a complete view of the cavity of the mouth. The position of the tongue should now be examined. If any foreign matters are found in the mouth, they should be especially observed and noted. In short, every unnatural appearance, whether morbid or artificial, should be carefully investigated and recorded.

"The larynx and trachea must next be laid open. If any fluid is found, it should be specially examined.

"So much of the æsophagus as can now be seen, is also to be examined.

"The abdomen is next to be examined.—The first incision is to be continued down to the lower part of the sternum, and from this point, an incision made through the integuments to the spine of the ilium on each side. The triangular flap thus made, is then to be turned down, and the umbilical vessels to be examined and tied. The diaphragm is to be observed, whether it be much arched towards the thorax or otherwise. The viscera of the abdomen are next to be inspected, and every thing peculiar in their appearance or condition to be noticed. The ductus venosus should be examined, whether it be pervious, and contain any blood. After tying the vessels leading to the liver, it should be taken out and weighed. The whole of the intestinal canal, with the stomach, should be taken out, after having tied the two ends. The contents of the stomach are to be critically investigated. If there is any suspicion of poison, the ordinary tests for ascertaining it should be resorted to. The state of the gall bladder and urinary bladder should be inquired into, whether they be empty or not. Lastly, it should be seen whether there be any meconium in the intestinal canal.

"In opening the thorax, the ribs and sternum must be divided in the ordinary manner; and in doing this, a scissors will be found a much more safe and convenient instrument than a scalpel. Having exposed the thorax to view, the general appearance, position and color of the lungs are to be remarked.

"The trachea is now to be divided as near as possible to the lungs. The aorta and venæ cavæ are to be tied and cut beyond the ligatures. The lungs should then be taken out and weighed, and after this, subjected to the experiments already detailed, in a previous page. The heart is next to be examined, and it should be particularly noted whether the auricles and ventricles are filled with blood; the state of the ductus arteriosus should be ascertained; and lastly, whether the foramen ovale be still open. As the death of an infant may not unfrequently be caused by injury inflicted on the spine, it becomes necessary to examine this part also. A longitudinal incision should be made from the occiput to the sacrum—the muscles to be separated, and turned back. By means of strong scissors, the vertebræ are then to be divided on each side. The posterior part of the spine thus separated, may easily be removed, and the whole canal exposed for examination.

"In opening the head, an incision should be made from the lower part of the frontal bone down to the second or third cervical vertebra, and another at right angles to this from ear to ear. By dissecting back the integuments thus divided, the cranium will be completely exposed. The cranium should now be carefully examined, to see if there be any fractures, punctures, wounds, &c. The bones are next to be removed, and the most convenient method of doing this will be to separate them by a scissors along their membranous connection with each other. Great care should be taken not to occasion any laceration during the dissection.

"The substance of the brain must be carefully investigated, and every deviation from the natural and healthy state observed. Although this examination of the brain can throw no light upon the question whether a child has been born alive, yet it may aid us materially in detecting the cause of its death.

"Having completed the dissection, the inferences to be drawn from the information thus obtained, must be obvious. They have been so fully explained in the former part of this chapter, as to render unnecessary any recapitulation.

"This completes the examination of the child.

"*Examination of the mother.*—The business of the physician, however, does not end here—he must also investigate the condition of the reputed mother. And the points to be ascertained here, as we have already stated, are—

"1. Whether she has been recently delivered.

"2. Whether the signs of the delivery correspond with the appearances detected on examination of the child."

Chapter ninth, on Legitimacy, is one of very considerable interest, and embraces all the facts and arguments adduced on both sides of this controversy. Following some considerations on the ordinary term of gestation, we have remarks on premature and protracted delivery, together with the laws in relation thereto, and in relation to paternity and filiation. The celebrated Gardner peerage case, which elicited the opinions of many of the most distinguished practitioners of London, forms a most important item, and will be perused with great interest, as showing the contrariety of medical opinion in reference to a question deeply interesting to the medico-legal

investigator, and illustrating by its result, the little importance which is attached to medical testimony, where such contrariety exists.

From the next chapter, on Presumption of Survivorship, we select the following case.

"In 1766, General Stanwix and his daughter set sail in the same vessel from Ireland for England. They were shipwrecked, and not a single person on board was saved. The representative of the father to his personal estate, was his nephew, and the representative of the daughter, was her maternal uncle. These parties brought the case into chancery. On behalf of him whom the General's survivorship would have benefited, it was argued, that the ship being lost in tempestuous weather, it was more than probable that the General was upon deck, and that the daughter was down in the cabin, (as is almost ever the case with ladies in these situations,) and of course subject to more early loss of life than her father, who, as a man of arms and courage was, it was asserted, more able and more likely to struggle with death than a woman, and in which he might probably have been assisted by the broken masts and other parts of the rigging.

"On the other side it was contended, that the General was old, and consequently feeble, and by no means strong enough to resist the shocks of such a terrible attack; that the daughter was of a hale constitution, and, though of the weaker sex, yet being younger than her father, was proportionably stronger, and from the circumstance of youth, more unwilling to part with life, and that the probability of survivorship was therefore infinitely in favor of the daughter.

"A second wife of General Stanwix also perished with him, and her representative brought forward a separate claim to the disputed property.

"The court, however, finding the arguments on all sides equally solid and ingenious, waived giving any decision, and advised a compromise, to which the several claimants agreed."

From the chapter on Age and Identity, we select the following case, which occurred in this State:

"An individual was indicted and tried before Judge Livingston, at New-York, in 1804, on a charge of bigamy, and the whole evidence turned on the question of his identity. He was called Thomas Hoag by the public prosecutor, but stated himself to be Joseph Parker. Several witnesses swore that they had known him under the name of Thomas Hoag, among whom was a female whom he had married, and afterwards deserted. It was stated that Hoag had a scar on his forehead, a small mark on his neck, and that his speech was quick and lisping. All these peculiarities were found on the prisoner. Two witnesses deposed that Hoag had a scar under his foot, occasioned by treading upon a drawing-knife, and that this scar was easy to be seen, and had been seen by them. On examining his feet in open court, *no scar was to be found on either of them;* and it was further proved, that at the period of his alleged courtship of the second wife in Westchester county, he was doing duty as a watchman in the city of New-York. The jury acquitted him."

The concluding observations of Dr. Beck, in the twelfth chapter, in reference to Insurance upon Lives, is every way worthy of attention. Says he,

"In concluding the notice of this subject, the importance of which must be my apology for prolixity, I cannot avoid expressing a wish that the custom of obtaining life insurances and annuities may become more prevalent with us. This is not the place to insist on their importance to the happiness of individuals. I will only say, that experience has fully demonstrated their value in other countries.—When offices of this nature shall be generally established, physicians and surgeons will be called upon to act in their appropriate stations. Let them recollect that their opinions are in all cases reviewed by intelligent and acute bodies of men, and that their medical reputation may be exalted or diminished, according as they perform their duty. Above all, their acts may, as in several of the above cases, be submitted to a jury of their country. The concealment of material facts, or ignorance of them, may prove a source of unceasing regret."

The thirteenth chapter, on Mental Alienation, is exceedingly interesting and valuable, and contains full information on the subject; all the facts and opinions in reference to the various classes of Insanity, are clearly set forth, and we recommend it entire, as a concise analysis of all that is known which may prove useful to medico-legal inquirers.

We select the following in reference to the state of mind necessary to constitute a valid will.

"Sir William Blackstone, in his introductory remarks on the study of the law, observes, that were the medical profession to inform themselves on the doctrine of last wills and testaments, or at least so far as relates to the formal part of their execution, they might often use this knowledge with advantage to families, upon sudden emergencies. Having such authority, it will not, I trust, be deemed presumptuous, if I preface the consideration of the present subject with a brief sketch of the legal requisites for making these. This must also be my apology for noticing some

points in this section, which might, perhaps with greater propriety, have been considered in previous ones.

"It must be noticed, in the first place, that the law makes an important distinction between the disposition of real and of personal property. This is borrowed from the English law, but it is transferred into our own statutes.

"*Nuncupative wills.*—By this term is understood a verbal disposition of a person's property. The law concerning these has of late years been materially altered in this State. It may, however, be useful to mention the former, in connection with the present enactment.

"Until 1828, it was enacted, that no nuncupative will should be good, where the estate thereby bequeathed shall exceed the value of seventy-five dollars, unless the same be proved by the oath of three witnesses at least, who were present at the making thereof, nor unless it be proved, that the testator, at the time of pronouncing the same, did bid the persons present, or some of them, bear witness, that such was his will, or words to that effect—nor unless such nuncupative will be made at the time of the last sickness of the deceased, and in his dwelling-house, or where he had been resident for ten days or more, next before the making of such will, except such person was surprised or taken sick, being from home, and died before his return to the same. It is further ordained, that after six months from the speaking of the pretended testamentary words, no testimony shall be received to prove any nuncupative will, except the said testimony or the substance thereof, was committed to writing within six days after the making of the said will, and also, that no letters testamentary or probate of any nuncupative will, shall pass the seal of any court until fourteen days, at the least, after the death of the testator, shall be fully expired, nor shall any nuncupative will at any time be received to be proved, unless process has first issued to call in the widow or next of kin to the deceased, to the end that they may contest the same, if they please.

"A nuncupative will has also been decided to be not good, unless it be made when the testator is *in extremis*, or overtaken by sudden and violent sickness, and has not time to make a written will. The words "last sickness" in the statute just quoted, are understood to mean the last extremity.

"By the Revised Statutes, however, the power of making these wills is nearly taken away. The following is the existing law: 'No nuncupative or unwritten will, bequeathing personal estate, shall be valid, unless made by a soldier, while in actual military service, or by a mariner while at sea.'

"*Secondly*, a will or bequest of personal property. The hand-writing of the person bequeathing was formerly sufficient to pass property so given, but witnesses are now required, as with testaments.

"*Lastly.* Testaments, by virtue of which real property is devised, must be in writing, and signed by the party making the same, or by some other person, whom he expressly directs to sign it for him, and they must be attested and subscribed by two witnesses at least. This provision applies equally to wills of real or personal property, and the witnesses are further required to add their place of residence.

"We may now add that none of these are valid in law, if made by any infant, idiot, or person of insane memory. Here is the point at which the subject enters into legal medicine, and under this law, it happens that the testimony of a physician is often required.

"In law, a person is considered an infant, until he arrives at the age of twenty-one, and the construction of this is, that if he is born on the first day of January, he is of age to do any legal act on the morning of the last day of December. Infants, according to the ecclesiastical or civil law, if above the age of fourteen, may, however, bequeath personal property, but no real estate. This respects males, as females may make a will of personal estate at twelve.

"In this State, every male of the age of eighteen and upwards, and every female, not being a married woman, of sixteen years and upwards, may give and bequeath personal property, by will in writing.

"'Madmen, or otherwise *non-compotes*, idiots, or natural fools, persons grown childish by reason of old age or distemper, such as have their senses besotted by drunkenness—all these are incapable, by reason of mental disability, to make any will, so long as such disability lasts.'

"Among the diseases which incapacitate an individual from making a valid will, or at least render his rationality doubtful, may be enumerated the following: lethargic and comatose affections, whether arising from some internal affection, or from external injury. These suspend the action of the intellectual faculties; so also does an attack of apoplexy, and even, if patients recover from its first effects, an imbecility of mind is often left, which unfits an individual for the duty in question. Phrenitis, delirium tremens, and those inflammations which are accompanied with delirium, also impair the mind. Finally, in typhoid fevers, the low state which usually precedes death, is one that may be considered as incapacitating the individual.

"On the other hand, there are many fatal diseases, in which the patient preserves his mind to the last, and all dispositions of property made by him, are of course valid. Of these, none is more striking, than the clearness of intellect which sometimes attends the last stages of phthisis pulmonalis.

"The symptoms—the state of the individ-

ual, his conversation and actions, should all be canvassed, and from them an opinion must be formed."

The second volume is divided into nine chapters. We are unable to do justice to the amount of valuable matter therein, and shall content ourselves by a few selections which seem to have an important bearing, and are illustrative of the great necessity for every professional man to be provided with a work of such incalculable value to his best interests, when summoned as a witness before a court of justice.

The remaining chapters treat of Persons found Dead, Wounds, and Poisons. We can prepare no analysis of either, as every page contains an amount of information, all of which would be indispensable to the medical witness. We shall therefore select from the last chapter, some of the remarks of Dr. Beck upon Medical Evidence.

"The duties of the physician or surgeon are not bounded by his responsible and interesting attendance on the sick. He is often called upon to exercise other functions. His opinion is desired in cases of sudden death—of grievous bodily or mental injury—or on the nature of particular diseases and affections. This, indeed, is the natural result of a proper regard for the interests of society. Whenever the importance of equal laws becomes fully recognized in a country, and the necessity of distributing impartial justice fully understood, it will soon suggest itself to the legislator, that if evidence is required, it should be of the most unexceptionable and satisfactory nature. When the controversy originated in mercantile disputes, the opinions of merchants were of course sought for and depended on, and their customs and usages have indeed become a part of the statutes of various countries. So also when unexpected death followed from known or supposed injury—when the suspicion of violence entered into the list of causes, it was natural, that sooner or later, those should be called upon to examine and testify, whose ordinary studies and pursuits best enabled them to decide. We find that it is now three centuries since a formal enactment in a European code recognized this principle. The Emperor Charles the Fifth, (as I have already stated in the Introduction,) in the celebrated Criminal Code framed by him at Ratisbon in 1532, ordained that the opinion of medical men should be taken in every case where death had been occasioned by violent means; such as child-murder, poisoning, wounds, hanging, drowning, and the like. France and other continental States soon followed this example, and improved upon its directions. In England, the country from which we derive our laws, I believe I may say with perfect accuracy, that no statutory provision on the subject is to be found. Custom, however, and sometimes legal dicta have sanctioned what the necessity of the case has rendered imperious—an appeal to medical testimony. The same remarks may, to a great extent, be applied to our country; and it is to be regretted that in both, the qualifications for the office of coroner are so little regarded. It would seem indispensable that he be properly versed both in the legal and medical knowledge required from time to time in the discharge of his office. It cannot be denied, that a full and satisfactory medico-legal examination is avoided as often as public sentiment will permit; and even when judicially ordered, its proper objects are often thwarted, or not fully accomplished. The consequences may be seen in the result of many of our criminal trials. The public mind may be deeply and permanently impressed with the guilt of individuals, yet the imperfection of the early examination has been such, as to leave no option to the jury but to release the accused.

"In cases of violent death, and these are the most important as well as the most common, in which professional witnesses are summoned, their duties may be considered under two divisions—first, before the coroner's inquest; and secondly, before the court and jury that is to try the supposed criminal. In other words, the facts that are to govern are elicited before the former; while before the latter, these facts are to be stated, and opinions are to be advanced, which frequently decide the fate of the accusation. This is the ordinary course of judicial proceeding, though of course it is often necessary to pronounce an opinion even before a coroner's jury, but with the important distinction that its merits and weight are there seldom canvassed."

"The medical witness, when summoned, should satisfy himself as to the *cause of death.* He should proceed to a dissection if he entertains the slightest doubt, and he has the right to demand this, or as an alternative, to deny his testimony. If this be properly understood, the doubt that some have advanced, whether in law, it is *imperative* on the coroner to have the body opened, is of little importance. At the present day, physicians at least need not to be told that an external view alone of the body is perfectly nugatory, and that it can lead to no certain deduction, and that a jury is quite as competent to form an opinion upon it as many practitioners. The jury is sworn 'diligently to inquire and true presentment make,' *how and in what manner* the deceased came to his death. Let the medical witness, when subpœnaed, impress this on the coroner and his jury, and decline any testimony, unless he be permitted to satisfy his own mind and conscience.

"*The duties* demanded of him cannot be satisfactorily or conscienciously discharged, without competent knowledge. An acquaintance with anatomy is indispensably necessary, and peculiarly so in those interesting cases where it is necessary to distinguish the effects of disease or violence from ordinary appearances. Unless well grounded in that science, the phenomena that follow natural death may be mistaken for the effects of poison, or the consequences of severe injury. Anatomy, then, both physiological and pathological, must be applied to the case. Nor is this always sufficient. If the question of poisoning be agitated, chemistry is required to lend its aid; and if it be a case involving the presence of pregnancy or delivery, the knowledge of the man-midwife will be necessary.

"Now the just application of all this must not be evaded. The members of our profession in every part of the country are liable to be summoned, and that on the shortest notice, to take a part in such an investigation. Are they all qualified to do justice to it? Am I doing them a wrong in saying that they are not? Medical men are constantly engaged in a most laborious and engrossing occupation, and after obtaining their education, their opportunities for pursuing practical anatomy are extremely narrow. Indeed, the prejudices of the community, strengthened by the restrictions and penalties of our laws, render it almost impracticable to do more than preserve their early information. The accessory sciences also are only cultivated by a few. Does it not then appear that a duty is required, which in many cases should rather be avoided? I am still confining myself to the preliminary investigation before a coroner, and need only allude to the additional force of these observations, when the examiner is transferred to the stand of the witness, and subjected to the inquiries of the bar and the court.—How often is a fair reputation and great social worth tarnished by such an event? And would not all prefer having some regulations adopted, by which the liability to these appeals may be avoided?

"I have no novel proposition to offer on this subject. It is one that has been sanctioned by the experience of several continental countries, and has certainly led to the distribution of equal justice. It has done more. In the opinion of competent judges, it has led to the diminution of crimes, evidently from a certainty of their detection. I refer to the appointment of medical men in a county, a district, or a part of the state, who shall be specially charged with this duty."

"The medical witness is often placed in a delicate situation, from the circumstances under which he is summoned. He is a witness for one or other party—for the prosecution, or for the prisoner; and he is so summoned, in the belief that his evidence will favor the side by which he is produced. It would be desirable, that at least the person who has made the previous examination before the coroner's jury, should be divested of this, so far as to enable him to give a full and fair statemen of all the circumstances that make for either side. I am aware that he can now do so, and indeed his oath obliges him to it. He ought to put the judge and jury in possession of the '*whole truth*,' even if he be not questioned to that extent. But often, the technicalities of an examination, and particularly by an adverse counsel, overcome that self-possession which is so essential. Pressed by perplexing questions, and probably irritated in his feelings, he is apt to make declarations more strongly corroborative of opinions that he has formerly advanced; and as his examination advances, he may incur the charge of being *biassed*, more than facts will warrant.

"Would not this difficulty be avoided, by having the written report to which I have referred, presented to the court, as the *medical facts in the case?* The examiner before the coroner's jury will always have time to prepare this deliberately and cautiously; he can state in it his doubts, and mention the circumstances which are favorable or unfavorable to the accused person. *He can avoid all imputations of being a partisan;* and having once signed it as his deliberate opinion, he ought, of course, not to be allowed to alter or amend without showing the most satisfactory reasons."

With these quotations we shall now close our notice of what we unhesitatingly affirm to be one of the most valuable medical works ever issued from the American press; in our time we have been accustomed to review the medical labors of our most talented and scientific brethren, and in all sincerity we now declare that the brothers Beck have produced a work on this important subject, at once unsurpassed, and we believe unequaled; and further, we may remark, that the physician who may become engaged in a medico-legal investigation, or the lawyer who may become interested under such circumstances, without this work, would be alike recreant to duty, to country, and to God.

ANALYSIS OF MEDICAL JOURNALS.

ART. I.—*Bulletin Générale de Thérapeutique Medicale et Chirurgicale. June* 30, 1835.

1. OF ANTISPASMODICS, AND OF THEIR THERAPEUTIC ACTION.——Antispasmodic medicaments, having followed the vicissitudes of the various systems of medicine, from Hippocrates to the present time, now exalted and now entirely rejected, have at last found a place in the ranks of the curatives of diseases, and that not the least prominent. The state of spasm is one of the numerous morbid conditions, attacking, under the name of Hysteria, the female sex chiefly, but often the other, in delicate and irritable individuals, and children of all ages, especially at the time of dentition. In subjects who have just submitted to a painful operation, convulsive spasms often occur. Just at the termination of an acute disorder, we often observe a similar pathological state. A resort to the agents contained in this class of remedies, may be made with unquestionable utility, when, as is generally the case, other means are inadmissible or not to be found. In a true case of Hysteria, what will a practitioner do? Experience protests against the inutility and dangers of general bleeding. The excitant method has not succeeded better; as much may be said of the method of tonics, and that of evacuants. The remedy is to be sought in producing a general relaxation, in place of the contractions of the organism, in propelling the movements of the system from the centre to the circumference, and spreading them uniformly over all the organs, in lieu of the exclusive concentration upon one. The agents which experience has proclaimed most efficacious in bringing these movements into play, are ethereal compositions, spirituous distilled water, aromatic substances of all kinds, or some of the common processes to arouse the sensibilities of the very irritable parts, such as frictions of the skin, titillations of the soles of the feet, &c. The most energetic stimulants will fail to produce the same effect. In the intervals of the accessions, the therapeutic methods of destroying the aptitude to nervous disorders, are not less special. They are not excitants or tonics, but are rightly classed as true antispasmodics. Valerian in large doses, musk, camphor, oxide of zinc, &c. The manner in which these agents act, it is difficult to resolve.

2. OF THE REFRIGERANT METHOD, IN THE TREATMENT OF NYMPHOMANIA.—This method, so happily found successful in nervous affections whose principal seat was the circulating centre or the head, has been employed with decided utility, in this painful and debasing malady. Nymphomania, or furor uterinus, is considered a mental alienation, and classed among the monomaniæ. Its symptoms and effects, though described pretty fully in this article, are too well known, at least by students of medicine, to require transcribing here. The most active agent in the cure of this disorder has been found to be, as is stated, the cold bath, conjoined with cold affusions over the hypogastric region, and cold uterine and rectal injections. This energetic method must be used gradually, and with caution.—Local baths should always take precedence, and the temperature of these should be regulated, according to the susceptibility, from 24° to 20° Reaumur, (86° to 77° Fahrenheit) down to 14°, 12°, or even 10°, (63°, 59°, 54° Fahr.) The patient should remain sitting in these ten, fifteen, or twenty minutes, more or less, when she should be carefully wiped dry. These baths should be repeated every day. Injections into the vagina and rectum should be employed at the same time, though the temperature of these should be three or four degrees higher than the baths, inasmuch as the interior temperature is higher, and the parts more sensible than the exterior. Local affusions upon the hypogastric region, have still greater efficacy, especially when made from a height of one or two feet. Two or three minutes suffice for these, at a time. General cold baths complete the refrigerant mode of cure for nymphomania. In ordinary cases, simple local refrigeration suffices for the indication. Two cases are related, one in particular a well authenticated and strong case, of this mournful disease, which this method was speedily successful in removing.

3. NEW THERAPEUTIC CONSIDERATIONS CONCERNING THE EMPLOYMENT OF THE OIL OF CROTON TIGLIUM. *By D. S. Sandras.*—This article is oftentimes, doubtless, brought to us in an impure state, as a specimen examined by the author was found to be *partly soluble in water*, and of which one, two, and even three drops, given in a little sugared water, produced scacely any stools. Indeed, no article by the name can be employed with certainty, unless we have had some experience with it. Like M. Piedaugel, the author has found that

salivation, the sense of bitterness in the throat, of heat, and burning in the chest and along the æsophagus, may be entirely avoided, by rapidly swallowing the oil, without allowing it to touch the membranous parietes of the mouth, and not tasting it. It ought to be remarked, that one drop taken in four pills at intervals of a quarter of an hour, has less efficacy than a drop taken at once in a spoonful of sugared water or mucilage. Great care should be observed in giving the oil of croton, whenever there is any anginal affections, as they are pretty sure to be aggravated. The oil produces very great irritation of the mucous membrane, whenever it comes in contact with it. When properly given, however, it produces with astonishing promptitude, considerable intestinal depletion, frequently occasioning vomiting in doses of one or two drops, and producing eight or ten purgations in subjects before constipated. In obstinate constipations, metallic colics, and once in a case of tenia, the author has seen it act with great promptitude and efficacy. Where there is much gastro-intestinal irritation, it should be withheld, but when this is wanted to relieve an irritation in the head, it is of great service. A striking case is related, in which a single drop produced immediately a discharge of several ells of tenia; a second drop, three days after, brought two ells more, and a third drop brought away several fragments more, together with a lumbricoides, more than a foot long, after which the patient recovered.

4. Of the rules to be followed in labors connected with a premature birth of the cord. *By Capuron.*—The author gives in this paper a review of the various methods which have, from time to time, been proposed by various practitioners, for the relief of this condition of things, so generally fatal to the child. He asks—must we, in this case, act or wait? Are we to disencumber the mother without delay, in order to preserve the life of the infant, or shall we leave all to nature, and confide to it the safety of both? There are two circumstances, one of which we shall generally find on arriving at the scene; either the os uteri is but little dilated, thick and resisting, or it is sufficiently open, thin and soft, to permit, with little effort, the introduction of the hand. In the first case it is evident we cannot and ought not to do any thing. What part ought we then to take? that of expectation, which is most wise and prudent. But while waiting, let us make the most of our time. Instead of remaining idle and tranquil, we should use every means to hasten the dilatation of the uterine neck. Bleed the woman, if she is plethoric; place her in a bath if she is nervous; give emollient injections in the vagina, or expose the vulva to vaporous fumigations. Guard also the cord from the cold air, but without endeavoring to return it into the uterus, for in the effort, it must suffer compression, and the irritation given to the uterus by so doing, does more harm than good. The cord should, however, if possible, be placed in the position in which it will suffer the least compression, and these vary according to the stage of the labor. In the second condition, where the os uteri is fully dilated, if the labor proceeds well, if the pains succeed each other regularly and at short intervals, if the presentation is good, and the cord possesses warmth, and sensible pulsations, then leave nature to act for herself. Those who would hasten to turn the child and apply the forceps, often make two victims to their rashness. If, however, the labor should languish, the uterine contractions be slow, feeble, and ineffectual, we must then revive the labor, even with ergot, at any rate we must hasten the accouchement. Here the hand and the forceps are indicated, according to the position and situation of the infant. If the presentation should be found unnatural, the labor must be terminated in the usual way as speedily as possible. Finally, should every thing be found favorably circumstanced except the cord, and this should be found void or nearly so of pulsations, the delivery must be accelerated by the hand or forceps, according to the situation of the child.

5. Of the treatment of fractures of the lower extremities, without confining the patient to the bed.—Sir A. Cooper remarks, that in the ordinary method of treating fractures, of the neck of the femur, for instance, some patients, instead of being cured, lose their lives solely from the long confinement to the bed. It produces a general languor in the functions of all the organs, a general diminution of strength, weakness of the digestive organs, leanness, often ulcers from lying, hectic fever, and death. Moreover, we do not now think that a patient must remain immoveable in bed, in order to be cured of a fracture of an inferior limb. M. Mayor, of Lausanne, who, in 1833, called the attention of practitioners in Paris to this point in therapeutics, has proved the possibility of this fact. He has allowed his patients to walk about with crutches, after the tenth day. The apparatus is rendered immoveable by a very simple means. We have seen some of M. Mayor's patients promenading their rooms, with the aid of an elbow-chair on castors.—The limb was sustained horizontally by means of a shelf, suspended by four strong cords. The means by which the fracture apparatus is rendered immoveable, is this. For the thigh, the whites of thirty eggs; (twenty for the leg,) beat them well in a proper vessel, and add of liquid acetate of lead from four to six ounces, of camphorated spirits the same quantity; mix the whole very exactly. The result is a sort of semi-liquid cream. The apparatus of Scultel, or the separate little bandages, being disposed as ordinary under the

limb, the mixture is poured upon their inner surface, and they are then applied to the limb in the ordinary manner. The stuffings and splints are placed above. This mixture dries in two or three days, and forms a sort of mastic, as hard as a board. The limb is enclosed as if in a box, during the ordinary time of the consolidation of fractures. When it is to be removed, the patient must be put into a warm bath. In treating fractures of the upper extremities, it is sufficient to immerse the bandage in the mixture.

6. Employment of the method of displacing in pharmaceutical preparations.—This method has been very successfully used, in many operations, especially where large quantities of water are required to extract small quantities of soluble matter from a large mass. In obtaining extracts, also, it has been found convenient, inasmuch as larger quantities of extract may be obtained by it, and with less water, than by the ordinary method.

7. Experiments upon the means of producing an artificial cataract, and thus facilitating the study of opthalmology.—Several persons have undertaken to produce an artificial cataract, by submitting the eye to the action of some reagent, or of introducing one by means of a convenient instrument, so as to coagulate the crystalline lens. Troja found that the lens became opaque, when he surrounded the eye with unpurified marine salt, slightly moistened; but the cornea often became opaque at the same time. He used nitric acid diluted with ten times its weight of water, which also obscured the cornea, but it was only superficial, and disappeared by raising a pellicle, beneath which the cornea appeared perfectly transparent. M. Serre, the author of this paper, has turned much attention to this subject, and has made many experiments on it. He obtained thirty rabbits, whose eyes are most analogous to the human eye. He found that the most simple and easy means consisted in wounding the lens with a fine needle, penetrating through the cornea. After twenty-five days or a month he obtained, in a majority of the animals, a very uniform cataract, without lesion of the iris or retina: in some the cataract was partial, and extended but a little around the wounded point; in some the pupil contracted and became immoveable, by the adhering of the iris with the opaque crystal, and in three cases, there was total obliteration of the pupil. A butcher brought to M. Serre the eye of a sheep. After examining the iris, he discovered an opaque crystaline lens. He placed it about a foot from the fire, on a piece of paper, to keep for further examination. At the end of a quarter of an hour, he found it had resumed its transparency. He then tried several experiments with it, connected with a thermometer, and he found when its temperature sank to 17° Cent. its opacity returned quite thick, at 10° it was a very thick white, and presented a beautiful cataract. On exposing it before a fire, where the mercury rose to 20°, the opacity began to disappear, and at 25° it was transparent.

8. New process for the operation artificial pupil.—M. Laugier, of the Hôpital Necker, had occasion to make an artificial pupil in a man of sixty years. The intention of the surgeon was to seize the central part of the iris with a very slender crotchet, and excise it in its place, if he could not draw it between the edges of the cornea. But the aqueous humor was entirely driven out by a sudden movement of the eye, before the knife of Richter could complete the incision. M. Laugier conceived the happy thought of completing the operation in the following manner: he introduced the depressing needle, with the point directed towards the centre of the iris, with which he acted upon the centre as a lever, and produced without hemorrhage and almost without effort, a perforation, by tearing. The patient completely recovered the sight of his eye. The artificial pupil is irregular and quadrangular, so that it is probable the needle has not only broken the central adhesions of the iris, but has also torn a point of the circumference of this membrane.

9. A needle wandering through the tissues, and making its way through the thigh.—This is the relation of a case frequently occurring, that of a needle getting into the body, the patient cannot tell how, and finally making its appearance as a slight tumor, with much pain, especially in walking. It was removed with a bistoury and forceps.

10. Dr. Franchina's method of preserving dead bodies.—This method, of which so much has been said in Italy, has been publicly acknowledged by its author to consist in injecting into the left carotid artery, by means of a syringe, two pounds of arsenic, colored with a little miniune or cinnabar, dissolved in 20 pounds of water, or still better, of alcohol. Should putrefaction have commenced in the intestines, a portion should also be introduced into the abdomen, by means of a trochar.—By this means the body preserves its freshness, its flexibility, and its natural color. Dr. F. has been rewarded for this discovery, by the king of Naples, with the decoration of the order of Francois 1st, the sum of 3,000 ducats, and has been appointed second military surgeon.

MEDICAL INTELLIGENCE.

1. Dr. Wallace's Work on the Structure of the Eye.——We have received a small and neatly printed volume, on the Structure of the Eye, with reference to Natural Theology, by Wm. C. Wallace, M. D. of this city, which we would recommend to other than professional men, as containing many valuable arguments, derived from this interesting organ, in support of the great cause of Christianity.

Dr. W., as an occulist, ranks high, and the opportunities he enjoyed as a favorite pupil of the celebrated McKenzie, will doubtless introduce him extensively here, into the practice of that branch of surgery, which, by his labors and perseverance, he has so largely contributed to enrich, by his valuable discoveries.

2. Obituary Notice of the late Doctor Starr —Died, at Madeira, on the 24th Dec., 1835, Dr. Abel Starr, late Demonstrator of Anatomy to the College of Physicians and Surgeons, and House Surgeon to the N. Y. Hospital.

Dr. Starr was favorably known to the medical profession. as an indefatigable anatomist and ardent votary of surgical knowledge. Specimens of his industry and skill adorn the museum of his preceptor, Dr. Mott, that would do honor to the cabinets of Europe. He fell a victim to his favorite science. During a post mortem examination at the N. Y. Hospital, he received a slight wound in the middle finger of the right hand. About a year previously, it was evident to his friends that important constitutional changes had occurred, from the injudicious prolongation of a mercurial course instituted for the removal of pulmonary congestion, the result of pleurisy. This, however, was his own choice, and seemed for a time to produce the anticipated favorable effect; but though he regained an unusual appearance of health, his system was evidently laboring under suppressed irritation, that needed but an exciting cause to develope the melancholy result. The wound in his finger progressed till the principal flexor tendon was lost, and phthisis supervened.—No case of this disease had been known in his family for several generations,and nothing could be more unlike it than the person of the lamented victim. After his arrival at Madeira, an almost imperceptible scratch on a finger of the other hand assumed a degree of violence so alarming, that he prepared to lose it a few days before his death. This melancholy event intervened most suddenly. On Sunday preceding he rode out, and returned much fatigued;—nature was resigning her sway, and on Tuesday following he expired. Thus died an indefatigable, high minded and honorable man. It was hoped that the genial effect of a southern clime would restore him to his friends, but it was destined otherwise. He is gone from a field of labor he seemed designed to adorn in no common manner; his remains will be brought to his native country, when a more suitable tribute will be paid to his memory. E. H. D.

3. Surgery Illustrated. *Compiled from the works of Cutler, Hind, Velpeau and Blasius. By A. Sidney Doane, A. M., M. D.*—We feel obliged to Dr. Doane for the opportunity which has been afforded us, of an examination of the completed portions of this very useful and practical work, and from the specimens which we have seen, we hazard nothing in asserting, that in all particulars the industrious author's well merited reputation will be fully sustained.

The volume will consist of about 200 pages of text, printed in large and clear type, exhibiting in a condensed form the opinions and practice of some of the most eminent surgeons upon those subjects and cases which the profession is most frequently called upon to treat. The illustrations, amounting in number to about 200, and contained in 52 lithographic plates, admirably executed, we are convinced will prove exceedingly valuable to the practitioner, as well as to the student, and supply a deficiency in our elementary works, which is frequently experienced, and generally acknowledged.

We possess surgical plates in great variety, it is true, but most of them, from their great expense, can only be found in the libraries of the affluent, or among the collections of public institutions. The *descriptions* which accompany many of them are also in a foreign tongue, and on that account their value to the great majority of the profession is very much impaired.

The young practitioner, with but occasional opportunities of treating surgical diseases, seems to require some ready mode of recalling to memory the minutiæ of practical knowledge, previously acquired, and the student has often experienced the want of something in aid of those descriptions of "accidents and

apparatus," which, however carefully drawn, frequently convey but a feeble and imperfect idea of them. The intention of the present publication is to answer these requisitions, and we doubt not but that its great prac ical utility will ensure it a very extended circulation.

The figures illustrative of the *application* of *bandages* to the body and limbs, which Dr. Doane has introduced, will be found, we think, a useful novelty, for we are not aware of the existence of any plates on that subject, with English descriptions; and it is perhaps on account of the difficulty which students meet with in comprehending the mode of applying them by descriptions alone, as well as to the limited opportunities which are presented to most practitioners, of perfecting themselves by their frequent application, that we may account for the fact that we meet with so few that may be called really scientific or neat dressers.

Dr. D. has also much enhanced the value of the plates on fractures, by exhibiting, in addition to the relative positions of the fractured ends of bones, the attachments of the muscles producing the displacement, thus presenting to the surgeon, at a glance, the several forces which require to be counteracted, in effecting their reduction.

We noticed also plates of the most approved instruments and apparatus, as also of their application, but it would swell this notice to an unreasonable length, did we attempt a description of all the plates. In addition, it will be sufficient to observe, that the following subjects will be found amply illustrated, viz. aneurism, amputations, trepanning, æsophagotomy, tracheotomy, cataract, lithotomy, lithotrity, harelip, &c. &c.

The work will be issued in a few days, from the press of the brothers Harpers, and its importance and value, we think, will be fully conceded, from the circumstance that many will acknowledge, after an examination of these "illustrations," that they have revived in a few moments the knowledge and information which could only be recalled by hours of diligent study and application to printed descriptions.

4. Newark Medical Association.—We are pleased to learn that the medical profession of the city of Newark, New-Jersey, have just formed an association for the purpose of bettering the condition of the profession, among themselves. The following extracts from the regulations of the Association, and System of Medical Ethics they have adopted for its government, are such as we hope the profession generally will imitate. We understand that one of the principal objects of the Association, at their meetings will be to hold social conversations immediately connected with the welfare of the profession. For this purpose members are to report verbally such interesting practical facts, &c. that may come under their notice. The reports are to be noted down by the Secretary in a book kept for that purpose. This arrangement, we feel persuaded, might become of great advantage to the practitioner of medicine. We take this opportunity of saying to the members of the Newark Medical Association, that our pages will be open for their communications, &c.—*Ed's.*

"*Regulations.*—The objects of this Association shall be the cultivation of friendship among its members, to promote the interests and improvement of medical science, to regulate professional intercourse, and the fees for professional services."

"It shall be the duty of the Standing Committee to attend to and decide on all matters which regard the honor and interest of the Association; and especially all infringements of its regulations, which may come to their knowledge. In all cases, however, an appeal may be made to the Association.

"Should the Standing Committee find any member guilty of a wilful violation of the rules of the Association, they shall report the same to the Association with the evidence, and should their decision be confirmed by two-thirds of the members present, the person accused shall be expelled from the Association."

"If any member becomes acquainted with the conduct of another, which he considers a breach of the rules and regulations of this Association, it shall be his duty to make it known to the Standing Committee, who shall inquire into the case, and decide upon the same as they may think proper."

"The regulations of this Association shall be offered for subscription to all reputable practitioners resident in the township of Newark; and the Secretary shall be charged with the execution of this regulation, with which he shall comply in every instance, so soon as he shall learn that any such shall have established himself in the town. But in case the Secretary have doubts in any instance of the propriety of offering the articles to any one, he shall apply to the Standing Committee for advice and direction. And in case any person, to whom he may offer the regulations, shall refuse or neglect for one month to sign the same, he shall make known such refusal or neglect to the Standing Committee."

"Every practitioner, at the time of becoming a member of this Association, shall sign the following obligation, viz. The undersigned do approve of the Regulations and System of Medical Ethics adopted by the Medical Association of Newark, and do agree on their honor to comply with the same."

"*Medical Ethics.*——Consultations should be encouraged in difficult and protracted cases, as they give rise to confidence, energy, and more enlarged views in practice. On such occasions no rivalship or jealousy should be indulged; candor, justice, and all due respect should be exercised towards the physician who first attended; and as he may be presumed to be best acquainted with the patient and his family, he should deliver all the medical directions as agreed upon. It should be the province, however, of the senior consulting physician to propose the necessary questions to the sick.

"The consulting physician should propose the times of his subsequent visits, and decide upon the propriety of discontinuing his attendance; but he is never to visit without the attending one, unless by the desire of the latter, or when (as in sudden emergency) he is not to be found. No discussion of the case should take place before the patient or his friends, and no prognostications should be delivered, which was not the result of previous deliberation and concurrence. Theoretical debates, indeed, should generally be avoided in consultation, as occasioning perplexity and loss of time, for there may be much diversity of opinion on speculative points, with perfect agreement on those modes of practice which are founded, not on hypothesis, but on experience and observation. Physicians in consultation, whatever may be their private resentment or opinions of one another, should divest themselves of all partialities, and think of nothing but what will most effectually contribute to the relief of those under their care.

"If a physician cannot lay his hand to his heart, and say, that his mind is perfectly open to conviction, from whatever quarter it may come, he should in honor decline the consultation.

"All discussions and debates in consultations are to be held secret and confidential.

"Many advantages may arise from two consulting together, who are men of candor, and have mutual confidence in each other's honor. A remedy may occur to one, which did not to another; and a physician may want resolution or a confidence in his own opinion, to prescribe a powerful, but precarious remedy, on which, however, the life of his patient may depend; in this case, a concurrent opinion may fix his own. But when such mutual confidence is wanting, a consultation had better be declined, especially if there is reason to believe that sentiments delivered with openness, are to be communicated abroad, or to the family concerned; and if, in consequence of this, either gentleman is to be made responsible for the event.

"The utmost punctuality should be observed in consultation visits; and to avoid loss of time, it will be expedient to establish the space of *fifteen minutes*, as an allowance for delay, after which the meeting might be considered as postponed for a new appointment.

"*Interferences.*—Medicine is a liberal profession; the practitioners are, or ought to be, men of education; and their expectations of business and employment should be founded on their degrees of qualification, not of artifice and insinuation. A certain undefinable species of assiduities and attentions, therefore, to families usually employing another, is to be considered as beneath the dignity of a regular practitioner, and as making a mere trade of a learned profession; and all officious interferences in cases of sickness in such families, evince a meanness of disposition, unbecoming the character of a physician or a gentleman. No meddling inquiries should be made concerning them, nor hints given, relative to their nature and treatment, nor any selfish conduct pursued, that may, directly or indirectly, tend to weaken confidence in the physicians or surgeons, who have the care of them.

"When a physician is called to a patient or family that has been under the care of another gentleman of the faculty, before any examination of the case, he should ascertain whether that gentleman understands that the patient is no longer under his care; and unless this be the case, the second physician is not to assume the charge of the patient, nor to give his advice, (excepting in instances of sudden attacks,) without a regular consultation; and if such previously attending physician has been dismissed, or has voluntarily relinquished the patient, his practice should be treated with candor, and justified so far as probity and truth will permit; for the want of success in the primary treatment of the disorder, is no impeachment of professional skill and knowledge.

"When a physician is called to a patient in a case of emergency, he should, on the arrival of the family physician, or of the one who may have been previously called in, relinquish the patient to the latter.

"It frequently happens, that a physician, in incidental communications with the patients of others, or with their friends, may have their cases stated to him in so direct a manner, as not to admit of his declining to pay attention to them. Under such circumstances, his observations should be delivered with the most delicate propriety and reserve. He should not interfere in the curative plans pursued; and should even recommend a steady adherence to them, if they appear to merit approbation.

"*Differences of Physicians.*—The differences of physicians, when they end in appeals to the public, generally hurt the contending parties; but, what is of more consequence, they discredit the profession, and expose the faculty itself to contempt and ridicule.—Whenever such difficulties occur, as may affect the honor and dignity of the profession, and cannot immediately be terminated, or do not come under the character of violation of the special rules of the Association, other-

wise provided for, they should be referred to the arbitration of a sufficient number of members of the Association, according to the nature of the dispute; but, neither the subject matter of such references, nor the adjudication, should, if it can be avoided, be communicated to the public, as they may be personally injurious to the individuals concerned, and can hardly fail to hurt the general credit of the faculty.

"*Discouragement of Quackery.*—The use of quack medicines should be discouraged by the faculty, as disgraceful to the profession, injurious to health, and often destructive even of life. No physician or surgeon, therefore, should dispense a secret nostrum, whether it be his invention, or exclusive property; for if it is of real efficacy, the concealment of it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice.

"*Conduct for the Support of the Medical Character.*—The *esprit du corps* is a principle of action, founded in human nature, and when duly regulated, is both rational and laudable. Every man who enters into a fraternity, engages, by a tacit compact, not only to submit to the laws, but to promote the honor and interest of the Association, so far as they are consistent with morality and the general good of mankind. A physician, therefore, should cautiously guard against whatever may injure the general respectability of the profession, and should avoid all contumelious representations of the faculty at large, all charges against their selfishness and improbity, or the indulgence of an affected or jocular scepticism, concerning the efficacy and utility of the healing art.

"*Fees.*—General rules are adopted by the faculty in every town, relative to the pecuniary acknowledgements of their patients; and it should be deemed a point of honor to adhere to them; and every deviation from, or evasion of, these rules, should be considered as meriting the indignation and contempt of the fraternity.

"Gratuitous services to the poor are by no means prohibited; the characteristical beneficence of the profession is inconsistent with sordid views, and avaricious rapacity.

"It is obvious also that an average fee, as suited to the general rank of patients, must be an inadequate compensation from the rich, (who often require attendance not absolutely necessary) and yet too large to be expected from that class of citizens, who would feel a reluctance in calling for assistance, without making some decent and satisfactory remuneration.

"*Exemption from Charges.*—Clergymen, and all members of the medical profession in town, together with their families, should be attended gratuitously; but visits should not be obtruded officiously, as such civility may give rise to embarrassments, or interfere with that choice on which confidence depends.

"But distant members of the faculty, when they request attendance, should be expected at least to defray the charges of travelling; and such of the clergy as are qualified by their fortunes or incomes, to make a reasonable remuneration for medical attendance, are not more privileged than any other order of patients.

"Omission to charge, on account of the wealthy circumstances of the physician, is an injury to the profession, as it is defrauding, in a degree, the common funds for its support, when fees are dispensed with, which might be justly claimed.

"*Vicarious Offices.*—Whenever a physician officiates for another by his desire, in consequence of sickness or absence, if for a short time only, the attendance should be performed gratuitously, as to the physician, and with the utmost delicacy towards the professional character of the gentleman previously connected with the patient.

"*Seniority.*—A regular and academical education furnishes the only presumptive evidence of professional ability, and is so honorable and beneficial, that it gives a just claim to pre eminence, among physicians at large, in proportion to the degree in which it may be enjoyed and improved. Nevertheless, as industry and talents may furnish exceptions to this general rule, and this method may be liable to difficulties, in the application, seniority, among the practitioners of this town, should be determined by the period of public and acknowledged practice as a physician or surgeon. This arrangement being clear and obvious, is adapted to remove all grounds of dispute amongst medical gentlemen; and it secures the regular continuance of the established order of precedency.

"*Officers of the Association.*—Drs. Abraham Campfield, *President;* J. G. Goble, *Vice-President;* Wm. T. Mercer, *Secretary;* L. A. Smith, I. M. Ward, J. A. Paine, *Counsellors.*"

5. Boylston Medical Society.—The following officers of the Society have been chosen for the ensuing year—Dr. Henry I. Bowditch, President. Dr. Jonathan M. Warren, Vice-President. Mr. Joseph Sargent, Secretary. Mr. Benjamin H. West, Treasurer. The Society's premiums have been awarded, this season, the first to Mr. Luther Clark, for a Dissertation on "Theorizing in Medicine;" the second to Mr. Samuel C. Foster, for a Dissertation on "Creosote."* *Bost. Med. & Surg. Jour.*

* In our number for August last, we offered a Premium for "The Chemical and Medical Properties of Creosote, with the best mode of Preparing it." The 1st day of May, 1836, was the time fixed for receiving Dissertations, but we have deemed it advisable to extend the time until the 1st day of December, 1836.—*Ed's. U. S. Medical and Surgical Journal.*

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THE

UNITED STATES MEDICAL AND SURGICAL JOURNAL.

No. XXI.

APRIL, 1836.

With pleasure we give place to the following communication from one of our valued correspondents, and hope it will be the means of stimulating the Medical Profession to unite in promoting the medical literature of our country.—*Ed's.*

ART. I.—*An Appeal to the Profession, on the subject of Contributions to Periodical Literature.*

We have often been said not to be a reading people; neither are we a writing people. Perhaps if we wrote more, we should read more. We are accustomed to depend too much upon the literature of Europe for our acquirements; and, as a consequence, our countrymen withhold their knowledge, or, if they do prepare matter for the press, it is refused by the booksellers, because of the great probability of its remaining on the shelves unsold. It is from this cause, that, although English books are often reprinted and French ones translated, an American medical work is seldom announced; whilst, from the comparative poverty of the profession here, and the limited extent of professional erudition with which its members rest satisfied, medical literature is the very worst species of booksellers' stock. Nothing is more difficult than to induce any publisher in the United States to undertake the issuing of any medical production, be its merit what it may, even though he get the copyright for nothing.

We are known to foreign nations as energetic and able practitioners; as bold and skilful surgeons; but as authors we have certainly contributed, and do contribute, very little to the stores of professional knowledge. Is it because professional men in America cannot write, that we number so few authors among us? An enumeration of those who have already published, would at once contradict the supposition. What is it that has given celebrity to the physicians and surgeons of Europe? We answer, their writings, no less than their practical skill. These it is which have invested them with their bright halos of glory, have made their memories imperishable, and which cause them, though dead, to be yet speaking. Contrast their posthumous fame with the short-lived and circumscribed reputation of any practitioner, who descends, after a career we care not how bright, into the tomb, leaving behind him not one line to perpetuate his memory, when the generation he served shall have passed away, and not a tittle of all the knowledge that long experience had enabled him to acquire. Such a man is recreant to his trust; he does injustice to his profession and to his fellow-men, and may be compared to some wealthy miser, who dies surrounded by a needy family, to whom he bequeaths nothing, leaving all his estate to be expended in acts of superstitious reverence.

It will perhaps be said, that every man cannot write a book. We answer, that there are ways of communicating to our brethren elsewhere the knowledge we acquire, the facts which we collect, the conclusions at which we have arrived, without the labor, expense, and uncertainty of book-making. It is for this very purpose that periodicals are established. They are the vehicles by which the great mass of discoveries and achievements in practice are conveyed to distant lands, or brought from others to our own. Through them, additional facts may be related, opposing ones detailed, fallacy refuted, and the truth established. Their cheapness, their size, their varied and condensed contents, together with the necessity of keeping up to the literature of the day by their perusal, gives them a circulation to which volumes never can attain. By them, much more than by books, are the reputations of men to be extended, and their merits, and the results of their thoughts and

investigations to be made familiar to the profession in other countries.

Are not these some excellencies ascribable to periodicals? Is it not of some advantage that by their means the bulky folios of antiquity are exchanged for the pithy memoir? Do they not hold out some inducement to the old practitioner, to detail, for the benefit of posterity, some of that experience with which a successful practice has endowed him, and to claim a seat in the assembly of the illustrious? Is there, also, nothing in the contemplation of periodical literature, which may stimulate the younger members of the profession to display *their* zeal, *their* learning, *their* ingenuity and research?

If there be, why is it that those who are qualified to do honor to the professional character of this country, and to themselves; who are able to add to the amount of information already collected by preceding writers, are so backward in availing themselves of the facilities which *this* journal, not less than others, offers for their acceptance? Is a want of leisure pleaded—turn to the eminent men of Europe, read their contributions to the journals of the day, and contrast their avocations with those of the busiest among us. Is it owing to timidity—lay aside that dread. The sentiments of every man of competent acquirements and strict integrity, based upon what is presumed to be fact, supported by plausible argument, and announced with suitable modesty, have an undisputed claim to be heard. Ours is a liberal profession—an open arena, from which the young and agile often carry off the prize. It is indeed to the young, the gifted, and the zealous minds in our science, who are striving for eminence by every honorable means, that we may look to uphold the credit of our calling, and we invite them to lay the foundations of their future celebrity, through the medium of the periodical press. To the practical observation of cautious age, and to the bolder flights of warmer imagination, when tempered with reason, these columns are alike open; and, not more for ourselves, than for our art and our country's honor, do we hope to see our invitation accepted.

Among the names of those who have conducted, or contributed to medical periodicals, are some of the fairest in the annals of our science; many of the essays which are now classical in it, have first seen the light through their columns, and of some very eminent persons, these papers constitute the chief claims to our respect. In the field in which these have labored, no one need be ashamed to display his industry. No higher motives than the desire to assist in alleviating the diseases to which mankind is incident, and the laudable wish to attain to a respectable rank in the profession which he has chosen, can actuate the physician, be he young or old. The channels for this purpose are before him, and yet he hesitates to use them. For several years prior to the establishment of this journal, none existed in this city. All had failed that preceded it, and a speedy extinction was predicted for it also. It has lived, however, much longer than was expected, (which may, in a great degree, be attributed to the unwearied exertions of the publisher,) and yet we cannot ascribe much of its constitutional vigor to the contributions of the physicians of New-York. We deeply lament, as we examine its pages, that they have never been graced by the effusions of many, who can, and who ought to write. No magazine can succeed, unless it receive the support of able pens, and it is, surely, in the power of the medical profession in this city, to establish, for the medium of their writings, such a character as shall at length repay them for the trouble of composing their articles, by the circulation they will acquire, and the reputation they will give. It may safely be said, that until the abilities of American physicians are better appreciated, both at home and abroad, which can be effected at first only by means of periodical publications, the talent which now lies concealed among us, can never be developed, because of the undue influence of foreign publications, and the consequent neglect of every domestic attempt to disseminate medical knowledge.

With the earnest hope that these imperfect observations may be the means of stimulating more of our brethren to exertion, and that, not for selfish purposes, but with a view solely to the general advancement of the profession, and its elevation among ourselves, we repeat our invitation to them, to furnish to our columns the fruits of their knowledge and experience.

Note.—Have we not also Medical Societies, both public and private, and why is it that not more of their transactions are made known, through the columns of periodical journals? Amid the archives of the latter, we know that many valuable papers exist, which, we fear, are not destined to see the light, as they deserve.—*Ed's.*

Art. II.—*Analysis of Papers read before the Society of Surgeon Dentists of the City and State of New-York.*

[Continued from page 259.]

1. *An Address on the Treatment of the Diseases Connected with the Teeth.* By J. W. Crane, M. D.—I shall only be able to notice each of the following diseases, in as brief a manner as possible, with corresponding remarks on their treatment.

1st. On the diseases which result from irritation in dentition.

2d. On dental gangrene, (or caries.)

3d. Its origin and progress.

4th. Its proximate cause.

5th. Its predisposing and remote causes.

6th. Its exciting causes.

7th. The prevention of caries.

8th. Methods of treatment.

9th. Toothache, (or dolorosa.)

10th. Gangrene of the temporary teeth.

11th. Abscess of the alveola and cellular substance.

12th. On injuries of the teeth by violence.

13th. Effects of mercury on the teeth, gums, &c.

14th. Neuralgia, or tic douloureux.

To enter upon a history of the consequences which result from the irritation of teething, would be to treat generally of all the diseases of infancy; for there is scarcely a disease to which this period of life is subject, and scarcely a symptom appertains to those diseases, which is not at times produced, or at least augmented by this cause. It is seldom that children acquire their teeth without some degree of local irritation, and of constitutional derangement. In the most favorable cases, the gums become red, enlarged, and painful, a disposition to fever occurs, usually attended with an unhealthy action of the liver and digestive organs.

In these cases, however, the symptoms often produce their own remedy, by exciting the salivary glands to greater action, secreting an unusual quantity of saliva, which diminishes the action of the vessels, and relieves the patient without the aid of medicine.

But the symptoms of teething are frequently more alarming. The constitutional irritation becomes dangerously alarming, by the appearance of immoderate diarrhœa, attended with severe griping, the fæces discolored and fetid, sometimes of a clayey consistence, mingled wi h large quantities of viscid mucus. The urine is turbid, discolored, in small quantities, and sometimes accompanied with purulent matter, attended with the most excruciating pain in passing it. The skin becomes hot and dry, the pulse rapid and fluttering, the respiration quick and labored, and the countenance marked with extreme anxiety and pain. In short, every symptom of pneumonia often occurs, at this alarming crisis. The brain is frequently affected, symptoms of which are a continual moving of the head, incessant moaning, pupils of the eyes dilated. Spasms of the muscles and convulsions increase to an alarming degree, and not unfrequently terminate the sufferings of the little patient in death.

The symptoms here described are probably brought on by an overcharged condition of the blood-vessels, and should the patient receive proper treatment in the first stage, they would undoubtedly, in a majority of cases, be prevented.

I will mention one case, which came under my own observation. I called to see a child laboring under this constitutional excitement. The little sufferer, for two nights previous, had been in great distress, the gums in a high state of inflammation, the stomach and liver out of order, tongue furred, and pulse rapid. The child continued in this state until the gums were divided by a simple incision, which caused considerable hemorrhage, and immediate relief. Immediately after this simple treatment, the child was quiet, and slept, but what is more surprising, the costiveness was immediately removed, and the child restored without the aid of medicine.

The treatment of all these diseases requires only a reference to their exciting cause. The gums should be relieved of the continual pressure, by free incisions, and general remedies to the digestive organs, aided by the warm bath. In moderate cases, castor oil will be sufficient to regulate the alimentary canal. But this will not be sufficient in those of long standing, and where the symptoms are more severe. In such cases, we must resort to small doses of calomel, given at regular intervals, until they operate. This treatment, with a careful nurse, in a majority of cases will produce the most happy effects.

I come now to one of the most common diseases to which the teeth are liable. This disease is commonly called caries, a name which is authorized both by English and American writers, yet I am inclined to think is misapplied. The term gangrene, or mortification, I think with Dr. Bell, is a more appropriate term for this disease. It usually attacks the crowns of teeth, and seldom makes its appearance at the roots. It generally shows itself immediately under the enamel, either on the grinding surface, or on the sides of the teeth. The causes of decay are so numerous, that the most scrutinizing observer will fail to enumerate all of them. But the true and proximate cause of dental gangrene is undoubtedly inflammation; but the time that these organized bodies are attacked with inflammation, and what degree is required to deposit these seeds of decay, is yet a subject of further consideration.

On the predisposing and remote causes, I shall probably differ from all who have written upon the subject, or at least from all I have consulted. I do not wish to be understood that I differ from them as to the immediate cause, for I have already said it is inflammation; but at what period of life the teeth receive this injury, is the point on which I may differ.

Dr. Bell, speaking on the predisposing and remote causes, says, "Hereditary predisposition is amongst the most common and remarkable of the former class. It often happens that this tendency exists in the whole or great part of a family of children, where one of the parents had been similarly affected."

This theory appears very reasonable, and his statements on this subject far be it from me to contradict. But let us view both sides of the case, before we decide in favor or against this theory. Dr. Bell mentions many cases where children's teeth have been found decayed, in either the whole or great part of a family, where one of the parents had been similarly affected. But he does not

state the number of cases where both of the parents have lost all of their teeth, and the children kept them, in good order, to the age of 40 or 50 years. Such cases have occurred, as probably many of us can testify.

Many of the diseases of infancy, especially inflammatory diseases, operating on the pulp of the teeth, are to be considered more disastrous than any other cause yet discovered. Inflammation on these parts, whether produced by febrile diseases or violence, I consider the most destructive of all causes, except the abuse of mercury. If the bony structure of a tooth, when broken, would admit of reunion, as in other bones, we need not despair of a similar recovery in the teeth. If the bones be broken, they unite in such a manner as to become stronger than before. If they become diseased and dead, new bony matter is deposited around the dead bone, and in time the latter is removed by the absorbents. Not so with the teeth, when injured by fracture, inflammation, or mercury; no such provision is made for them. Situated as they are, a bone within a bone, the vessels few and minute, interspersed in a membranous substance, which is liable to be injured even on a sudden change of temperature. Therefore, inflammation in the pulp of the tooth cannot but produce the most injurious effects, even should all other arguments (but the following one) fail, viz: that it has not the means of complete recovery. In what way can we account for the decay of teeth in pairs, except that the pulp of each of them was in the same stage of advancement at the time inflammation attacked them. In what way can we account for internal decay, (which I believe I have it in my power to prove,) except from this same cause. Indeed, I am convinced that nearly every species of decay commences by reason of some internal action of disease upon the pulp of the tooth, combined with the exciting causes of which I am now to speak.

The exciting cause of a disease, is that action by which a hidden disease is made to exhibit itself, in a greater or less degree. One of the most frequent of these is the use of hot drinks, or any substance of higher temperature than the blood. Many authors have contended that cold, applied to the teeth, is equally injurious as heat. Nothing can be more absurd in the animal economy, than this positive contradiction of nature's works. The teeth of man and all animals, are, by chemical analysis, essentially alike, and it is the opinion of many that they should remain so. But, whether this curse was brought upon man at the time the earth was made "to bring forth thistles and thorns," or whether it is the curse of surfeit, is a subject which needs but little comment.

We need only compare our habits with those of the aborigines of this country, and the South Sea islanders, to solve this question. The two cannibals brought to this country by Capt. Morrell, never heard of the toothache until they were taken on board his vessel. The Indians of this country, in an uncivilized state, were almost entirely free from this disease. Our domestic animals, (when fed according to nature) are free from decayed teeth. But give them hot drinks and hot grains from the distillery, and their teeth become decayed like those of man. Persons employed in surveying the western country, whose food and drink, for many weeks, consisted of dried meat, hard bread, and cold water, noticed their teeth became white, without the use of a brush, or the least care on their part to make them so. There are persons in our own city, who live principally upon cold fare, whom I have never known to lose a tooth, or suffer from the toothache. The slaves of the South are seldom known to complain of this disease, except those who are employed as cooks, and partake of hot tea and coffee, cakes, &c.

Since writing the above, a gentleman from the South informs me, that the slaves who labor on the plantations uniformly have good teeth. But, he says, the cooks and in-door servants have very bad, decayed teeth.

Arguments are not wanting, to prove that the teeth of man were originally made to remain free from disease, and pain, to the last moment of his existence. The teeth are the last to decay after death. All other parts of the body decompose, and fall to ashes, but the teeth not only stand the test of corruption, in its most offensive forms, but the chemical action of these deadly gasses of the grave, for a long time, and yet no appearance of decay is found, even in a century. Why the living body is so much more destructive to the teeth than the dead, is a question which the anatomist and physiologist will not find hard to answer. If the teeth were foreign bodies, and entirely independent of life, and all connection with the system, the agents that now act upon them in the most destructive manner, would prove to be comparatively harmless. But when they become foreign bodies, their beauty is lost, their color changed to a dark hue, and decomposition is sure to follow.

There is a great difference in the texture of human teeth; some have a greater quantity of carbon in the enamel than others; some have thick, and others thin enamel. Some are of a yellowish cast, others blue, mixed with a pearlish white. The latter are far the most frail, and liable to become decayed in early life. The bone of the tooth and the enamel (of the latter) are not so firmly united as those of the former; hence the great danger of expanding them by heat.

The effect of heat and cold on inert bodies, is to expand and contract. The same truth will apply to living bodies like our teeth.—Iron will begin to expand at 120 or 130 degrees. The enamel of our teeth is much more compact, much harder, and more liable

to crack, by pressure. Let us now consider the location of the teeth, that we may better understand the injurious effects of the least expansion that may take place, by the application of heat. The teeth, I need not say, are firmly fixed in the jaw bone, which surrounds them, and on each root is a membrane, with minute blood-vessels and nerves. In these consist the life of the tooth. Let us imagine the effect of heat applied to the tooth, which is to expand it; the consequence is to press these delicate parts between two bones,—the most sure way to destroy them. Now, if the living principle of a body be destroyed, what are we to expect, but decomposition and immediate destruction of the part. The enamel is also fractured by this expansion, if the teeth are firmly in contact with each other. Cold, on the contrary, contracts bodies. Let us imagine the teeth contracted by cold; the question is, what are its injurious effects? I am aware of the fatal effects of a sudden change of temperature from the highest to the lowest, but a change from blood-heat down to 70 or 60 degrees, I have not the least hesitation in saying that the effect is beneficial, rather than injurious. If these vessels were relieved occasionally, by contraction of the root, the effect would be, to cause more blood to rush in and nourish it, and by that process the living principle would be increased, rather than diminished.

The digestive organs, also, have great influence over the teeth. Many cases might be cited, where a diseased state of the liver was followed by a speedy decay of the teeth, and vice versa.

Powerful acids, given in fevers, are also among the destroyers. Negligence, in letting them remain filthy, is also a powerful agent in exciting them to decay. The effects of mercury will be attended to hereafter.

The treatment of Gangrene, together with means of preventing it.—In infancy, all inflammatory diseases should be arrested by the timely aid of medicine. If a child be attacked with the scarlet fever, (or any other inflammatory disease,) every attention should be devised to arrest it, in the first stage of the disease. Great care should be taken to keep down the inflammation about the throat, by the frequent renewal of poultices. In my own practice, I have found them of the greatest utility, not only in defending the throat, but all the parts contiguous, from the ravages of inflammation.

Inflammation arising from a diseased state of the deciduous teeth, should not pass unnoticed. There are cases where the deciduous teeth show the appearance of decay soon after they cut through the gum. The reasons for this, I have no doubt, may be traced to the effects of mercury on the system, or its remaining in contact with them, at the time of administering, and I think probably the latter. But such cases there are, a number of which have come under my notice, one of which I will mention.

I called to see a child about one and a half or two years of age, whose front incisors and gum were in a high state of inflammation.—The teeth were in such a state of decay, that but little appeared except some hollow stumps; these were in a state of suppuration, and a little loose. I immediately extracted them, and gave him relief. This case I marked as one whose second set of teeth would be soon carious, and therefore felt an uncommon interest to know whether my conjectures would prove true. But before I had an opportunity to test my theory, I removed to New-York, still hoping to have the pleasure of seeing my little patient. This pleasure, I am happy to say, I have had, within a few weeks. The second set of teeth have appeared, and the result of the injurious effects of inflammation on them, is fully confirmed. They had scarcely made their appearance, before some of them needed filling; two of them appear as if they had not yet arrived to their full growth, still they are decayed. Were I to prescribe for a patient in similar circumstances, I should remove the teeth before suppuration had taken place.

Gangrene of the teeth should be treated, first, by removing the dead portion from the living, and if practicable, the cavity should be immediately filled with gold, in such a manner as to exclude air and water. If the gangrene is but superficial, it should be removed in the same way, and the bony part polished. Should the bone be extremely sensitive, beyond endurance, the cautery or caustic should be passed over its surface. To prevent gangrene of the teeth, avoid all the exciting and remote causes.

Toothache is the natural consequence of gangrene. If a tooth become so decayed as to expose the inner membrane, it would be strange if such exposure did not produce pain, especially in the sanguine temperament.—That there are exceptions to this rule, we must freely admit. Toothache is generally the effect of inflammation, either in the inner or outer membrane; when the inner membrane only is slightly inflamed, applications will sometimes be of service, but when the outer membrane participates with the inner, so as to become thickened, nothing but extraction will relieve the patient. This rule will apply to all teeth that have antagonists, that come directly in contact when the mouth is closed, for this reason——the continual pressure is sufficient to keep up the inflammation, and cause increased action in the vessels, and of course the evil will be increased, the longer it remains in the socket. Many nostrums are sold, even by those who call themselves Dentists, as a certain cure for this tormenting pain, when a slight knowledge of the parts to which they are applied, would convince even the most ignorant, of this absurd quackery.

Gangrene of the temporary teeth is a part of our science which is the most neglected. The word temporary is the cause of much mischief, which a whole life cannot repair. The evils produced by extracting the temporary teeth too soon, are far greater than the evils of letting them remain too long. They are considered of so little consequence, that the dental destroyer attacks the little victim, and renders him almost toothless, partly for the sake of showing his skill, and partly for fear he will not have another opportunity to cheat him out of what he calls useless organs. This practice (I need not say) cannot be too deeply censured. If the temporary teeth become decayed and painful, correct practice would teach us to remove them. But simple decay is not sufficient reason for their removal. If they are carious before they become loose, let them be treated in the same way that the permanent teeth are, and when the permanent teeth make their appearance, and they become loose or in the way, let them be removed.

My next subject is abscesses of the alveola and cellular substance. One of the most common diseases which attack the alveola, is that which is erroneously called gum bile. It is produced by various causes. Dr. Bell says, "it now and then occurs, though very rarely, in the periosteum of a sound tooth." I have never witnessed a case of this description. Nearly all the cases which have come under my care, have been caused by diseased teeth or stumps. The disease first commences with inflammation of the periosteum, which becomes thickened, and of course raises the tooth from its socket, so that it becomes loose. This inflammation immediately extends to the surrounding parts, causing swelling of the face, accompanied with severe pain, which soon causes suppuration to take place, which is indicated by occasional sharp shooting pains through the part. The indications of treatment are, first, to remove the exciting cause, which is generally a root or diseased tooth, which has acted as a foreign substance. This will be sufficient, in the first stage of the disease, to effect a cure. But if the disease has made such progress that the symptoms indicate the appearance of pus, as described above, it must be discharged, by making a free incision near the stump which caused the mischief. If the gums remain inflamed and spongy, it indicates the presence of tartar, which should be removed, taking care to bleed them freely at the time, and directing the patient to repeat the bleeding with a brush, daily, until perfectly healed.

On injuries of the teeth by violence.—If the teeth become loose by a blow or fall, they should be immediately placed back into the socket, and secured by ligatures; the gums should be bled frequently, and every effort made to keep down the inflammation.

Effects of mercury on the teeth, gums, and alveolar process.—The injurious effects of this medicine on the teeth, cannot properly be estimated, without witnessing cases of dissection, or visiting patients as a physician. To illustrate its effects on the teeth and bones of the head, I will mention the following case.

I called with a medical friend to see a woman who, he said, was under the influence of this medicine. She was a young woman, perhaps 27 or 28. When I saw her, a few of her front lower incisors remained, but loose, and could be removed by the fingers. A portion of the frontal and parietal bones were removed, about two and a half inches square. The ulcerations covered nearly one half of the head. The integuments which protected the brain appeared soft and spongy. This, at first view, would appear to be syphilis. But he assured me that it was the effects of mercury. The preparation given was the proto chloride hydrarg., and strange as it may appear, the only medicine he gave to cure the disease, was another preparation of the same medicine, per chloride hydrarg, with external applications.

Another case, in my own practice, more particularly illustrates its effects on the teeth, gums, and alveolar process. A young lady, about 19 years of age, called for advice, who had been confined a long time with fever. On examining her mouth, I found the molar and bicusped teeth on the left side of the lower and part of the upper jaw, just ready to drop out. The alveola and gums were absorbed nearly as much as they would have been, had the teeth been removed six months before. The teeth were covered with the black oxide of mercury. On inquiring the cause, I found that the medicine had been given when lying upon her left side, as a blister was applied to her right, and it remained in contact with the teeth and gums for a long time. The effects, as might have been expected, were to destroy the teeth on that side, together with the alveola and gums. The teeth, you can now have an opportunity to examine.

Neuralgia.—Neuralgia is a term used to designate disease of the nerves. It is either constitutional or local; constitutional, when it attacks the system generally, or some remote part, without any apparent cause; local when seated in or near a part irritated by some foreign substance. The latter subject will now occupy our attention.

The symptoms of this disease are of the most agonizing character. The exciting causes are mental agitation, diseased teeth, contusions, and colds. The infra orbitary nerve is generally the seat of this painful disease. The character of the pain is very peculiar, and its course exactly corresponds with that of the nerves. The first and third branch of the fifth pair of nerves are not so frequently affected, as the second branch, yet they generally partake of the disease, especially in its more severe forms. At times the forehead, temple, inner angle of the eye on the side

affected, and even the ball itself, form the chief lines of pungent agony, while from irritation of the lachrymal gland, the eye weeps involuntarily. This disease has baffled the skill of eminent physicians for years, and it has been known to continue unabated, even after a division of the nerve, an operation, by the way, which has proved unsuccessful in almost every instance. In the treatment of this disease, I find no use for the scalpel, as I will prove by the following cases.

Case 1st. A woman called on me for advice, who was laboring under this disease, who had previously placed herself under the care of one of the most eminent and respectable dentists in our city. I learned by her, that she had been afflicted with this disease for about three years, and I believe this fact she did not communicate to that gentleman. He therefore removed a number of teeth, which were probably the exciting cause, and soon after referred her to me for my opinion of the case. I found his treatment had been perfectly correct, yet no abatement of the symptoms. Our first indication in this, as well as all other diseases, is to remove all substances that would have a tendency to excite inflammation. This woman, at each exacerbation, was sometimes confined to her bed a week or more. She could seldom sleep, day or night, but would roll from one side of the bed to the other, in the greatest agony. The only sleep she could get, was by taking large quantities of laudanum. She would often wish to be relieved by death. In this state I saw her. I ordered leeches, which were applied in great numbers. I then ordered the carbonate of iron, which was given at the rate of ℥ i a day. The next time I called I found her comparatively easy, in which state she remained, I think, about two weeks, when she was again attacked with a return of the symptoms, but the pain appeared deeper seated. I then began to suspect a disease of the antrum, and after sufficient proof of this fact, I made a puncture through the maxillary bone, into the antrum. I then ordered a continuation of the iron, and left, nearly discouraged. But I soon found that I had given relief and comfort.

The next case was a young lady aged 16. The exciting causes were mental agitation and a diseased tooth. She suffered four or five days under this distressing malady, before I saw her. I immediately removed a diseased tooth on the lower jaw, gave her physic, and soon commenced giving the carb. of iron. I soon discovered that the exciting cause was not yet removed, and immediately removed a diseased bicusped from the upper jaw, and increased the quantity of iron, which soon had the desired effect. The only objection I have to the iron, is, that being obliged to resort to such large quantities, it is apt to overload the stomach. I would therefore recommend a preparation of cinchona, the sulphate of quinine. This I would give in doses of three grains, three times a day, about an hour before each meal, taking care that the alimentary canal be thoroughly cleansed, and all foreign substances removed from the mouth, such as old stumps of teeth, tartar, &c.

I will now mention one case of constitutional neuralgia, which will close my present lecture. A lady about 25 years of age, called, who had been under the influence of medicine, she said, six months, without the least benefit. She was pale, emaciated, tongue furred, with all the symptoms which indicate this disease. I examined her mouth, and found the gums inflamed, swollen, and spongy. On further examination with the point of an instrument, I discovered a number of stumps, which seemed to be imbedded in the gum. These had remained in a high state of inflammation, without much pain in the stumps, for which reason the medical practitioner had not discovered the true cause of the disease.

There is one circumstance which is of the utmost consequence to attend to, in this complaint, and which is an universal attendant upon the attacks, whether as a cause or a consequence. I mean a more or less deranged state of the digestive functions. But we would also inquire, whether the effects of medicine would not be destroyed by a diseased state of the teeth and gums. If we give medicine to restore the digestive functions, will not this medicine be counteracted and become a different substance, by the chemical effects of a deadly gas, which is generated by diseased teeth and gums. Can one part of the alimentary canal remain in a diseased state, and all other parts be healthy. Or, in other words, can the stomach receive food without mastication, moistened with saliva, impregnated with sulphuretted hydrogen, without causing this organ to become disordered. In this situation I found the lady before mentioned. All medicines had failed to produce their desired effect, for the reasons above described. In this case, I found the stumps to be the whole cause of her disease, the removal of which, together with tonics, produced immediate relief.

2. *An Analysis of a Paper read before the Society*, by J. B. Stout, M. D., Lecturer on Physiology.—Having condensed the several subjects of my course, I propose to deliver them under the following heads:

1st. Textures composing the human body, and observations on the nutritive parenchyma, on which is constituted the pulp, and its investments.

2d. Physiological action of the tempero maxillary joint, of the muscles which move the mandibulum, or lower jaw, its ligaments, alveolary processes, and periosteum.

3d. Formation, collocation, articulation, classification, and offices of the teeth.

4th. Organization and vitality of the teeth.

5th. Functions of parotid, sub-maxillary, and sub-lingual glands.

6th. Dentition, considered as a healthy process.

7th. The teeth and parts concerned, viewed as a masticatory apparatus, and a few observations on the lips, gums, and mouth in general.

I shall now proceed to give a general description of the under jaw, as our associate, Dr. Crane, has not yet noticed it *particularly*, and we think jaws should precede the teeth; we shall then say a few words on the accidents and diseases to which it is subject; make a few remarks on the changes to which this bone is liable, in the different periods of life, and embrace in our remarks the physiological action of the tempero-maxillary articulation.

In the lower part of the face is situated the mandibulum, so called, because it is the instrument of manducation, or chewing. It is said to resemble a horseshoe, and is the largest bone which enters into the constitution of the face. It is divided into the chin, or that part which is between the two anterior foramina; the sides, between these holes and the angles; the two angles; and the rami, or branches ascending from them. It has five processes: the two condyloid, at the extremities of the rami, placed obliquely transverse, supported by a cervex, and adapted to the glenoid cavity of the temporal bone, with which it forms a double arthrodial joint; the two coronoid, called so from their supposed resemblance to the beak of a crow, projecting up about one inch in front of the condyloid, being thin, and whose use is to give attachment to strong muscles; and the alveolar arch, extending from the base of one coronoid process to the base of the other, being broader behind than before, and serving to give insertion to the teeth. In each socket is seen an infinite number of small holes, designed for the transmission of those vessels which supply the alveolar periosteum, a membrane which is common to the fangs of the teeth, and their sockets. We find also the transverse ridge which is called the symphysis menti, and some other eminences of less consideration, both inside and outside of this bone.

In other animals of the class mammalia, (excepting man,) the upper maxillary is composed of three pieces. The middle piece, which is very properly called the intermaxillary bone, contains the six incisive teeth. No trace of suture is to be found in the alveolary arches, either in man or animals; an important fact to be borne in mind when we shall speak of the simultaneous growth of these processes, with the teeth. This bone is liable to be broken in preternatural labors—fractured by blows or falls, but never by the extraction of teeth, even in children; for in them the roots are so much shorter, and the proportion which the sockets bear to the jaw is so small, that no dangerous power can be exerted over it, in the performance of the operation. In accidents of this kind, two or more teeth are often loosened, and thrown half out of their sockets. The remedy for the fracture, (which is discovered by producing the crepitas sound on rubbing the ends of the broken bone together,) is to keep the teeth of the two jaws asunder, by inserting a piece of cork, which will enable the patient to be fed. To coaptate the parts, and apply the poor man's bandage, the teeth should be replaced; confine the patient to drinks, and wait four weeks for union. If the bone is broken in two places, after fixing the cork, wet a piece of pasteboard, place it externally, and apply the bandage; and if inflammation ensues about the teeth, deplete freely by scarifications.

This bone is sometimes affected by a disease which begins either in the periosteum, or the alveolar sockets; the bone soon becomes implicated; it is called osteo-sarcoma, from its resemblance to both bone and fat. It generally occurs in depraved habits, and may be excited by extracting a tooth, or by manipulating with the teeth. As the disease advances the teeth become loose, and aggravate the evil, by being a source of irritation. M. Koecker is of opinion that it always originates from diseased roots or teeth; this is not the fact. The remedy, in the early stage, is to remove the loosened teeth, and the patient will do well. If more advanced, the long and short is to extirpate.

The inferior maxillary bone varies materially in shape, in the different periods of life. In childhood the angles are scarcely distinguishable, and its rami are nearly on a line with the body of the bone. With the increase of the body and augmentation of the bone, teeth are added, until that period arrives at which decomposition equals composition, or in other words, when the nutritive matters no longer exceed the excrementitious. And now it is that the body stops its growth, and of course the bone has attained its full size. Here, gentlemen, a piquant physiological question arises—which, solved, serves to fortify us against uncertain opinions, and the showy but flimsy textures of verbal sophistry. Now it is we ask the scientific dentist if the bone maintains its full size till the age of decrepitude. No, gentlemen, it does not: it assimilates the form it had in childhood; it shrinks to half its size; the coronoid processes fall back, the bone appears to increase in length, and the chin is projected more forwards; the sockets begin to perish by a new action which has commenced in them, and the teeth, no longer supported, are necessarily thrust out. Who, then, will venture to assert that the teeth might be kept, if properly attended, while man is permitted to cling to the cup of life, or though he lived to the age of Methuselah. Gentlemen, take not my ipse dixit, or that of any other man. Purchase for this museum, if you please, the jaw of an old man, and be convinced, yourselves, that the absorbent vessels have had the as-

cendancy, and that they, having conquered the depositing or secreting vessels, have brought about this wonderful change, by which the deity virtually declares that the nourishment for declining man is the same as that of the child.

The tempero-maxillary joint is composed of ligaments, cartilages, fibro-cartilage, and synovial membranes. These condyles are covered with cartilage; so also are the glenoid cavities lined with them, and interposed we find the fibro cartilage, which serves as a friction-wheel.—These surfaces are kept in connection by three ligaments, the tempero-maxillary, the external, and the internal. There is no connection between the upper lining cartilage, which is developed downwards over the upper surface of the intermediate cartilage, and the lower one, which invests its lower surface and attaches to the condyle, unless the fibro-cartilage is so worn as to have a hole in its middle. The posterior surfaces of the lining cartilages hang very loose at their back parts, and are full of holes, for the transmission of vascular twigs. The lining cartilages are connected to the inter-articular, and the whole are covered and kept in situ by the tempero-maxillary, which covers them as a cap, and is hence called the capsular ligament, on the inner side of which are attached two small glands, which secrete the synovia to lubricate the joint, and which is forced out in the greatest quantities during its action, by the pressure exerted on them.

The muscles which aid in the action of this joint, will be described to you from another source. The natural motions of this joint are elevation and depression, protension and retraction, and the pterygoid or lateral action. In the carnivora, of which the lion and tiger are examples, the action is confined to opening and shutting, the locking of their huge canine teeth preventing any other motion. In the rodentia, or mangling animals, as the rat or beaver, we find the action limited to protension and retraction. In the herbivora, or animals that chew the cud, the grinding motion is provided for by large pterygoid muscles. Lastly in man, who is called omnivorous, we find the combined action of the three classes just named.

This joint is liable to a disease, which occurs from ulceration after the use of mercury in scarlatina, denominated immobility of the tempero-maxillary joint. The treatment consists in opening the mouth forcibly, and dividing the cicatrices; the patient must then exercise the jaw by feeding upon sea biscuit, and the like. Ineffectual efforts have sometimes been made, by surgeons, to introduce instruments to force open the jaw, after sawing off most of the teeth, which have had to be replaced by artificial sets.

Partial luxations of this joint, in which the jaw is thrown to one side, by exerting great power in extracting a tooth, one of the condyles becoming disengaged and thrown forward on the temporal ridge, are somewhat rare. The mode of reduction being the same as in the next accident to be described, it will be unnecessary now to name it.

Dislocations, or rather perfect luxations of this joint, are apt to occur in persons of lax muscular fibre, and sometimes from gaping, or blows. When it happens, the chin projects, the teeth of the under jaw are in advance of the upper teeth, the saliva dribbles, and the patient is unable to speak. The treatment in this case, as in sub-luxations, is to press the rami downwards and backwards, and to elevate the chin. Another method is to insert a stick between the teeth, and then knock the chin upwards. Mr. Fox mentions his having succeeded with an ordinary rule.

The last disease which I shall name in connection with this subject, is tetanus, or violent tonic spasms of the voluntary muscles, with the powers of sensation and thought unimpaired. This awful affection, when confined to the muscles of the jaws and throat, is called trismus, or locked-jaw. The exciting causes of the disease are contused, lacerated, and punctured wounds. It is said to follow wounds in which a nerve is partly divided or lacerated, and Plenk relates a case of the disease, produced by the insertion of an artificial tooth. Cases in which a ligature is passed around an artery, so as to include the nerve, are most common. The treatment of this disease does not properly belong to the surgeon-dentist.

ART. III.—*A Treatise on the Theory and Practice of Medicine and Surgery*, by L. C. ROCHE, and J. L. SANSON. Translated from the French, by A. Sidney Doane, A. M., M. D.

[Continued from page 307.]

Of Aortitis.—We are better acquainted with inflammation of the aorta, than with that of the other arteries. A great number of facts as to the pathological anatomy of this phlegmasia, are recorded, and the alterations of tissue which we have indicated as the anatomical characters of arteritis, have been seen principally in inflammation of the aorta: hence we shall not repeat them here. Aortitis generally arises from the same causes as inflammation of the other arteries, but it is often found in cadavers, when none of these causes have existed: it is seen particularly after intense attacks of gastro-enteritis, and in cases of *hypertrophy* of the left ventricle. Can we not account for the developement of this inflammation, by the effect of violent gastro-enteritic affections, admitting that the powerful irritation experienced by the heart in these phlegmasiæ, extends to the aorta? And cannot the obstinacy with which some gastro-enteritic affections resist the most powerful antiphlogistic treatment, be referred to this cause? We are inclined to this opinion, by certain facts which we have observed at Hotel Dieu, in which we are confirmed by the work of Bertin and Bouillaud.* These two physicians think that the violence with which the hypertrophied heart jets the blood into the aorta, may be regarded as the cause of arteritis in some cases; this is probable,

* Traite des maladies du cœur and de gros vaisseaux, by Bertin and Bouillaud, Paris, 1824.

but it can never be proved. This inflammation is not always confined to the aorta; it extends most generally to the internal membrane of the heart, sometimes to the pulmonary artery, and to its ramifications, and even to the venæ cavæ and pulmonary veins; which proves still more that the inflammation generally commences in the inner membrane of the heart, whence it extends to the large vessels, and that it is the effect of inflammation of a remote organ.

The diagnosis of aortitis can seldom be stated. The principal difficulty arises from the fact that it rarely exists alone, and that its symptoms, which are very obscure, are masked by those of the affection with which it coexists. The only sign of it is that the pulsations are stronger than they are in the normal state; those of the thoracic aorta are felt at the groove of the sternum, and those of the abdominal aorta in the abdomen; they are simple, and are thus distinguished from the pulsations of the heart: they are generally less strong and less extensive than those felt when dilatation or aneurism of the aorta exists.

Inflammation of the aorta may be cured. Bertin and Bouillaud, in their work already cited, relate two cases of it. The treatment of it is the same as that of the other phlegmasiæ; general and local bleedings, diet, and diluent drinks; rest is absolutely necessary; digitalis is used with success, in gradually increasing doses.

Phlebitis.—Phlebitis, or inflammation of the veins, is much more frequent than that of the arteries, and as it often attacks the veins of the limbs, and as these vessels are generally superficial, it can be observed with care, and a complete history of it can be given.

Causes.—Phlebitis, as we have already remarked, is one of the frequent accidents of bleeding, and most commonly arises from this operation. Not unfrequently, also, we observed, after extensive wounds, and severe operations, and particularly after amputations, a series of serious symptoms, which are attributed to phlebitis; but as this subject still presents some obscurity, we shall speak of it when treating of wounds: be this as it may, the contusion of veins, the laceration of their parietes, the compression and ligatures of them, and the injection of irritating substances into their cavities, also sometimes produce phlebitis. The varicose state of these vessels predisposes them to inflammation; they become inflamed, also, by the excision of varices, by the contact of inflamed, ulcerated, and suppurated parts around them, and particularly when these parts are affected with *hospital gangrene.* Phlebitis sometimes attends inflammation of the arteries; several physicians have observed it in tetanus; finally, it appears in some cases, where its causes cannot be determined.

Symptoms, progress and duration.—Pain developes itself in the course of the vein, commencing at the point which has been submitted directly to the action of the cause; it becomes tense, and this tension is increased by touching the vessel; the surrounding cellular tissue swells and inflames, and the whole limb is sometimes affected. When the inflamed vessel is superficial, the skin reddens, becomes tender to the touch, and glistens along its whole course; the other sub-cutaneous veins are also sometimes marked externally by a red network. In some cases, if the blood is pushed towards the heart by frictions, the column of fluid makes a slightly retrograde motion when the rubbing is discontinued. The inflamed vein forms afterward a knotty cord, which rolls under the finger, is tense in the direction of the vessel, and which confines the motions of the limb in certain directions; sometimes abscesses are developed along the course of the vein, and an erysipelas appears on the surface of the limb. We have said that inflammation almost always extends in the direction of the heart; the pain caused by pressure is felt in this direction.

When phlebitis follows venesection, a pricking, which soon becomes painful, begins to be felt in the wound, a few hours after the operation. This pain soon increases and extends; the small wound gapes open, and then its edges harden, and altered blood, sanies and pus escape from it. The surrounding parts swell and sometimes inflame, and the whole generally diminishes about the sixth or eighth day.

But little is known of the sympathetic phenomena caused by an intense inflammation of the veins; authors, however, arrange under this head, frequency and hardness of the pulse, redness of the face, cephalalgia, and sometimes delirium. In some cases symptoms are presented, which have a great analogy to those of *typhus.* This, however, occurs only when pus is formed in the inflamed veins, and carried into the circulation. In fact, violent, sudden, and generally irregular chills supervene, which, however, sometimes seem to be periodical, the features of the face change rapidly, and the patients are extremely prostrated; they become delirious, particularly during the night, and experience pains which supervene in different regions, without any known cause; the tongue reddens, becomes dry, and is covered with a blackish crust, the belly is tumid, the respiration is accelerated, anxious, with a dry and short cough, the skin is frequently covered with a profuse perspiration, sometimes there is an eruption of petechiæ, gangrene shows itself very promptly in those parts of the body exposed to pressure, and a parotid gland frequently becomes enlarged; finally, trembling of the tongue, convulsive motions of the lips, and twitching of the tendons supervene, the pulse becomes slow, small, and thready, and the patients soon die. Sometimes, however, in place of these symptoms, those of cerebral, or pulmonary, or gastro-intestinal, or hepatic phlegmasia, often supervene very suddenly, and rapidly become serious.

Termination and prognosis.—When phlebitis is not very extensive, it terminates by resolution, and the vein resumes its functions; but this is seldom the case, and suppuration most commonly supervenes. Sometimes the parietes of the inflamed vein adhere, and the pus which fills it hardens; in both cases the cavity is obliterated, and if this obliteration takes place in the principal trunk of a limb, or of some part, this limb or this part becomes infiltrated, from the want of venous absorption, and becomes the seat of a dropsy in some measure mechanical. The

veins sometimes ulcerate, and finally are even perforated, and a fatal hemorrhage is sometimes the consequence of it; they are never affected with gangrene, even when all the parts which surround them are gangrenous, and they are generally found uninjured, as well as the arteries and veins, when the sphacelus is very extensive. Spontaneous phlebitis is frequently fatal, at least when it exists to any extent; it almost always causes death, when much pus is carried into the circulatory channels; on the contrary, it is generally slight when it is produced by an external and local cause, excepting, however, in cases where this cause is the prick of an instrument impregnated with putrid matter.

Anatomical characters.—The dissection of inflamed veins shows the following alterations: the inner tunic is red, thickened, has lost its density, presents a fungous appearance, and peels off with facility from the middle tunic; there is an injection, swelling, bloody and sometimes purulent infiltration of the external tunic; the whole vein is changed into a cord of a deep red color; and we find pus, a layer of coagulated lymph, concentric lumellœ of fibrine, clots which vary in density, and adhere within the vein, which is sometimes completely obliterated.—When the inflammation is chronic, all the parietes of the vein are thickened, resisting, and more dense than in the ordinary state; the inner tunic is corrugated, uneven, and is easily detached from the middle one; its color is a violet red; the vein, which is sometimes contracted, and sometimes dilated, is filled with pus, false membranes, or clots. Ossification is never found in the veins. Varices are frequently caused by their inflammation.

Treatment.—Phlebitis, if slight, most commonly yields promptly in the commencement, to cold topical applications, and when it is more advanced, to emollient and narcotic fomentations and cataplasms, to long continued local bathing, and finally, in case the inflammation is intense, to the application of some leeches to the course of the vein. Hunter has employed pressure above the inflamed part with success; this practice is rational, as inflammation of the veins almost always extends in the direction of the heart. Travers considers it as useless, on account of the difficulty with which adhesions between the parietes of these vessels take place; this objection, however, seems to us groundless. In fact, if the parietes of the veins rarely adhere, it is because the continual current of the blood carries onward the pus or lymph which result from the inflammatory process, and which are the necessary elements of the adhesion; but when the vein is compressed, the course of the blood in it is interrupted, the materials which form the adhesion remain stationary, and may consequently become organized. But is this compression a certain mode of preventing the extension of the inflammation? Of this there are some doubts, and when the vein is easily reached by instruments, and too small to produce an alarming hemorrhage, it is better to divide it completely, above the inflamed point, as is proposed by Breschet and Villerme.

Piorry, in a case of phlebitis of the basilic vein in the arm, compressed the radial and ulnar arteries, and at the same time placed the limb in a sloping position, the inflamed part occupying the upper part of the inclined plane. The phlebitis was cured; but as eighty leeches and emollient cataplasms were also used, there is some doubt as to the agency of the compression of the arteries in the cure. It might be useful to repeat this experiment.

When the phlebitis is very intense, and causes sympathetic affections, especially if it be developed spontaneously, a more vigorous antiphlogistic treatment than that stated, must be employed. General bleedings must be persevered in; a strict diet is indispensable; copious draughts of water, and baths are eminently useful. In conclusion, abscesses sometimes form, in the course of the inflamed veins; these should be opened immediately.

Inflammation of the sinuses of the dura mater.—Tonnelé, in an interesting memoir,* has related some facts which would lead to the opinion, that the sinuses of the dura mater may be affected with inflammation. But in addition to the fact that the disorders which he has observed are doubtful, he is unable to name any symptom peculiar to these lesions, and still less can he point out a mode of treatment for them. It seems to us proper, in this place, to state two facts: one, the frequent coincidence of tinea with morbid alterations of the sinuses, or of the blood within them; the other, the very common existence of more or less serum in the cavity of the arachnoid, resulting from the obstacle to the current of the blood in the more or less perfectly obliterated sinuses. We refer our readers to the memoir of Tonnelé on this subject.

Of uterine phlebitis.—Inflammation of the veins of the uterus seems to constitute the greater part of those cases of *metritis*, which supervene after labor; it was observed at almost the same time by Chaussier, Schwilgué, Ribes, Husson, Clark, and Wilson, but has been studied particularly, and described by Dance.

Causes.—Uterine phlebitis is never observed except after labor; sometimes it supervenes without any known cause, but it most generally follows cases of difficult labor, premature exercise, the prolonged continuance of clots, of the remains of the placenta, or of the membranes of the ovum, in the cavity of the uterus. It is easy to imagine how all these causes act. After confinement, several large veins of the uterus remain in some measure open on its inner surface, and if it be necessary to introduce the hand into this organ, either to remove clots, or to deliver the placenta, if the orifices of these veins have remained in contact with the blood, or with the putrid remains of the placenta, if pressure be made on the uterus, still painful from the effect of premature exercise, we can imagine that inflammation may attack these vessels, as sometimes happens when the arm is exercised too soon after bleeding, and often, also, after incisions made with instruments impregnated with putrid matters.

* Mem. sur les maladies des sinus de la dure mere; Jour. hebdomadaire de medicine, November, 1829.

Symptoms, progress, and termination.—It is generally difficult to distinguish uterine phlebitis from ordinary metritis, at the commencement of the disease; in most cases this phlegmasia cannot be recognized, until the symptoms caused by the absorption of pus appear; in fact, before this period, as the parenchyma of the uterus generally participates in inflammation of the veins, it is almost impossible to account for it. The following, however, according to Dance, are the local phenomena to be referred rather to uterine phlebitis: the globe which the uterus forms naturally after labor, instead of diminishing in volume each day, as it ought to, remains large, and sometimes seems to become larger and larger; in some cases it extends several inches above the upper edge of the pubis; by pressing on the hypogastric region, we cause a pain which is much more severe than that commonly observed in the uterus, during the days subsequent to parturition; a purulent, thick, blueish or sanious matter, which is generally fetid, often escapes from the vulva; the neck of the uterus is hot, tumefied, open, and tender; finally, as in ordinary metritis, the urine scalds, and is excreted with difficulty. But no one of these symptoms is constant; thus, when only a small number of veins are inflamed, the uterus often returns to its natural size; not unfrequently, the pain on pressure is little or none; the nature of the lochiæ is frequently unchanged, and they are only diminished in quantity, or suppressed, &c. When suppuration commences within the inflamed veins, and the pus is carried into the circulation, the general symptoms mentioned, when treating of phlebitis, supervene. We will repeat, that the principal of these symptoms are transient chills, a great alteration in the countenance, prostration, delirium, a frequent and very compressible pulse, and sometimes considerable and sudden difficulty of respiration, sometimes jaundice, &c.

Uterine phlebitis is generally a severe disease; and more serious than ordinary metritis. Probably, however, if it is perceived at an early period, it may be arrested by energetic treatment. Its severity depends, however, upon its extent. When confined to the uterus, it is of course more tractable than when it extends to the veins of the ovaries.

Anatomical characters.—Enlargement of the uterus, thickening and softening of its parietes, which are of a brownish or blackish color; the veins which ramify in the organ, are filled with a more or less consistent pus; in case the pus is absorbed, there are purulent engorgements in the lungs, with inflammation of the pleuræ, sometimes abscesses in the spleen, liver, or brain; inflammation and softening of the mucous membrane of the digestive passages; suppurations around and on the inside of the articulations.

Treatment.—The treatment of uterine phlebitis is similar to that of acute metritis; it consists in general bleedings, leeches to the hypogastrium and vulva, cataplasms, enemata and emollient fomentations, diluent drinks, some narcotics, and diet. General bleeding is preferable to leeching. This treatment should be employed strictly, and with energy, at the commencement of the disease, for it is important to arrest it promptly, to prevent suppuration in the parietes of the veins, and the absorption of the pus. When this cannot be prevented, and the purulent infection commences, great advantage may be derived from general bleeding, as experiments on animals have demonstrated that this was the best mode of terminating the symptoms produced by introducing putrid matters into the circulation. Prostration and weakness of the pulse ought not to prevent it; the effects caused by the presence of pus in the blood, and from the contact of the disordered blood with the principal organs, the brain and the heart, are diminished in animals which have been subjected to experiment, and analogy leads us to think that the same will be true of man. Finally, the good effect of bleeding will be aided by the use of antiseptics internally, if the state of the digestive passages will admit of it.

Uterine phlebitis is so severe an affection, that we should always attempt to prevent it. Hence, when the uterus, after parturition, continues large, and its sensibility appears to increase, we must immediately cover the hypogastrium with emollient cataplasms, and confine the patient to a strict diet. If clots, or portions of the placenta remain in the cavity of the uterus, it might be useful to introduce emollient injections into this organ. Finally, when these foreign bodies putrefy in the womb, some drops of the chloride of soda may be added, with advantage, to the injections, provided the sensibility of the organ is not increased.

ART. IV.—*Memoir on the Nature of Miasm and Contagion, read before the Cincinnati Medical Society, February 3d,* 1836. By JOHN L. RIDDELL, M.D., Adjunct Professor of Chemistry, and Lecturer on Botany, in the Cincinnati Medical College.

The age in which we live is distinguished, over all that have preceded it, in the advances that have been made in the physical sciences. Men seem to have become convinced, that little value can attach to abstract generalizations; and that the true mode of studying nature, is by following attentively in her footsteps, watching her silent progress, and developing her manifold and harmonious ways by experimental inquiry.—Nature is limitless; man is finite;—consequently there must be boundless fields of ever-during truth, unmarked by the footsteps of man, and unseen by the telescopic vision of research.—Even within what we call the circle of human knowledge, blanks are met with, wide and dreary, and regions which seem shrouded in perennial mist. In contemplating the phenomena of nature, the mind is ever prone to fill up these vacuities with creations of its own; and then combining the real with the imaginary, the known with the unknown, to mould the whole into the form of a general system. But the experience of the world has clearly shown, that hypotheses embracing wide ranges of facts or principles, are exceedingly liable to prove more or less erroneous. They should, therefore, in all cases, be held liable to amendments, to modifications, or

even to entire dismissal, upon the developement of new facts making such requisitions.

Proudly as we boast of the investigating spirit of the times, very many of the theories and opinions which at this day obtain general assent, had their origin in the dark ages of science, and have been borne down to us by the current of tradition. New and relevant truths are from time to time brought to light, indicating in some instances the propriety of their total abandonment; but the fascinated minds of men are wedded to the prevalent hypotheses, and but too often, the requirements of venerable systems are mistaken for the immutable laws of nature.—The novel facts are perhaps doubted, controverted, overlooked, deemed anomalous, or made to bend and accommodate themselves to the favorite theory.

The leading views I am about to offer, have been suggested at various times and by various writers. If I mistake not, however, it has always been unfashionable to believe in them, and still more so to advocate them. When the science of physiology was infinitely more vague than it is now, ere the genius of a Hunter or a Cuvier had brought to light the structure of the lower tribes of beings, or the microscope revealed its atomic worlds of animate wonders; while chemistry was yet in its feeble infancy, before the nature of the atmosphere had been investigated, or the laws of union in definite proportions determined; then might such doctrines have been considered as resting on slender probabilities. But at this time, with the multiplied results of careful observation and skilful experiment before us, it is certainly far otherwise:—wherefore, in venturing to stem the current of popular opinion, brooking the intolerance of some, and the ridicule of others, I feel upborne by the consciousness, that my conclusions are indicated by analogies the most clear, and facts the most incontrovertible.

I assume that the matter of contagion is of an *organized* nature, and consequently subject to the same general laws which regulate the origin, increase, modes of existence, and duration of animal or vegetable bodies. I assume, also, that the same is true of the morbific miasms which are exhaled from putrid marshes, and of the occult causes of cholera, and other epidemic diseases.

In order that due weight may be assigned to the facts and arguments on which this hypothesis rests, I will first notice some of the prominent points of contrast between organized and inorganic bodies. Organized beings, animals and plants, possess forms more or less rounded, and never exceed in size certain definite dimensions: mineral or inorganic bodies, as a class, have no general determinate form, unless it be the angular one assumed by them in the crystaline condition, and in respect to their size, there are seldom any assignable limits. Organized bodies are made up essentially of the ultimate elements, oxygen, hydrogen, and carbon; or of oxygen, hydrogen, carbon, and nitrogen; in all cases united in a most complicated manner. The composition of individual minerals is always characterized by definiteness and comparative simplicity, though as a class, they embrace all known elementary bodies.

Minerals increase in size by the external addition of particles similar to their own; and the causes which elaborate and supply these particles, are wholly independent of the bodies which they tend to augment. Animals and vegetables possess within themselves a power of elaboration; they consequently increase in size by the internal assimilation of foreign particles. In all organic structures of the more highly developed types, there exist harmonious and dependent series of vessels, tissues, and organs, which concur in effecting this end. Of this internal conformation, minerals are wholly devoid. The same causes which develope and perfect the organic structure, ultimately put a limit to the duration of individual beings;—whereas all brute matter is endued with the negative attributes and conditions requisite to insure endless perpetuity. Though a finite period of existence is allotted to individual plants and animals, it is believed by many that nature has fixed no bounds to the duration of species. Cuvier and Roget recognise this opinion as a settled point in physiology;—yet I confess it is more consonant to what seems to me the general ways of nature, to suppose that particular species or kinds lose their identity in process of time, by giving origin to modified kinds or varieties; which in turn may long wear the aspect of confirmed species, and ultimately, in like manner, give way to their successors. However this may be, there is certainly no assignable limit to the reproduction, succession, and continuation of organized beings.

I claim for the corpuscles which cause malarious and infectious maladies, trans-microscopic as they are, the humble rank of belonging near the lower confines of organic nature. Perhaps they hold nearly the same grade in respect to animate and sentient beings, which the more simple and minute of the *Fungi* and *Algæ* do to the more perfect tribes of vegetables. Inconceivably minute as they doubtless are, they must yet possess a share of vitality, because like other animals and plants which come under our observation, they have the power of propagating and extending themselves indefinitely. With a view of throwing light by analogy on the possible habitudes of miasmatic molecules, and demonstrating at the same time the strange and almost incredible capabilities of animal life, I shall adduce a few well-authenticated observations on the nature and habits of infusory animalcules:—though in honesty I do not imagine there exist very close resemblances between the animalcules which the microscope displays to our view, and the miasmatic corpuscles which elude its cognizance.

Infusoria is the name of an obscure class of the animal kingdom, characterized more by the minuteness of the beings it embraces, than by any particular features or structure which they possess in common. This appellation was proposed by the Danish naturalist, Muller, distinguished for his acquaintance with this department of zoology, on account of the fact, that myriads of these little creatures always make

their appearance in fermenting infusions of animal or vegetable matter. They are by no means, however, confined to such infusions, being frequently met with on the leaden tiles of houses, in putrefying sores and depraved humors of man and beast, and in one, at least, of the healthy animal fluids. Countless multitudes of a party-colored, eel-like animalcule, (*Vibrio tritici*) exist in the pulverulent substance within the glumes of blighted wheat. Dr. Lindley, of the University of London, says, (First Principles of Botany, 329) that the granules of pollen, (the fecundating dust, elaborated by the flowers of plants,) inclose a mucous substance, in which is contained an infinite number of exceedingly minute molecular bodies, having a power of active motion. It is now generally believed, that animalcules do not occur in pure fountain water, nor in many of the healthy animal fluids. To account for the occurrence of these animated atoms in particular situations, baffles the most untiring ingenuity of research. Spallanzani made some instructive experiments with a view of determining the conditions preclusive of, as well as those most favorable to their production. He placed portions of the same vegetable infusion in different glass vessels. Some were left exposed to the air, others slightly covered, and others hermetically sealed. He found, subsequently, the greatest numbers of infusoria in those vessels which were most freely exposed, yet they occurred in the infusions hermetically sealed. Boiling the infusion, though it reduced their numbers, did not entirely prevent their appearing. In one instance he boiled the infusion for an hour, and then hermetically sealed it: after the lapse of twenty-five days, a few of the smaller kinds of animalcules had been developed. They readily appear under reduced pressure, where the air will support only thirteen inches of mercury.

Some species of animalcules have the power of enduring great changes of temperature in the medium containing them, with apparent impunity. The *Vermiculi tauri*, which inhabit a medium of 103 deg. Fahr., support 5 deg. without death, and retain their vivacity a long time at 32 deg., the freezing point of water. The same beings are not destroyed, by raising the temperature to 133 deg. The native medium of the *Vermiculi hominis* is usually maintained at 98 deg. These vermiculi retain vitality between 32 and 131 deg. The common infusory animalcules are capable of brooking a range of temperature, from the freezing of water, to near 110 deg.

Collateral facts, drawn from the vegetable kingdom, show, in a manner equally striking, the great power sometimes possessed by organic nature, of enduring extremes of heat or cold. Immense fields of scarlet snow, are sometimes presented to the traveller, in the intensely cold regions of the northern frigid zone. Investigation has shown, that the color depends upon millions of microscopic plants, belonging to the order *Fungi*. The *Ulva thermalis*, a plant of the order *Algæ*, and the *Limneus pereger*, a fresh water shell, are found in Gastein thermal springs, where the constant temperature is 117 deg.—(De la Beche, p. 18.)

The most mysterious circumstance in the natural history of the infusoria, is the susceptibility which some of them possess, of remaining an indefinitely long time in a perfectly dry, and seemingly lifeless condition.

The same prerogative is enjoyed, to a certain extent, by many vegetable seeds, and by certain worms of the order *Annelida*; but the resurrection of animalcules, taking place more rapidly, is far more striking to the observer. "The *Rotifer redivivus*, or wheel animalcule, which was first observed by Lewenhoeck, and was afterwards rendered celebrated by the experiments made upon it by Spallanzani, can live only in water, and is commonly found in that which has remained stagnant for some time in the gutters of houses. But it may be deprived of this fluid, and reduced to perfect dryness, so that all the functions of life may be completely suspended, yet without the destruction of the vital principle; for this atom of dust, after remaining for years in a dry state, may be revived in a few minutes, by being supplied with water. This alternate suspension and restoration of life may be repeated, without apparent injury to the animalcule, for a great number of times. Similar phenomena are presented by the *Vibrio tritici*, an eel-like animalcule, which infests diseased wheat, and which, when dried, appears in the form of a fine powder. On being moistened, it soon resumes its living and active state.

The *Gordius aquaticus*, or hair worm, which inhabits stagnant pools, and which remains in a dry and apparently lifeless state when the pond is evaporated, will, in like manner, revive in a very short time, on being again immersed in water. The same phenomenon is exhibited by the *Filaria*, a thread-like parasitic worm, infesting the cornea of the horse."—(Roget. Physiology, I. 58.)

In the Edinburgh Encyclopedia, article Animalcule, it is stated, that the wheel animalcules have been thus resuscitated from a state of dormant vitality, as many as seventeen times in succession, and that the presence of sand is necessary in the fluid, or they will not revive.—That when active, 113 deg. is sufficient to kill them, but when dry, the vital principle is not destroyed unless the temperature be raised to 158 deg.; or if, while in this condition, they be exposed to the intense cold of 11 deg., they may be subsequently revived. Strong camphoric and terebinthinate odors prevent reanimation.

In no other department of animated nature, are we presented with such strange and anomalous modes of reproduction. Many of the globular *Monades* and *Vorticellæ* increase by spontaneous and equal division. The living globule will at first appear as if encircled by an equatorial band, which will continue to be drawn more and more tight, until a complete separation occurs; each portion being an independent monad, which, in turn, is bisected like its parent. In this manner, a mysterious multiplication goes on indefinitely. The *Monas uva* consists of four or five corpuscles in a cluster, by the spontaneous separation of which, the species is propagated. Errhenberg has determined that the smaller monads are near one twenty-four thousandth of an inch in diameter; and he has estimated

that there are 500,000,000 of them in the space of a cubic line, or drop of liquid which he examined.

The *Volvox globator* consists of a spherical, membranous sac, filled with liquid, in which float many more diminutive globules like itself. These have precisely the same structure with the enveloping membrane, even to containing within them a series of still minuter spherules. Observers have thus seen the fifth generation in the same individual. The parent always ends its own existence in giving birth to its progeny. The *Gonium pectorale* has an angular, flattened body, containing sixteen corpuscles, which subsequently become distinct animalcules, like those in the volvox. A curious being, provided with a beak, was observed by M. Bonnet, in an infusion of hemp, which, fixing itself to some solid substance, assumes a spherical form, and rotates irregularly until it bursts into four animalcules. Spallanzani took pains to isolate the egg of an animalcule on a watch glass: in a short time it was developed, became mature, and produced eggs like the one from which it sprung; and these likewise followed the same habits.

It is indeed astonishing, to observe how short a time is sufficient, in some instances, to bring these beings to full maturity. An infusion of beet yields a species that increase by detaching obliquely a small piece of its own substance, which, after the lapse of a single day, is also capable of propagating. Strange as this may appear, the instance is less remarkable than that of the *Vorticella ramosa*, which exercises the power of reproduction within a few hours, only, after having been itself ushered into existence.

So far as investigation has been carried, this proposition is fairly established: that animal or vegetable food is essential to every subject of the animal kingdom. It must therefore follow, if the proposition be universally true, that the *Infusoria* feed on organic substances; and it is probable, that many of them subsist on corpuscles more minute than themselves. Some of them are known, indeed, to be carnivorous. To adduce an instance, Goeze has seen the *Trichoda cimex*, a bristly, microscopic creature, of an oval form, seize upon and devour the lesser animalcules with great voraciousness.

A belief in the existence of miasmata, or morbific agents in the atmosphere, has long been entertained. When the general constitution of common air was discovered and announced to the world, it was expected that a prolific source of maladies would be found in the varying proportions of its ingredients; but repeated and careful analyses have demonstrated, that the relative quantities of oxygen and nitrogen are found to be nearly constant, whether the air be taken from the infected wards of a crowded hospital, from the most pestilential marsh, or from the most pleasant and healthy situation. True, the quantity of carbonic acid in atmospheric air, varies, at times, from one per cent. to one in a thousand; but these variations seem to have no connection with the prevalence or production of disease. The amount of miasmatic matter diffused through infected air, must be almost inappreciably small. M. Boussingault, of Lyons, has lately made a series of most careful experiments on the composition of air, procured from highly malarious districts. He has determined the presence of hydrogen, not existing as a constituent of water, to an extent by weight, varying from three to eight millionths of the air examined. He presumes, from other important experiments, that it was a part of something of an organic nature. In these instances, portions of air were submitted to trial, which, though they contained less than a hundred thousandth part of any thing that could be called miasm, were nevertheless sufficiently imbued with the germs of disease, to give rise to the most severe intermittent fevers. So, likewise, the remote cause of cholera may lurk, unappreciated, in the atmosphere. It is well known, that a quantity of contagion, as the virus of small-pox, altogether too minute to affect the most delicate balance, is sufficient to develope a disease in the human system, which may propagate itself to an indefinite extent.

A grand and most decisive argument, relative to the probable nature of infectious miasms, may be drawn from the established laws of chemical action and combination. Multiplied researches have demonstrated, that when elementary or compound bodies chemically combine, it is invariably in certain fixed and definite proportions; thus, 108 parts of silver unite with 8 parts of oxygen; 40 parts of potassium with 8, and also with 16 parts of oxygen; 40 parts of sulphuric acid combine with 48 of potash. Consequently, substances, in producing chemical effects, lose *pari passu* the affection or power which enables them to do it: in the same manner as a moving body parts with its momentum, in giving motion to other bodies. Suppose I endure, for a while, the action of a drachm of the concentrated solution of caustic potash, on the palm of my hand. The presence of the alkali will cause the decomposition of the dermoid tissues, the elements of which will be converted into oleic, margaric, and stearic acids, that immediately combine with, and neutralize the causticity of the potash: and thus, at length, the potash will have a limit put to its action, its place being supplied by the various soap-like salts to which it gives origin, and of whose composition it forms a part.

It is after this wise, that the action of every possible dead substance must have a definite limit. A small quantity of such an agent produces only a comparatively small effect, while a large quantity produces an effect correspondingly large. The unpleasant ulcer which would follow the application of caustic potash to the hand, could not be communicated to other persons by contact;—the morbific cause would not, in the slightest degree, possess the power of self-propagation.

There is, then, this wide difference between contagious and ordinary poisons, that in the one, the extent of the effect depends wholly upon the quantity of material employed: in the other, the smallest possible quantity is adequate to the production of the greatest possible effect; an effect which may be felt, as in the case of small-pox, by millions of human beings. The chemist has power to produce all mineral or inorganic combinations, at pleasure, though unable to imitate the more complex results of vital action. Now,

if the causes of pestilence be inorganic, why has the virus of small-pox, the miasm of cholera, or of any other pestilential malady, never chanced to originate in chemical laboratories?

Must there not, then, be a degree of vitality resident in the matter of contagion? Is there not a perfect analogy between its unlimited propagation, and the unlimited propagation of animal or vegetable species? What brute force, let me ask, within the compass of inorganic nature, acts unexpended? and where may we find this high prerogative, except as a mysterious endowment of vitality?

The virus of many contagious diseases may be kept in a dry condition for a very long time, being still capable of exciting disease by inoculation. How perfectly similar this is, to the wonderful resurrection of which the dry and shapeless remnants of certain animalcules are capable: and how totally inexplicable on any other hypothesis.

Miasmatic poisons, when applied to the animal system, generally require several days, before the obvious developement of any effect.—This time, called the latent period, affords a strong argument in favor of the organized nature of the poison; for ordinary poisons never delay their action so long: whereas, if contagion consists of living corpuscles, like the ova of insects or the germs of plants, they would naturally require time for their developement and multiplication.

The interesting experiments of Moscati and Boussingault have shown, in my opinion, beyond a doubt, that organic matter exists in extremely small quantities, in the noxious air that hovers over marshes. Moscati, a learned Italian, many years ago, suspended in the air, over the rice grounds of Tuscany, a globular glass vessel, filled with ice. An abundant deposition of dew took place upon its surface, which, when collected, appeared at first to be pure and limpid water. There was soon, however, an appearance of little flakes, "possessed of properties peculiar to animalized matters, and, finally, at the end of some days, the liquid putrefied completely."

M. Boussingault, in a memoir read to the French Academy of Sciences, in August, 1834, details some striking experiments made by him at Cartago, South America. "A little after sunset," says he, "I placed two watch glasses on a table standing in the middle of a swampy meadow. In one of the glasses I poured hot distilled water, in order to wet its surface, and, at the same time, to communicate to it a temperature higher than that of the air. The cold glass, its temperature being lowered by the nocturnal radiation, was soon covered with an abundant dew. The warm glass could not evidently condense dew. On adding a drop of distilled sulphuric acid to each glass, and evaporating to dryness with the heat of an alcohol lamp, I always saw a trace of carbonaceous matter adhering to the glass in which the dew had been deposited, while the glass which had not condensed dew, was perfectly clean after the volatilization of the acid." I may here add, that strong sulphuric acid decomposes and blackens organic matters, in consequence of its affinity for water; causing the oxygen and hydrogen of those substances to unite in the production of water, and leaving the carbon in the condition of finely divided charcoal, which accounts for the occurrence of the black color. The same writer further says, that he soon experienced upon himself the effects of the miasm, whose presence he was endeavoring to prove: for he was attacked with a fever which forced him to interrupt his researches. To use his own language, "the results obtained prove very clearly, that in marshy places, during the precipitation of dew, there is an organic matter deposited with it."

Since most of this memoir was prepared, I have made some experiments with a view of detecting the aerial miasm of small-pox. A perfectly clean ounce phial was half filled with distilled water; a small glass tube with a capillary orifice was made to terminate near the bottom, the upper and much larger portion of the tube bending horizontally to receive the silver nozzle of a delicate pair of bellows. Several turns of gauze were passed around the mouth of the phial embracing the tube, and the whole was securely fixed in an appropriate wooden frame-work.

On the 15th of February the apparatus was carried to the city pest-house, and under the superintendence of Dr. O. M. Herron, it was placed on a table two or three feet from a small-pox patient, just in that stage of the disease when the circumambient air is supposed to be most contagious. The bellows were blown by the nurses pretty constantly, for twelve hours, thus presenting a great amount of noxious air to the distilled water. The apparatus was left undisturbed until it came into my hands, three days after, when I made the following experiments:

1. One fourth of a drachm of the water contained in the phial, evaporated very slowly in a watch glass, over an alcohol lamp, left concentric circles of a whitish substance. Upon bringing this residue under the object glass of a good microscope, I discovered that it consisted mostly of long crystals, which shot from each other at right angles. The outer margin of each concentric band was less distinctly crystaline, and evidently contained some other substance.

2. A minute drop of sulphuric acid, (carefully distilled and collected on a glass rod, so as not to leave the slightest trace upon being evaporated from clean glass,) was placed upon some of the residue, (experiment No. 1.) Upon the application of heat the acid became black, and upon complete evaporation a dark stain was left; thus showing the presence of organic matter.

3. Upon adding a drop of pure sulphuric acid to near an eighth of a drachm of the water, and expelling the water by a careful heat, the acid became black. This experiment, as well as the one which follows, was performed upon a piece of Florence flask, rinsed in clean water, and then heated to redness over an alcohol lamp, in order to remove every trace of organic matter.

4. A drop of the water hastily evaporated, left a whitish residue, not crystaline to appearance, but consisting of extremely minute grains.—Upon the application of a high heat short of redness, it became dark colored, indicating the presence of organic matter, by the charcoal liberated. A still higher heat, in contact with air,

removed the dark color, and left a mere trace of white adherent powder.

These results compel us to believe, that organic matter was communicated to the distilled water by the air which was transmitted through it. This matter did not exist in the air by virtue of its volatility, else in the first experiment it would have been dissipated by evaporation. It was most likely in the form of organized corpuscles, sustained in the air by their exceeding small size.

I was somewhat puzzled with the appearance of crystals in the first experiment, not expecting to see any thing more than a gelatinous substance. Upon examining distilled water subsequently, through which the human breath had been passed for several hours, a tissue of delicate arborescent crystals was left after evaporation. I have only time to offer a crude and premature conjecture. May not these saline matters have been borne mechanically into the air, in the one case, muriate of soda from the perspiration of the patient, in the other, a saline substance exhaled in respiration?

About two drachms of the water through which variolous air had been passed, was hermetically sealed in a clean glass tube, leaving a space filled with air above the liquid, equal to one fifth its capacity. The tube has been kept upright in a situation where the temperature is pretty constantly 72 deg. Fahr. An ash-colored sediment soon appeared, which continues to increase. Examined with the microscope a week after it was first adjusted, the sediment appears to consist of numerous irregular, partly filamentous, ragged masses, with here and there a perfect globule about twice the size of the globules of human blood. The filaments, which may be seen with the naked eye, are seldom arranged in a regular branching manner. After all, we cannot consider these experiments as decisive; for it is evident that in transmitting air even through a capillary tube, mites and filaments of organic dust from the bed clothes, etc., may have been sent into the water and retained.

A great law seems to pervade and control all nature, as we rise above the lifeless aggregate, occult, indeed, and incomprehensible in its cause, but not the less obvious in its effects. I refer to the degeneration of races. One race or variety will flourish and endure for a time; but at length it begins to degenerate, and is finally succeeded by other kindred varieties, which have their day, and in like manner yield their places. From the influence of this grand custom, even man himself is not exempt. The Indian is fast disappearing from the forests and plains of America, and where stood his rude wigwam, or where he made war upon the beasts of the wilderness, the white man builds his house, or taxes the fertile soil for the means of wealth and comfort. The mastodons, plesiosauri, and gigantic cycadeæ, of very ancient times, are now unknown upon the earth. They are extinct, and beings of modified structure and different habits have succeeded them. Illustrations of this law are constantly presented for our contemplation, in the limited duration and decline of esteemed varieties of fruits and esculent roots; as in the apple, pear, potatoe and yam.

The temporary predominance of certain insect races, of which there are many striking instances on record, seems to have a relevancy to the present subject. I will merely cite a few facts which came under my personal observation. In the spring of 1833, the leaves of the buckeye (*Æsculus ohioensis*) were infested and devoured, to an incredible extent, in Franklin county, Ohio, by the larvæ of a small yellow miller. So far as I know, the buckeye has not been infested since.

Some twelve or fifteen years ago, I well remember, that for a mile or two on each side of the Chenango river, New-York, every individual sugar maple (*Acer saccharinum*) was destroyed by the depredation of a large caterpillar, which, neither before nor since, has ever made its appearance in sufficient numbers to attract common observation. No thinking mind, I imagine, will fail to trace a close analogy, between the temporary prevalence and anomalous succession of epidemic diseases, and the occasional appearance, in such vast numbers, of these destructive races of insects.

Bearing in mind the modifications of which animal races are susceptible, under the influence of altered circumstances, and recollecting the brief hours and minutes which are sufficient to give full maturity to certain animalcules, we may, perhaps, understand why, when the same epidemics prevail at intervals of many years, they are apt to assume different aspects; being at one time quite mild, at another attended with great mortality; giving origin to symptoms, in some instances, which are unknown in others.

If, then, we admit the presence of living corpuscles in miasmatic air, there are many who would be inclined to suppose, that these corpuscles must possess a very complex organization, to enable them to maintain themselves in that medium. The presence of external organs equivalent to wings, might, by some, be deemed necessary to effect that end. We have, however, the best of all possible reasons, short of demonstration to the senses, for believing that no such necessity exists: a reason drawn from mechanical philosophy.

Bodies, when of very small dimensions, no matter how dense their texture, encounter a degree of resistance in falling through material media, which essentially retards their velocity. Larger bodies do not experience this resistance in so great a degree, because they present less surface in proportion to their weight. Very minute bodies, in falling through the atmosphere, soon acquire nearly

a maximum velocity, which they do not exceed until they reach the earth. Dr. Thompson, in his late work on heat and electricity, says that globules of water, the thousandth part of an inch in diameter, acquire, by falling through the air, a maximum velocity of nine or ten feet per second. Recognizing the laws which regulate the descent of bodies in resisting media, and presuming the miasmatic corpuscles to have the specific gravity of water, I have made calculations to determine the velocity with which one of the monads, measured by Errhenberg, would be capable of falling, through such a medium as common air. The diameter of these creatures is one twenty-four thousandth of an inch:—one of them would fall near four feet per second.* A corpuscle one thousand four hundred and forty millionth of an inch in diameter, would fall one inch per second, or five feet in a minute's time. It is therefore easy to imagine, that wingless beings, of transcendant minuteness, may float securely in the subtle air, or be borne on the wings of the winds to the most remote regions of the earth.

In the winter of 1833, I prepared several bottles of water, from clean, recently fallen snow. They were tightly corked, and kept for three or four months in the shaded corner of a room, where the water was not liable to be frozen. At the expiration of this time, having occasion to use some of the water, I observed that the lower portion of each bottle was traversed by myriads of delicate, dark colored filaments, bearing a close resemblance to some of the fresh water algæ. Upon removing the cork, a most unpleasant odor was exhaled, similar to that of animal putrefaction. No one, I presume, will doubt that the living germs of this curious organization came down from the high regions of the atmosphere, in conjunction with the snow.

The doctrine I have espoused might be elucidated still farther, if need be, by analogies from the vegetable kingdom. Perhaps nearly all the true diseases to which plants are liable, arise from encroachment by parasitic fungi and lichens. The rust which infests the culms of wheat, was found by Sir James E. Smith, to consist of highly organized microscopic fungi. We hardly know a single species of the more perfect plants, on whose mature leaves, may not at times, by careful examination, be discovered some minute and obscure species of this order; and I question much whether a tree can be found in the forest, on whose bark cannot be seen the spreading and parti-colored lichen.

In like manner do parasitic growths affect animal bodies. Do not warts, cancers, sarcomatous tumors, hydatids, and intestinal worms, possess an animal vitality insulated from that of the individual in whose body they occur? For myself, I cannot but regard them as holding about the same relation to the animal system, as the parasitic fungi and lichens do to the more completely organized vegetables.

The majority of medical writers now living, have expressed their belief in the existence of terrene and paludal emanations, which they suppose to be of a gaseous and inorganic nature. No doubt it will be often repeated, that it is unphilosophical to recognize vital corpuscles, as morbific agents, before they have been demonstrated to the sight. "Show us your corpuscles or animalcules, before you call on us to believe in their existence." In reply, it may be said, that we have infinity on either hand; infinite expansion, and infinite minuteness. The range of man's vision, though aided by all the resources of art, is but a point on an infinite line. As well might the skeptic assert, that there were no worlds, no stars, no globes of matter, save what his feeble vision descried; as that the mysterious attributes of life could not attach to beings invisibly small.

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* In obtaining these results, gravity is regarded as a constant force, and the air as of uniform density. Put $d = \frac{1}{1000}$ of an inch, v = its maximum velocity, 10 feet per second, m = diameter of the monad, x = maximum velocity of the monad per second.

Required, the value of x, in terms of d, v, and m.

The falling body acquires its maximum velocity, when resistance = gravity. Resistance is as the square of the diameter and square of the velocity:—gravity is proportioned to the cube of the diameter.

Now, as the elements of resistance $d^2 v^2$: to the element of gravity $d^3 :: m^2 x^2 : m^3$. Therefore, $d^2 v^2 m^3 = m^2 x^2 d^3$. $x^2 = m v^2 \div d$. $x = (m n^2 \div d) \frac{1}{2} = 4\frac{1}{6}$ feet, when $m = \frac{1}{24000}$ inch.

Art. V.—*Remarks on Nævi Materni, &c.**

It is difficult to mention any physician in our country, who has done more honor, or been of more service to an important department of the healing art, than the author of *Remarks upon Nævi Materni*, in the U. S. Medical and Surgical Journal for March, 1836, page 289. I have always thought that his merits have not been sufficiently appreciated by his cotemporaries, having no doubt that he who rescued ergot from empiricism, and investigated its medicinal effects, so as to make it a regular article of the materia medica, is justly entitled to have his name enrolled by the side of the Parés, the Harveys, and the Jenners of the old world.

Such being my sincere opinion of the high professional, as well as of the very excellent moral character of the author, I was the more deeply disappointed, after reading his "Re-

* This communication is from the pen of a venerable and valuable correspondent.—*Ed's. U. S. Med. & Surg. Jour.*

marks." It appeared to me, that his opinions and chain of reasoning are such, if they were followed up to their necessary result, as to overset the whole train of modern philosophizing, as to cause and effect, provided his views have a just foundation. The first principle of all philosophy is, that there is a uniformity in the laws of nature, which is never deviated from, unless by a special, miraculous interposition of Providence, in a case worthy of divine interference. *Nævi Materni*, monstrosities, and all *lusus naturæ*, undoubtedly are governed by as precise laws, as the most symmetrical conformations. It is not more necessary to have recourse to so fickle a faculty as the imagination, to account for irregularity, than for symmetry. If it applies in one case, we may rationally suppose it to belong to the other. The causes of occasional deviations from the general rule, in cases of malformation, are very obscure, but probably not more so than the causes of so great a uniformity, in the common form of the species.

It is a matter of nice observation, and often of long and multiplied experiment, to obtain a just knowledge of the chain of cause and effect. It is not from "a casual concurrence of concomitant circumstances," from a few rare or insulated facts, that we draw our conclusions. To the uncultivated eye, resemblances are much more striking than differences, and analogies are frequently supposed to exist, where there is but a very slight resemblance. The rustic is constantly making mistakes, as to cause and effect, not only by considering every antecedent as the cause of its subsequent, without stopping to see whether there is any connecting link, but he is ever mistaking exceptions for general rules. In his mind, the two events which are his supposed cause and effect are so strongly associated, that their subsequent failure of appearing together, in a hundred instances, will scarcely stagger his belief. Hence, he has omens, signs, warnings, precursors, causes of every thing, and he thus flatters himself that he can anticipate the future, and become able to meet the subsequent event. This rash, unphilosophical method of making the exceptions the rule, of drawing general conclusions from insulated facts, is the cause of much embarrassment and disappointment.—It produces and fosters a continual state of superstition and credulity. If, among the millions of dreams which I have had, I find one or two of them to have preceded a somewhat similar course of events, and thence conclude that all dreams are divine omens, my mind will ever after be liable to be tortured, in endeavoring to explain the vagaries of a soporose imagination.

In fact, a sign that fails in ninety-nine instances in a hundred, to me, is no sign at all. The same is the case with a supposed cause. Of the thousands of gravid women who have been frightened at the sight of a harelip, how few of them have borne children with this deformity. In instances of malconformation, though most of the cases mentioned will not bear a close examination, there is, no doubt, sometimes, a remarkable coincidence of circumstances. These, however, so far from being the law or general rule, are always exceptions in the extreme. For one, I can safely say, that after a practice of about thirty years, and from a considerable attention to the subject, I have never met with a single striking case of the kind. From popular rumor, and the very general prejudices of females upon this particular, it has appeared to me very strange that these casual concurrences are so exceedingly rare, and that I have not been able to find more plausible instances of such apparent coincidences. They are certainly rarer than earthquakes and tornadoes, in our climate. One of the first inquiries of a mother, after the birth of her child, is usually, whether it is perfect. She then often mentions the anxiety which she has had, on account of her having been disturbed by some frightful or unusual sight, during the period of gestation. I have never known any one of these apprehensions verified. What she had so much dreaded, as a cause, had happily produced no such effect as she had anticipated.

From the love of excitement, which at the present day is attempted to be got up in almost every pursuit, or from some other reason, we find a great taste for the marvellous, even in many minds which we should suppose to be of a sober and rigid cast. The rules of philosophizing, which were established by Bacon, Gallileo, and Newton, seem to be often overlooked and disregarded. Phrenology, though perhaps somewhat on the wane here, and almost totally discarded in Germany, where it originated, still flourishes. The jugglery of Mesmer is revived. Cases of *clairvoyance*, and even Grahamism, as well as homœopathy, are either countenanced in some respectable journals, or are noticed with a seemingly silent approbation. It is to be most ardently hoped, for the comfort of gravid women and the peace of their husbands, that the exploded notions of longings and frights, with their subsequent marks and monstrosities, may not again be revived.

Those who place no confidence in dreams, are not liable to be disturbed by a single coincidence, and the unbelievers in witchcraft are rarely troubled by enchantment. Since Dr. Hugh Smith's Letters to Married Women were generally read, we hear very little about longings and marks, among our well cultivated females.

The apparent absence of sensibility in the umbilical cord, is a very strong physiological reason, in opposition to the views of our respectable author. But my limits do not admit of following the subject on this ground.—There can be no doubt, that the state of the mother, during gestation, may have a great

and serious effect upon her offspring. This is not the present question. We are merely discussing the effect of maternal imagination upon the conformation of the child, as a reason for monstrosity. This is the point to be proved or discarded.

Lusus naturæ, or deviations from regularity, are common to the three kingdoms of nature. With vegetables and minerals, we know that mind has no connection. What necessity, then, of introducing a new cause, to account for similar deviations in the human structure? In the latter case, to make out anything of a plausible argument, we are necessitated to violate the common laws of philosophizing, and to elevate a few rare exceptions to the dignity of general rules. *Non talibus auxiliis.* CELSUS.

ART. VI.—*Excerpts from the Case Book of F. R. F. Cooke, M.D., of Hoboken, New-Jersey.*

1. *Ecchymosis of the Labiæ Pudendi.*—Feb. 13th, 1835. Mrs. C., aged 32, enciente with her first child; professional services called for about 9 o'clock, A. M. Labor pains sluggish; ordered enema Ol ricini ℥ ii sol saponii ℥ viii. At 3 o'clock, P. M., affairs had remained in statu quo. The enema had produced the desired effect; gave acet. Morphia, and hoped some rest for the patient. I was not again summoned to her assistance until the afternoon of the succeeding day, when labor had assumed a more positive character. The dilatation of the os tincæ, about one inch in diameter, but the edges rigid, and descending quite low in the vagina; pains regular at the intervals of 10 or 12 minutes. In about half an hour hastily summoned to her bedside; she reported "something to have suddenly given way." On examination, I discovered a tumor enveloping the whole left labia, and partly the right, nearly the size of a child's head. The patient exhibited symptoms of prostration, and labor pains subsided. Could this be hernia? A peculiar crepitus, lobulated feel, its increasing magnitude, and subsequent discoloration, assured me that it contained blood. I now found the head low, and the os tincæ sufficiently dilated for delivery; at the same time the tumor so much encroaching upon the vulva, as almost to occlude the os externum. Averse to the use of a knife in such a case, as an unpleasant cicatrix would be the consequence, I desired the tumor to disgorge its own contents. To answer this indication, I administered a dose of ergot, and introduced one finger into the rectum, in order to keep the head well up, allowing it to rest upon it as an inclined plane. I then pressed firmly with a napkin directly against the tumor; with the first expulsive effort the tumor bursted, and discharged about ℥ xvi or ℥ xviii of dark venous blood, and one or two more pains terminated the labor in a most happy manner. The rupture took place at several distinct points within the verge of the labia, which gave it a reticulated appearance. I applied a tampon wet with warm brandy, to the parts, and no unpleasant occurrence or inconvenience succeeded. I believe ecchymosis of the labia, in labor, is a rare occurrence, and not sufficiently noticed by obstetricians. It is truly formidable and perplexing to young practitioners; I believe it is mostly owing to a continual pressure upon the vaginal veins, more particularly, perhaps, upon the internal pudic; the patient having, as I afterwards learned, continued upon her left side for several hours; and further, to a neglect in the timely use of the lancet. I witnessed a case since, in which the vaginal veins were much distended by a protracted labor, and appeared like morbid tubercles. These at first produced some confusion, supposing them to be a local disease, filling up the vagina. A copious bleeding, however, soon dissipated them, and brought about a timely accouchement.

2. *Precocious Menstruation.*—The subject of this anomaly is a well formed child, the only offspring of a mother about 37 years of age. I attended in her accouchement, and have been a constant observer of the child since the first appearance occurred, when she was seven weeks old. I attributed the discharge, very naturally, to some rough handling, and cautioned the nurse for the future. But to my surprise, in a day or two short of four weeks, I was called to witness the recurrence of the same discharge, and found the parts undisturbed by any mechanical means. The physical characters of the discharge corresponded accurately with what is critical in adult life, and continued for three or four days; and has recurred with regular succession since, until about nine weeks ago, when its clothes caught fire, and badly burned its body and limbs. It is now quite well; but the evacuation remains suppressed. The child is now two years and seven months old. On one occasion, when about ten months old, she appeared languid and restless, heat about the temples, and suffusion of the eyes; semicupreous alvine evacuations were succeeded by the wonted critical discharge, and the child assumed its usual playfulness.

3. *Influence of the Magnet.*—Miss B., in extracting a fine sewing needle from the palm of her hand, unfortunately broke it off, or it was broken as it entered. Three days afterwards, I was called to see it. Progressive absorption had already conveyed it into the deep belly of the opponens pollicis. The excessive irritability of the patient would not allow much surgical examination; so, immediately over the incision I had made, I placed a magnet, having first inserted it into a piece of cork, accurately fitted to the part, and confined the hand so as to prevent flexion and

extension. The next day it was removed, and the point of the needle appeared in the wound, through which it was easily extracted. The piece was five eighths of an inch long, and had traversed a distance of about two inches from the point of its entrance.

ART. VII.—*Case of Hæmatoma, with Ligature on the Femoral Artery.*—By W. D. TURNER, M. D.

On the 5th of August, 1833, my advice was requested by a young woman, of about twenty years of age, for a large tumor, situated on the inside of the right thigh.

On inspection, I found two-thirds of the inside and lower part of the right thigh occupied by a dark purple tumor, of a very large size, which was distinctly pointed, without pulsation. She informed me that about five months since, she perceived a small tumor on the thigh, which was extremely painful and distressing; that it increased rapidly, and resisted all remedial measures; that the pain was so great that she lost her sleep and appetite, and had been confined to bed for several weeks.

On minute examination, the femoral artery could be traced from beneath Poupart's ligament to the first superior third of the tumor, where it appeared to dip down and be lost in its substance, but as far as the artery could be followed, it was apparently more superficial than ordinary.

The tumor had a peculiar dark appearance, was irregular and elastic at its base, but pointed, soft, and undulating at its upper surface; and evidently contained a considerable quantity of fluid. The examination of these circumstances gave her great pain and uneasiness.

I cautiously made a small puncture with a lancet, at the thinnest part of the integument; a minute quantity of pus escaped, followed by fluid, blood, and coagula of a dark color.

As some of these were of considerable size, I enlarged the opening for their escape, and removed in quantity fully two-thirds of a finger basin. Whilst thus engaged, I perceived that the size of the tumor did not diminish, and that the blood, as it flowed, was gradually losing its venous and acquiring an arterial character;—whereupon I permitted a clot of blood to plug up the orifice, applied lint to it, and cold applications to the tumor. At this time the poor girl had been ill for many months; was extremely emaciated; her pulse was frequent, never under 120, and had that peculiar throb, so indicative of debility. I explained to her the dangerous nature of her case, and advised her permitting me to perform the operation of tying the femoral artery; this she at first refused, but finding herself getting worse, she consented to my doing so.

A ligature was accordingly passed round the femoral artery, and tied, and the wound dressed in the usual manner. The hemorrhage immediately ceased.

On the evening of the operation, large clots of coagulated blood passed through the puncture made in the tumor; on the next day the same; on the second and third days she complained of the smell arising from the discharge of the putrefying coagula. The tumor was very much diminished in size.

A fermenting poultice was applied, and the solution of chloride of lime freely used; but notwithstanding this, the fetor arising from the discharge was very disagreeable, more particularly as the room she was in was extremely small and confined. Bark, opium, and porter, were liberally administered, she was in good spirits, exempt from pain and uneasiness in the tumor, and much gratified at seeing her thigh gradually diminish; her pulse, however, continued very high and irritable, and she complained of the fetor, arising from the tumor, as her greatest evil.

On the seventh day after the operation, she was attacked with diarrhœa, which, notwithstanding the most active exhibition of the usual remedies, proved fatal on the tenth day after the vessel had been tied.

Dissection.—The limb was examined the next day. On laying open the tumor, it was found to have involved all the muscles of the inside of the thigh, but the containing cyst was in such a state of putrefaction, as to defy any thing like dissection or description.

The interesting part of the examination consisted in tracing the femoral artery, and in ascertaining the sources from whence the tumor derived its free supply of blood.

From the manner in which the hemorrhage ceased on the application of the ligature; from the gradual diminution of the size of the tumor, and from the previous examination, I had little doubt but that the femoral artery sent large branches to it; but no, the femoral artery pursued its course to the ham, without giving off the slightest branch to the tumor. We then followed the profunda femoris, which we found sent several good sized branches to the tumor, which we traced to the putrid mass of which the sides of the cyst were constituted. The ligature was applied considerably below the giving off of the profunda femoris.

Observations.—An interesting circumstance in this case is the apparent inconsistency of the facts. The femoral artery was tied considerably below the giving off of the profunda femoris.—The hemorrhage ceased immediately on the application of the ligature, and the tumor diminished in size. On dissection, it appeared that the femoral artery sent no branches to the tumor. The profunda femoris was the vessel which fed the tumor. The profunda was not tied, and yet the hemorrhage ceased. Of the accuracy of the facts, as stated, I am perfectly satisfied, and am happy that their correctness does not depend solely on my own observation. Dr. Thomas Hayle assisted in the operation, and Dr. Fergusson was present at the dissection, and saw the case previous to operation. The latter gentleman satisfied himself as to the following points, viz. that the femoral artery had been tied—that it sent no branches to the tumor—that the profunda femoris was pervious and healthy, and sent two or three good sized branches to it—which he dissected home to the sloughy membrane forming the cyst of the tumor.

There could be no deception as to the cessation of the hemorrhage, and the diminution of the size of the tumor.

How then are these facts to be reconciled? The principle on which I should explain them is this, that the supply of blood to the limb, through the femoral artery, being cut off, the duty of supporting the life of the extremity devolved on the profunda, and that all the blood entering that vessel was required for this purpose—that the branches of the profunda acting vigorously for the establishment of an anastamotic circulation, caused the flow of blood to other vessels than those which supported morbid action.—That the exhaling surface of the hœmatomatic cyst losing its supply of blood, the exhalation of course ceased, and the cyst itself died. That the muscular branches of a limb take upon themselves increased and vigorous action for the preservation of the circulation through an extremity, is daily proved by the results which follow the various operations for aneurisms, and from the rapid increase of a small anastomosing branch when the main trunk has been tied, a few days only being sufficient to enable a vessel so circumstanced to double or treble its original size. If this were not the case, how is it possible, where the external iliac artery has been tied, for the circulation through the limb to be carried on by means of the glutœal ischiatic and obturator arteries, anastomosing with the arteria profunda and external and internal circumflex? Or how would the circulation be carried on through the upper extremity, when the subclavian artery is tied, if the superior scapular branch did not perform a similar duty?

That some such elective power does exist in the circulating system, is evident from a great many circumstances connected with it; but I shall sufficiently elucidate my meaning by mentioning the well known and established fact respecting phthisical females becoming pregnant. In these subjects morbid action is going on, the blood is directed towards the lungs, and to the tubercles in them—inflammation is established, and no remedial measures have any decided influence in staying its progress; but let the woman become pregnant, give the circulating system some duty to perform, some evil to obviate, some accident to repair, and the morbid action in the lungs is immediately arrested, and the energies of the heart and arteries, with those also of the nervous system, are devoted to attain the object in view. The system requires blood for the nourishment of the fœtus—the blood flows freely through the uterine vessels, they increase in magnitude and grow in proportion to the size of the fœtus. The anormal action in the lungs appears quite forgotten, inflammation ceases, and the disease is for a time relieved; but the moment the woman is delivered, so soon as the duty is performed, disease of the lungs is again established, and within a short time proves fatal. Here we have diseased action suspended by a distant organ performing its natural function. I shall conclude by referring to a natural function suspended by the necessities arising from external injury. It is a well known fact, that if a hen break her leg during the time of laying eggs, and is not allowed an extra portion of lime, but fed as before, all her eggs within a few days after the accident are divested of their shell, and merely covered by the membrane—the lime which forms this covering being required for the restoration of the fractured limb, and also that when young birds breed very early, the shell of their eggs is extremely thin and brittle, in consequence of the lime in the system being necessary for the full developement of their bones.

REVIEWS.

Art. I.—*Essays and Lectures on Medical Subjects.* By John P. Harrison, M. D., Professor of Materia Medica in the Cincinnati College. Philadelphia: J. Crissy, 1835. 1 vol. 12mo. pp. 192.

To give relief to suffering humanity is surely the most exalted occupation to which the attention of man can be directed. The intelligent student commences his career, buoyant with the expectation of future respectability, and though he hears of the difficulties of professional advancement, he hopes that he, at least, will be an exception to the general rule, on account of his diligence and attainments. But when he has acquired the honors of the profession, the paltry encouragement he receives, diminishes his enthusiasm. Year after year he waits with long tried patience for a return of his expended capital, till at length "hope deferred maketh the heart sick," especially when he witnesses the ignorant and unprincipled quack preferred to the scientific practitioner.

By all the profession, but especially by the junior members, the work of Dr. Harrison will be read with interest and profit. The aim of the author, besides communicating much valuable information, being, to induce them to support their own respectability. He assures the phy-

sician, that by diligence and perseverance, a time will arrive when his talent will be appreciated, and that by an undeviating course of professional rectitude, he will rise above all his difficulties with an untarnished reputation.

"To every true disciple of the healing art, is committed a high and responsible trust of keeping the deposit of his profession's honor, with untiring watchfulness. To such belongs the delicate, and, at the same time, magnanimous office of watching over the best interests of the profession. That physician proves derelict to his duty, who is found mingling in the ranks of the nostrum monger and prating mountebanks of the profession. What! shall the educated physician be seen associating on terms of professional equality, with him who practises artifice and imposture, in order to circumvent and delude a credulous community? Shall those who have gathered their inspiration and their light from the high priests of our science, pollute themselves by such disparaging intercourse? Must we countenance those who *call themselves* physicians,

> "As nimble jugglers that deceive the eye,
> Drug-working sorcerers that change the mind,
> Disguised cheaters, prating mountebanks,"

to play off their cozenage on the people, without any disapprobation on the part of enlightened and virtuous physicians? Shall a degrading rivalry in money-making, extinguish the light of all honorable feeling in the minds of medical men? Let each young man who beholds such a disgraceful exhibition, as is sometimes seen, of successful charlatanry, rest assured that the reign of error and imposture is brief—that the foundation of the empiric is laid on perishable materials, and that, though he may amass wealth, no sure and abiding honor attends his career. Veracity is violated by such a man, every time he administers his nostrum, for he is practically setting his seal to a delusion which his own false statements have engendered. Is truth, the tutelary genius of science, the best friend of erring man, and the only sure guide and safeguard of our happiness? Then, the man who wilfully propagates a lie, and practically affirms it, is, most assuredly, the enemy of his race. The nostrum vender is, therefore, an enemy of man; he is a blot and an anomaly on the beauteous face of God's moral creation, and should be shunned as the upas tree—for he lives in an atmosphere of deception, delusion, imposture, and sordid self-interest."

The subjects of the essays are, 1st, Medical Experience; 2d, Address before the Louisville Medical Society; 3d, On the Influence of the Mind on the Body; 4th, Responsibilities of the Medical Profession; 5th, The Diseases Induced by Mercury; 6th, On the sudden death of eight Persons, during the Prevalence of Cholera in Louisville, Ky., and from the last article we select the following:

"Early in June, 1834, a very great sensation was produced in the city of Louisville, by the sudden death of eight individuals belonging to a respectable family of relations and dependents. And as every person who died had partaken of a cold custard, a suspicion was hastily created, that they had been poisoned. This suspicion received confirmation from the fact, that some negroes belonging to the family in which the custard was prepared, had been suspected of a robbery committed on the premises several weeks previous to this sad period, and were much exasperated in consequence of the suspicion, and attempts at a discovery of the stolen goods. Arsenic had been inquired for at one of the drug stores of the city, by a negro man, in the name of the family in which the deaths occurred. It was refused, and no subsequent call at that drug store was made for it.

"Three or four negroes were put in jail upon these grounds of suspicion, and one of the bodies disinterred for examination. I was invited with other physicians to attend the post mortem examination of the disinterred body. Upon my arrival at the house in which the examination of the body was to take place, I found several of our most respectable physicians present. At this meeting, and subsequent to the post mortem investigation, a committee of four physicians, then present, was appointed to collect all the facts pertaining to the subject of these sudden deaths, and submit a report of the result of their inquiry, at as early a date as possible, to a meeting of the faculty, to be called whenever they were ready to communicate that result. On the 13th of June, nineteen physicians met agreeably to the request of the committee, at which meeting Dr. T. S. Bell, chairman of the committee, read the following report.

"'At a meeting of the physicians of Louisville, on the 10th inst. it was resolved that Drs. Bell, Pendergrast, Salbot, and Wantyn, be appointed a committee to investigate all the circumstances attending the onset, progress and termination of the late cases in the Buckner family, and report the result of their deliberations to the faculty.'

"'The committee appointed under the foregoing resolution, respectfully report, that they have examined with much care, the various statements which have come to them in a tangible form, from sources entitled to attention. In submitting these facts to your consideration, the committee feel, in the faithful discharge of their duty, bound to abstain from the expression of individual opinion on the facts; their exclusive business is to collect, arrange, and present them, and any argument which they may enter into, will be more for the elucidation of truth, than for the purpose of influencing a particular bias. Divesting ourselves, as much as possible, from the deep and pervading excitement, which is sweeping through this community on the subject, we have endeavored to guard against the approach of every thing that would prevent a faithful narrative of all the circumstances, placed within our reach. If the anxieties of the public mind could have slumbered, we might with more time, have presented a more satisfactory report; but so far from diminishing, they are on the increase—rumor, on its busy wings, is afloat, mag-

nifying the slightest incident into a great one, and giving to its crude fancies the force, dignity, and solemnity of truth. The public look up to the medical faculty for information, and is anxiously suspended upon the combined result of our inquiries; and animated with a sense of respect for its feelings, we proceed to a statement of *all the facts*, we have been able to receive.—It appears that the first cases of disease occurred in the families of Mr. Fontaine and Colonel R Buckner, in the persons of a young lady, connected with the family of Buckner, and a servant boy of Col. Buckner's. They were attacked in the morning of Sunday, the 7th inst., (8th,) about the same time of day. Miss Vanasdel, the young lady, complained of slight indisposition immediately after breakfast, and vomited some coffee which she drank at breakfast. She said but little about her sickness, until towards about 11 o'clock, when, the symptoms becoming somewhat more urgent, such as increased sickness of the stomach and bilious diarrhœa, she consented to permit a physician to be sent for. It was accordingly done, and he found her, on his arrival, about half past 11 o'clock, but slightly indisposed, with what he considered a very mild attack of cholera morbus, for such was the appearance of the disease. Making a prescription for her, he was summoned to the negro boy of Col. Buckner, and found his system nearly collapsed, and the boy vomiting profusely, and purging rice-water evacuations. After a vigorous effort on the part of the physician, all endeavors at his relief were given up—his case was utterly hopeless. While engaged with the boy, his partner was called upon to see Miss Vanasdel—reached her at half past 2, and found her collapsed. A livid circle surrounded the eyelids, the extremities perfectly cold, with occasional spasms, though very slight ones, pulse imperceptible, the face extremely cold, and covered with a profuse clammy sweat. Medicines were administered, and other measures ordered for her relief—another physician was summoned in consultation, and before his arrival the pulse had resumed a thread-like expression. In consultation it was agreed that it was a case of cholera, and such was the general appearance of the case. She had but three rice-water discharges before her collapse, and she and the boy died before 12 o'clock at night.

"'A black man, belonging to Col. Buckner, and having a wife at Mr. Fontaine's, was also attacked very violently with a vomiting and purging of water, about the time Miss Vanasdel was so violently affected. His spasms were not violent, and soon ceased under the same treatment that had failed in her case, and which had been found frequently successful in attacks of cholera; he recovered without the appearance of any of those effects seen in the convalescence of cholera cases. At half past 4 o'clock, P. M., on Sunday the 8th inst. Dr. Talbot informs the committee, he was called to see Mrs. Foster; he found her with anxious countenance, eyes sunken, features contracted, slight lividness of the skin, particularly immediately below the eyes; learned that her bowels had been actively operated on for the last half hour—that she had eaten some dinner, and felt as well as usual up to the commencement of purging, and then not sick, as expressed by herself. While in the room she took cramp in one foot, shortly after in the other, and in a very short time vomiting supervened, and general cramp of the extremities came on, with great anxiety and tossing, and insatiate thirst. In two and a half hours from the commencement of the attack, she was pulseless at the wrist, extremities cold and clammy, lived nine hours after, occasionally conversing rationally with her friends, and calmly expired. On Monday morning, (9th inst.) about sunrise, was called to Mr. Foster's little daughter; found her restless, tongue clean, pulse regular, round and rather full, skin in good condition, with frequent rice-water evacuations from the bowels; vomiting came on, restlessness and anxiety increased, the skin became pale, assumed a light blueish appearance—throughout great thirst, which increased in intensity, the skin remained warm, though declining in temperature, and the pulse regular until about 4 o'clock, P. M., at which time she took light general spasms, and shortly after expired.

"'Monday morning, Mrs. Buckner, the mother of the family, was attacked with vomiting, and bilious discharges. Her family physician reached her immediately after she was taken, but notwithstanding strong and repeated efforts for her relief were made, she died in the course of the evening (afternoon) of Monday. She had rice-water discharges towards the termination of the case. Up to within a very few hours of her death, with corrugated hands, she had a full, but powerless pulse, whilst her skin was livid, and cramps were present in the hands and feet.

"'At 2 o'clock, Monday morning, (9th,) the son of Mr. Milton Buckner was attacked with vomiting and purging, and died during the same morning—which attack was a renewal of one which had taken place on the Saturday previous, but which was then arrested by medicine.

"'A black boy of Mrs. Pope's, living with Mr. Fontaine, was taken Sunday night, (8th,) between 10 and 11 o'clock, with violent vomiting—collapsed at 11, without the rice-water purging. It came on after he was collapsed. He complained immediately after he was taken, that he was burning up all over. He died Monday morning, (9th,) after breakfast time.

"'This is a full, and it is believed, a faithful sketch of the cases, up to the time of death.—Examinations of two of the bodies were made. One on Monday, by an individual member of the committee, who was forced by great press of business to make the examination at the only moment of leisure he obtained, and who, in that short interval, endeavored ineffectually to get the aid of the only physicians he could see. Their engagements prevented them from attending the examination. The other examination was made Tuesday afternoon, (the 10th,) in presence of seven of the faculty, on the body of Mrs. Pope's boy, who was buried on Monday morning, and disinterred on that afternoon, just before the post mortem inspection.

"'The committee have now discharged their duty, by bringing forward the facts of the case. The common rumors afloat have not been noti-

ced, because it did not belong to the committee to say any thing about them.' Their province was to investigate, and bring forward the facts of the case, independent of their individual opinions.'

"After the reading of the above report, it was resolved by the meeting, 'that from the facts laid before us by Drs. Bell, Talbot, Pendergrast and Wantyn, that the persons referred to died of cholera asphyxia; but there are some just grounds for the opinion, that stale or sour custard did act as an exciting cause, in producing derangement of the stomach.' The facts in reference to the custard, as stated by several of the physicians, who obtained their information from the family, were these. On Thursday, the 5th of June, a custard had been prepared for a wedding, that night to be celebrated in the house of Mrs. Buckner, one of the persons who died. It was discovered, subsequent to its preparation and cooking, that the custard had been made of milk not entirely fresh, as it had undergone some change; the whey in the composition having separated from the curd in a slight degree. Whereupon it was put aside, and not used at the supper table of the nuptials. The next day, (Friday the 6th,) it was distributed among the immediate relatives of the family. All those who died, ate of this custard on Friday, and some kept it till Saturday, before entirely using all that was sent them. On Friday, several other persons, besides those who died, had partaken of it; some of these were made sick by it, but a few were not."

ANALYSIS OF MEDICAL JOURNALS.

ART. I.—*The American Journal of the Medical Sciences, February,* 1836.

1. The first article consists of two cases of Phthisis, very well drawn up by that able and zealous contributor to medical science, Dr. W. W. Gerhard.

2. ON TARTAR EMETIC IN OBSTETRIC PRACTICE. *By Evory Kennedy, M. D., Master of the Lying-in Hospital, Dublin.*—Of all the countries under the sun, "The green isle of the ocean" seems to be the most prolific. Whether this is owing to the hardy constitutions and well developed cerebellæ of her sons and daughters, to her favored soil, or to a milk and vegetable diet, are points which it is not our intention to discuss. "Be fruitful and multiply, and replenish the earth," seems to be Erin's watchword; hence her students of midwifery have ample opportunities afforded them. The hospital over which Dr. Kennedy presides, admits no fewer than 2500 patients annually. Information from such an abundant source, must receive the attention it deserves.

The cases in which the tartar emetic is recommended, are tedious labor, from rigidity of the os uteri and vagina; irritable or violent labor; puerperal convulsions; obstructed and inflamed mammæ; and puerperal mania.

"*Tedious Labor, from Rigidity of the Os Uteri and Vagina.*—Some patients continue for many hours in the first stage of labor, with partial dilatation of the os uteri and external parts, in whom there may be no want of what are significantly termed grinding pains, a state more frequently met with in first pregnancies and those who marry late in life.—This state is to be carefully distinguished from false labor, which it much resembles, by the partial dilatation of the os uteri, protrusion of the membranes, and presence of glairy discharge. It may continue for some hours, rendering the labor more tedious than it would otherwise have been, the parts eventually becoming relaxed, and the labor terminating favorably; it may continue for many hours, exciting our dread as to the result of the case: or, in its more obstinate forms, it may persist so long as to wear out the mother's strength in unavailing efforts to overcome the difficulty it opposes to delivery, the mother, child, or both, perhaps, falling a sacrifice. The difficulties to encounter here, are premature, too forcible or irregular uterine action, propelling the child against the os uteri before it is sufficiently dilated or dilatable, and absolute rigidity of the parts. It should be constantly borne in mind that the first inconvenience is a very frequent cause of the second. With this view of the subject, then, the two objects to be held in view, are, mitigating too early, violent, or irregular uterine action when this is the cause of delay, and producing relaxation when rigidity is present."

"In tedious labor, from rigidity of the uterus, the os is found slightly gaping, with a thickened, tense state of the lips, and usually

much heat of the parts. Bleeding from the arm, and on the continent the use of the warm bath have been had recourse to in these cases. Bleeding is attended with marked benefit, when there is a full, bounding pulse, in a strong plethoric habit: but, as a general practice, it is not unattended with inconveniences often of a very serious nature. It certainly procures relaxation of the os uteri, but along with this it causes depression of too permanent a nature, and may thus seriously interfere with the future progress of the labor.—Tartar emetic solution has been successfully employed in producing relaxation of the os uteri in these cases, and possesses the advantage of being much less permanently debilitating."

The next case in which the author advises tartar emetic, is irritable or violent labor.—Every practitioner is aware that the efforts of the uterus are of less avail when the female is irritable or impatient. In this case, the judicious use of tartar emetic may save the accoucheur from some hearty kicks, or even from the loss of hair.

"By no means an unfrequent cause of tedious labor is extreme irritability or violence on the part of the mother, a state most frequently met with in first children, and in the lower ranks, but not confined to these. The patient, from the very commencement of her labor, becomes violent and irritable, keeps constantly changing her posture, and, if in bed, tossing about; is generally very violent and vociferous, and, when the pain is present, becomes absolutely uncontrollable."

"The advantages that the use of tartar emetic offered in the cases already treated of, recommend it even more strongly to our notice in this. Long continued observation of its utility in cases of this kind, and the having found it procure the double effect of dilating the os uteri and soft parts, and suspending the irritability and violence which so much interfered with the natural progress of the labor, have convinced me, that by its full administration, in the cases described, we may often enable a woman to be speedily and safely delivered by her own efforts, who, without it, would have suffered from a tedious and dangerous labor, eventually, perhaps, requiring the use of instruments."

There are few in practice who have not observed the power of tartar emetic, in increasing the action of the absorbent system, as well as in diminishing the circulation.—Such a remedy, then, is indicated in obstructed and inflamed mammæ.

"*Puerperal Convulsions.*—The efficacy of tartar emetic in puerperal convulsions, is quite as marked as in the preceding cases.—It should, however, be understood, that it has not been used to the total preclusion of bleeding, which must always prove our sheet anchor in this violent disease. It renders unnecessary the repeated bleedings we have hitherto been obliged to have recourse to, as the only effectual means of checking or preventing the repetition of the fits. After one copious bleeding, the tartar emetic is to be freely administered, as already explained, and the patient kept well under its influence."

"There are two distinct states of the mammæ, occurring after delivery, which demand our notice. In both, pain and tenderness, tumefaction and hardness, are present; but one is an inflammation, the other merely an obstructed state of the organ; though the latter generally precedes and may produce the former, yet it does not necessarily go in all cases. There is no case within the range of obstetric practice so clearly under the control of the medical attendant, as the tumefied, lobulated and obstructed state of the mammæ, and none so sure to terminate unfavorably, if improperly managed."

"Free saline purgation is necessary in the commencement, after which nauseating doses of tartar emetic appear to act almost as a specific, in preventing inordinate determination."

"*Puerperal Mania.*—This form, which constitutes so great a proportion of the maniacal cases met with, not merely in the hospitals for insane, but in the incurable cells, when treated properly from the commencement of the attack, is a very manageable disease. Were it only for its efficacy in this distressing malady, the accoucheur should esteem tartar emetic as a most invaluable article in his prescription formulary. In a several years observance of this medicine's application, in hospital and private practice, but two or three cases have been met with which held out against it, when commenced sufficiently early. The moment a patient was observed to exhibit any incoherence after delivery, attended, as it usually is, with rapid pulse and wild expression of the eye, she was placed under its nauseating influence, and retained so for 24 or 36 hours, or longer, if necessary. In almost every case the disease yielded immediately; the real ills produced by the medicine taking the place of the imaginary ones previously occupying her attention."

We offer no apology for extracting so largely from Dr. Kennedy's paper. Facts like these, condensed into so short a compass, and drawn from such an ample source, are worth 2500 isolated cases.

3. Report of a committee of the Philadelphia medical society, appointed December 27th, 1835, to investigate the character of Stagner's truss, and other proposed

MEANS OF RADICAL CURE IN HERNIA.—The occurrence of hernia is far more common than is generally believed, and the revenue arising from the sale of trusses has been so ample, that almost every improvement, even to the cutting of a stick to be placed over the aperture, has been secured to the inventor by a patent. The report of the committee is confined to the investigation of blocks of wood. A block with an irregular surface was introduced to public notice, by Mr. Stagner; for shaving off the irregularities, and other improvements, Dr. Hood takes out a patent; Mr. Chase purchases from Dr. Hood an equal right to the patent, and gives the block another shape.

"It appears, by current report, that the block of Stagner orginated in an accident. A man engaged in out-door occupations, found that his truss, a common and an old one, did not properly retain the bowel, owing to a defect in the pad. Unwilling, at the moment, to leave his labor, or unable to procure, immediately, another truss, he thrust a small piece of wood, with an irregular surface, beneath the pad. The hernia was then retained, and he wore the apparatus for some time, with no other inconvenience than a soreness of the part. Ultimately, upon removing the instrument, he was surprised to find that the bowel no longer descended. The man is said to be radically cured. The fact being circulated in his neighborhood, blocks, in imitation of the pad, with its accompanying piece of wood, were applied in other cases, and, it is said, with success. From these attempts resulted the block of Stagner. Its form baffles all attempts at mathematical description; and graphic illustration or actual inspection is necessary to its full comprehension."

"The best idea of its appearance, that can be conveyed in words, is this: It resembles considerably the stuffed pad of the common trusses, very much acuminated at the extremity next the spring of the instrument, and strongly compressed on its superior and internal face, so as to render the curvature on this side gentle, while that on the side next the pelvis is rendered very abrupt, and almost rectilineal. The junction of the two surfaces, on the most prominent line of the block, is very rapidly rounded, and almost angular. The whole convex surface is rendered rugose by the intersection of little planes, (facets,) produced by the knife in carving, which are purposely left prominent."

Of the block of Mr. Chase, the committee announce "that, commencing their researches with doubt, and with rather unfavorable preconceptions, their opinion has been rendered highly favorable to the claims of several of his improvements, by the weight of the few observations which they have been enabled to make."

Ten cases are related by the committee, some of which seemed to be radically cured. In the first, a scrotal hernia of ten years' duration, after the application of the block "the patient enjoys more comfort than he had before experienced, at any time subsequent to the accident." The second was a boy of 13, who had labored under inguinal hernia for seven years. Two weeks after the use of the block, he was permitted to cough in the presence of Drs. Horner, Hays, and Bryant, without experiencing any descent of the bowel. The third case was a man of 30, with a regular inguinal hernia of four months' duration. In four months the patient was still under treatment, but had made several efforts while the truss was removed, without any protrusion of the bowel, an accident which never occurred since the application of the truss. In the fourth case, the retention of the bowel was perfect, although the patient had previously worn other trusses, none of which prevented the descent. Another case was an athletic Englishman, who had labored under inguinal hernia for several years. He had worn a variety of the most lauded trusses, but none of them had ever retained the hernia effectively.

"This is a very unfavorable case for the action of trusses, yet although no instrument previously employed had been able to retain the bowel under ordinary exertions, the patient has had no protrusion since the first application of Mr. Chase's truss, which has been steadily worn since May 20th, 1835, and he has led, for a considerable part of this time, the life of a hunter, leaping fences, riding desperately, and following the favorite pursuits of an athlete. He is enchanted with the instrument, and protests that he is generally insensible of its pressure."

We have had a fair sample of the cases; they have been selected, not by the patentee, to puff his own instrument, but by respectable physicians, appointed by their associates to investigate the matter.

"The committee are decided in the opinion, that the retentive power of solid blocks exceeds, *cæteris paribus*, by considerable difference, that of pads composed of softer materials. If there could be any exception taken to this rule, it would be in favor of pads formed of very firm but highly elastic mate-

rials; but the only substance of the latter character, now employed in the construction of truss-pads, is the gum elastic, and against the direct application of caoutchouc to the skin, there are strong physiological objections. Moreover, the committee is by no means prepared to advocate the superiority of elastic pads, in the present state of their knowledge. Whatever they may gain in facility of application, they lose in certainty of action. The great excellence of the solid truss-block is its perfect precision, and if required to adapt itself to changes of position in the part to which it is applied, it can be enabled so to do by the elasticity of the spring of the truss.

"Two circumstances should be stated in this place:—the incompressibility of very firm pads and hard blocks, renders it of the utmost importance that their form should be accurately adapted to the particular parts on which they are designed to act, and that they should be carefully placed and secured in correct relation with those parts. Carelessness in either of these respects would incur dangers, grave in just proportion to the power and usefulness of the apparatus. Hence considerable anatomical and surgical skill are requisite, both in the contrivance and the application of trusses armed with such pads or blocks, and they can never be permitted to pass, with safety, out of the hands of surgical scholars and practitioners. Again, the application of such machines, in early infancy, is deemed by the committee both unnecessary and improper."

"There is apparently one slight additional security against the descent of the bowel in inguinal and certain other hernia, which is often consecutive upon the use of the hard block for a moderate length of time. This is the rapid absorption of the deposits in the subcutaneous cellular tissue, and sometimes in the dermoid tissue also, which permits the block to act almost immediately upon the tendinous canal, thus effectually closing the neck of the hernial sac, of which it very probably produces the obliteration."

Should Mr. Chase visit New-York, he and his instrument will meet with the support of the profession, if it really deserves it: should it be only "a wooden one." *Rediat domum.*

4. Report of a trial for infanticide. *By Charles A. Lee, M. D., New-York.*—"Margaret Crosslan, an unmarried colored girl, aged 22, was indicted for murdering her infant illegitimate child, and concealing its death."

"Drs. Oliver Peek and Silas R. Kellogg examined the body, under the direction of the inquest. Owing to the circumstances under which the examination was made, it was not so thorough as ought to be made in such cases. The body was that of a full grown male child, and no external marks of violence appeared, excepting signs of effused fluid under the scalp covering the frontal bones. Blood was found in considerable quantity, partly fluid, and partly coagulated. The pericranium was separated from the bone; the parietal bones were both fractured, the left one in three places, the right in one."

"The effused blood was principally over the back part of the parietal bones, and the upper portion of the occipital. The chest was externally arched, the lungs collapsed, and somewhat spongy. Dr. Peek testified, that the lungs filled the chest; that the injury was not inflicted after death, and that a blow sufficient to cause such injury would destroy life; that it must have been done after the delivery of the child, as the action of the uterus could not fracture the bones; and that the circumstances of the case warranted the belief that it was done by the mother. To the question, by the court, whether the mother might not accidentally have caused the death of the child, by grasping the head for the purpose of facilitating delivery? it was replied, that he thought not—it was indeed possible, that the bones might be fractured in this way, but if produced in this manner, it would not probably cause so much extravasation of blood. He thought it very difficult for a woman to be delivered standing, though it was possible; that females in labor instinctively seek a situation where they may support themselves, and be supported; that is, a reclining posture; that the probability of the child's being born while the mother was standing, was increased in this case, by the circumstance that the labor was short, and that it occurred in a barn-yard; that, therefore, it was possible that the death of the child was occasioned by its falling on its head, upon the frozen ground.

"Dr. Kellogg testified to nearly the same effect; he thought, however, that the fractures could hardly have been caused by the mother's grasping the head of the child, as the bones, before the union of the sutures, would lap upon pressure. At the time the inquest was held, he formed an opinion that it came to its death by a blow inflicted by a stick, or some hard substance. In examining the lungs, a portion only was cut off from each, an inch and a half or so in diameter. In the first experiment, the temperature of the water was about 80 degrees of Fahrenheit; in the next it was of the ordinary temperature of the atmosphere. The lung floated readily in each; the pieces remained in the water three or four minutes. The whole lung was not removed, as they were pressed for time. Did not observe any appearances of blood in the lungs, and did not try whether they would crepitate on pressure. A child may be said to be born alive, when it is furnished with such an organization as to be capable of maintaining an independent existence, when separated from the mother. Could not say that this child was born alive in this sense—thought a woman would naturally, and under all circum-

stances, seek a reclining position in labor—the effusion of blood might have been caused by a blow given shortly after death—thought that the presence of arterial blood in the lungs, would furnish a much stronger proof of the child's having breathed, than extravasated blood under the scalp.

"Dr. C. A. Lee, on behalf of the prisoner, testified that he believed there was no difficulty in a woman's being delivered standing; that he had delivered several in this posture; had often known females seek such a position, resting their hands or arms on a chair placed before them; thought it a very natural and easy position for a strong lusty woman; that some of the older works on midwifery directed women to be delivered supported on crutches; had known cases where parturition had been effected by a single pain, and so suddenly that the mother had no time to get into a bed, or in a reclining position; that if a woman was suddenly seized with such violent labor pains in the street, or in a situation where the usual conveniences were not to be had, it was most probable she would be delivered standing, that this was probably the fact in the present case, as the fractures were in the very place we should expect to find them, had they resulted from such accident."

"After an able review of the testimony, by Judge Shaw, the jury retired, and the next morning brought in a verdict of *Not Guilty*."

5. Cases, with remarks. *By Ashbel Smith, M. D.*—These cases are, 1st, Imperforate Anus, in which the operation was performed; 2d, Fungus of the Urethra, producing symptoms similar to those of stone in the bladder, complete relief being obtained after operation; and 3d, Fracture and Depression of the Cranium, with all the phenomena of a regular quartan uniformly occurring, at the proper intervals, without appearing to influence or be interrupted by the profound stupor in which the patient was lying.

6. A Case by Dr. Potter, of New-London, Conn., in which, according to the opinion of the author, a dead fœtus remained four months in the womb without undergoing decomposition.

7. On delirium tremens. *By J. Young, M. D.*—"To those who are about to enter on the treatment of disease, and have never met with a case of mania a potu, or delirium tremens, I would say, when you are called to a case of it, bear in mind the axiom, that an old drunkard will not bear direct depletion to the same extent as other persons, under what may appear to be very similar circumstances. If you determine on the use of the lancet, keep your finger on the pulse, and the moment you find its force and fulness diminishing, and its frequency increasing, close the orifice; having done this, under the same view of the state of the system, prescribe exactly as your judgment shall teach you to be proper for the existing state of affairs; but believe it not, when you are told to commence, in all cases, at once with mammoth doses of opium, and that it never did, never will, and never can do harm in this disease. In the hands of Dr. Coates, whose extensive experience, and refined judgment, enables him to discriminate at a glance, exactly the case which consists in pure nervous mobility, or cerebral irritability, opium is the sovereign remedy. But you will find few cases indeed, in actual practice, of this purely uncomplicated character; and if your acumen enables you to recognize the local affection, and your remedies *can subdue* it, you will cure your patient; but if you lose him, and post mortem examination shall disclose to you the fact, that you treated him for the disease he in reality labored under, how satisfactory will be the reflection that you did all that human art could do for him, when compared with the mortifying feelings that must result from a different autopsic revelation."

8. Observations on Cachexia Africana, or dirt-eating. *By F. W. Cragin, M. D.*—"This disease, termed also 'mal d'estomac' by the French, is common and too often fatal in the West India islands, and that part of South America known under the general name of Guiana. It is now carrying off numbers in the colony of Surinam, with as much certainty as phthisis pulmonalis is in the United States, scarcely a single well-confirmed case being cured; nor is it curable by the common mode of treatment there pursued, from a mistaken view of the pathology of the disease. No age beyond three or four years, at the farthest, enjoys an immunity from its ravages.

"The first symptoms are ordinarily fever at irregular intervals, succeeded by sluggishness, which, as the disease advances, nearly amounts to insensibility. The face, the upper and lower extremities—in fact the whole external surface is of an unnatural shining fulness and rotundity, yielding in a slight degree to the impression of the end of a finger pressed strongly upon the part, leaving a depression after the finger is removed; this is especially the case with the feet and ancles, while in other parts no such depression is made; these last approaching in that particular more nearly to the state of elephantiasis than to œdema.

"The conjunctina is of a peculiar snowy whiteness, untinged by a particle of red blood, while the eyes participate in the general fulness, making them appear somewhat prominent, and giving to them altogether a sort of unmeaning yet characteristic stare, which, so far as my observation goes, is peculiar to

this complaint. The marble paleness of the lips, of the palms of the hands, and of the soles of the feet, indicates an impoverished state of the blood. The diagnosis may be nearly formed from the pallid appearance of the lips, the gums, and the whole membranous lining of the mouth, and from the condition of the tongue, which in health performs its duty with so much alacrity, lying bleached and bloodless, scarcely able to represent the motives of its owner.

"The patient evidently suffers from a sense of cold, as is evinced from an inclination to bask in the sun's rays, even in the hottest part of the day.

"There is much palpitation and throbbing of the temporal arteries, while the pulse at the wrist are small, frequent and slow; quicker, however, after the slightest exercise, after eating, and on the approach of evening.

"The secretions are generally diminished; perspiration is suppressed, the urine is scanty, and there is an apparent total suppression of the bilious secretion; costiveness generally prevails in the commencement of the disease, but in its more advanced stages the alvine discharges are increased in frequency, differing from four to ten or more in twenty-four hours, of a thin consistency, and unmixed with bile. In the confirmed and further advanced stages of the disease, a few hours are sufficient after deglutition for the digestion of the food, when it appears in some cases to have undergone a slight, and in other cases, no change whatever in its passage through the alimentary canal. The stools, however, become more watery, dark, and fetid, as the disease draws to a close.

"The appearance of blood drawn from the arm is invariably unnatural; it is thin and watery, of a livid purple hue, assuming neither the bright red of arterial, nor the dark red of venous blood; and wanting the consistency of either, it presents that semi-turbid appearance which is a concomitant of a gradual but general decay of the powers of life.

"The liver or spleen is generally increased in size, not unfrequently both. The lymphatic glands are enlarged and frequently indurated; often fifteen or twenty, or even more, of the inguinal glands may readily be distinguished by the feel, and many of them may be seen forming a tumor of no ordinary size in the groin.

"Another essential and leading symptom of this disease, is a universally depraved appetite, and an ungovernable determination to the eating of dirt. The only appreciable signs of mental activity exhibited during the course of this disease, are the crafty and cunning plans which the patient most subtily matures, and as stealthily executes, to procure his desired repast. This consists usually of charcoal, chalk, dried mortar, mud, clay, sand, shells, rotten wood, shreds of cloth or paper, hair, or occasionally some other unnatural substance. Some pick and eat shreds from the garments they wear, till it can no longer be kept upon them; others swallow with avidity the hair which they pick from their own heads, until they are nearly bald before they are detected. Some negroes eat their tobacco pipes, and those of the other negroes. I was informed by a gentleman of the strictest veracity, that a negro on his plantation was thus morbidly fond of young rats, which he swallowed whole. The man, he had observed, had been declining for some time, and at length declared himself unable to perform his accustomed labor; he was accordingly ordered to the lazaret of the plantation, where the gentleman shortly called to see him; he found him with an empty calabash in his hand, with nausea, pain in the stomach, and a disposition to vomit; after laboring for a moment, he 'brought forth' (from the stomach) 'a mouse.' There was not a single mark of mastication upon the little hairless quadruped, nor had it apparently been many minutes incarcerated; but, probably, being swallowed alive, irritated the stomach, and produced vomiting, by its movements in its last struggles for life. The negro then acknowledged having thus indulged himself, so far as had been practicable, for months.—Peculiar to children under the age of ten or twelve years, and late in the course of this disease, a state of ulceration often comes on, mostly confined to the cuticle and cutis vera of the feet, legs, and thighs, but sometimes the nates, as well as the hands and arms, are also affected."

The principal means of preventing the habit is a metallic mask or mouth-piece, secured by a lock.

The author left the colony, before devising a better mode of treatment than was generally practised.

The editor of the Journal notices a paper on the same subject, by David Mason, Esq.

"The strictly medical treatment recommended, consists, *first*, in the administration of emetics and purgatives, and afterwards a continued course of such tonic medicines as act more directly on the digestive organs.—The best tonics Mr. M. considers to be a bitter laxative infusion of lignum quassiæ, rhubarb and ginger, in a pint of which eight or ten grains of sulphate of iron is dissolved.—'I have generally found,' says Mr. M., 'the use of soda or potassa beneficial, and have combined either of them with these medicines, by dissolving one or two drachms in the above infusion—of course the sulphate of iron by such combination will be decomposed. By a little agitation, however, the iron will be taken into the stomach in the state of oxyde—a form into which it is perhaps finally reduced in the system. Nevertheless, if this prescription should be considered objectionable, because unchemical, the iron may be given

separately, either in the form of muriated tincture, or a simple solution of the sulphate in water. It is too essential a part of the remedy to be omitted.' "

9. Dr. Brigham on fever.—The author relates some cases of fever, his object being "not to enter into detail respecting the treatment of fever, but to awaken inquiry, by calling attention to the fact, that ulceration of the intestines is a very frequent occurrence in fever, and may perhaps often be the cause of the disease."

10 Case of umbilical hernia. *By Dr. P. Fahnestock.*—A very large umbilical hernia, reaching to the knees in a girl of seven, was reduced, and a ligature applied to its base, but the girl died from imprudent exposure, some days after the operation.

Art. II.—*Bulletin General de Therapeutique*, Nos. VI. VII. VIII. IX. Tome 9.

1. Delirium Tremens, and its Treatment. *By M. Forget.*—Nothing more loudly proclaims the necessity of varying medical treatment, than the difference observed in the mode of action of diverse morbid causes. Whatever the partisans of simple irritation may say, long stimulants affect the organs in a peculiar manner, and not only is this the case in such as affect particular organs, such as digitalis, ergot, belladona, &c., but likewise among those which influence the same organ, there are many which manifest a particular action, revealed by the special appearance of the excited phenomena.—Thus opium, tobacco, hyoscyamus, and daturastramonium, which all belong to the class of narcotic medicines, have each a peculiar action on the brain; a fact in therapeutics which should not be forgotten, as in certain cases its application may be of great advantage.

Some modern experiments have established, that far from acting always by sympathy, the matter received into the stomach is frequently carried in substance to different parts of the animal economy, whence it may be extracted by analysis. Thus Messrs. Flourens and Sagala have discovered the direct action of alcohol and opium on the brain; a fact in experimental physiology, which would perhaps throw some light on the cause and the treatment of the disease on which we write, if this were the place to run into theoretical digressions on the mode of action of modifiers of different kinds, applied to organs originally affected by either of them. Of all the Hippocratic axioms, the aphorism *contraria contrariis* is, and long will be, despite the followers of Hahnemann, one of the most fecund in curative applications. But let us proceed to facts.

Julien, aged 56 years, of strong constitution, addicted to intemperance in drinking, a day laborer, enters the Hospital of Charity, (attendance of M. Rayer,) September 16th, 1835. He is affected with erysipelas of the face, occupying the nose and cheeks, of medium intensity, with fullness and frequency of the pulse; the intellectual faculties untouched. 17th. Venesection in the arm. 18th. The erysipelas is no more extended than on the evening previous; desquamation has even commenced; the pulse has less frequency and elevation; the heat diminished; he was astonished to find the patient in a state of delirium, characterised by great loquacity in regard to domestic details, and especially on his favorite taste for liquors; the face is bloated, the eyes shining and wandering; the patient is agitated; the motions of the arms and hands are accompanied with a marked trembling. From these symptoms, a superficial observer would have presumed a metastasis or erysipelas on the meninges; but M. Rayer, having regard, 1st, to the diminution, or at least the stationary character of the inflammatory and febrile symptoms; 2d, to the character of the delirium, lively, and relating to the ordinary and favorite habits of the patient; 3d, to his antecedent history; 4th, lastly, to the phenomena of the tremor in the extremities, recognized it as *delirium tremens*, the delirium of drunkards. In consequence, he prescribed a grain and a half of opium in three pills. On the next day, the patient having enjoyed a good sleep, the reason is recovered, the motions more steady, the face is natural, except the remains of the erysipelas in the way of resolution; the pulse is almost normal; every thing is proceeding in a regular and favorable course.

We might admire the precision of the diagnostic in this remarkable case, but M. Rayer informs us that it is not the first example of the kind which he has observed. He recounts that in another patient, affected with pneumonia, and treated by venesection, a similar access of delirium was manifested, and occasioned fear of the result to those who saw him. Having regard to the circumstances we have mentioned, he suspected delirium tremens,—administered opium, and the delirium disappeared.

This appearance of delirium tremens as an intercurrent symptom in acute diseases, has not been sufficiently observed and noted. According to M. Rayer, the predisposition existing, any disease may become the exciting cause, or even a strong moral impression which sometimes precedes and determines the invasion of delirium. In the two cases which we have reported, it may be remarked, that the delirium was manifested after venesection; which would tend to prove, experimentally, that delirium tremens is not inflammatory in its character; for in that case, instead of exciting it, the bleeding would have prevented it. We shall profit by this occasion, to give our readers an abridged history of this rare and singular disease.

Delirium tremens, (Sutton,) *delirium ebriositatis*, (Blake,) *cephalitis tremefaciens*, (G. Frank,) *dipsomania*, *œnomania*, *delirium of drunkards*, &c., is a disease quite rare in France, but more common in England and America; which is attributed, with some probability, to the intemperate use of alcoholic stimulants by the inhabitants of the latter countries, such as rum, brandy, gin, &c. Without denying this differ-

ence, we believe, however, with M. Calmeil, that the number of cases has been exaggerated, and that it has often been confounded with simple irritations of the encephalon. Although it is generally agreed to be the result of drunkenness, there are some who have embraced other opinions in relation to it. M. Romel, with the physiological school, thinks that it may result from any other stimulation of the nervous system. Others have assimilated it to traumatic delirium, nervous exhaustion, &c.; but in our opinion, this species of delirium differs sufficiently from the other, in its cause and appearance, to constitute a special affection. Delirium tremens may come on spontaneously and immediately in drunkards, and this form is the most easy to recognize; but frequently it appears in the course of another disease, as Blake, Ware, M. Rayer and others have remarked; and here the diagnostic may be readily overlooked, by practitioners preoccupied with the system of irritation, who only perceive in the appearance of delirium, a migration of the first affection to the membranes of the brain. According to Blake, the delirium occurs, not by reason of the disease, but because of the diet which is prescribed; he considers the true cause to be the suspension of the use of liquors; thus we shall see that he considers these as curative means. The delirium, he says, appears about five days after the suspension of the use of alcoholic stimulants.—The adult age predisposes the most to this disease; women and children are exempt from it, which is explained by the temperance peculiar to children and the female sex.

The English practitioners who have studied this disease more particularly, have divided it into many periods. Blake distinguishes three. In the first or period of exhaustion, there is slowness of the pulse, coldness of the extremities, cramps, nervous tremor of the hands and tongue, weakness. The appearance of delirium marks the invasion of the second period; then there is accelerated pulse; wandering; singular, often frightful visions; loquacity; nevertheless, the patient replies rationally to questions. Lastly arrives sleep, or the third period, which marks the crisis or termination of the disorder. If, however, the sleep does not give relief, symptoms of ataxia frequently supervene, and the patient dies. M. Calmeil admits two periods, one of predisposition, another of delirium. These distinctions are certainly founded in truth, but are they useful in practice? The period of exhaustion or of predisposition is frequently overlooked; the period of sleep is really the cessation of the disease, and the word delirium indicates that this is alone the real state of disease.

It will readily be admitted, that perhaps the most important point in the history of delirium tremens, consists in the establishment of the diagnostic; that is, in the difficulty of recognizing it. The knowledge of the previous intemperance of the patient is undoubtedly very important; but intemperance likewise predisposes to simple inflammation of the brain, or its envelopes, and how many drunkards are there who are never affected with delirium. We had reason to believe, from the appearance of the symptoms in some cases which we have observed, that this delirium could be distinguished by the nature of the joyful and drunken hallucinations, as well as the bloated, shining appearance of the face, and the unceasing loquacity of the patient; but Blake has observed melancholy ideas and frightful visions in persons affected with this disease; and we remember very well to have seen, in the halls of M. Cuyol, a patient laboring under a violent delirium. This is the reason why some authors, M. Esquirol, among others, consider this affection as a variety of mania. Blake has vainly endeavored to distinguish these two affections, by establishing that in drunkards the delirium occurs most generally and powerfully at night; it is known that there are maniacs who vociferate night and day, and drunkards who are delirious day and night. As to the tremor of the tongue and hands, it frequently accompanies grave fevers, metallic intoxication, nervous exhaustion, as well as œnomania. But the exceptions do not destroy the rule, and to intelligent practitioners, the general character of the circumstances based on the nature of the cause, the appearance of the delirium, the coincidence of the peculiar tremor, the state of the functions, the short duration of the disease, and the action of remedies, leave little chance of error.

The mean duration of delirium tremens, according to Blake, is from four to eight days (the period of delirium lasting from two to three days); according to M. Calmeil, it is from five to six days; Léveillé has seen it persist from fifteen days to six weeks.

In relation to the prognostic, Ware, Georget, Messrs. Esquirol and Calmeil, consider the delirium as possessing little gravity, and healing spontaneously. Messrs. Dumuil, Guersent and Rayer, have never seen a fatal case. But Sutton lost four patients out of thirty-two; of ten cases observed by Blake, one proved fatal. Many practitioners have witnessed this sad result; according to Ware, and this is our opinion, death happens only from the effect of complications; these complications are apoplexy, paralysis, ataxia, &c.

As to the anatomo-pathological lesions, Sutton admits, by simple supposition, the injection of the meninges. Blake found some serosity in the cavity of the meninges, and the ventricles, but without any trace of inflammation, or of lesion in the other organs. According to Ware, M. Rayer, and the great majority of observers, autopsy reveals nothing. In the single case observed by M. Calmeil, the encephalon was found perfectly healthy. An English physician, Baron, has imagined this affection to be a gastro-enteritis, in which he has succeeded in curing twenty-two cases by antiphlogistics; but we shall not insist on the inefficacy of this fact, as a proof of his position.

(*To be continued.*)

ANALECTA.

1. Varioloid.—A Memoir on the nature of Varioloid, has appeared in the Annales de Medicine Politique de Henke, by Dr. Albert, which is of interest. The author, in the exercise of his duty as the physician particularly entrusted with the medical police of his place of residence, was enabled to observe with accuracy 300 cases, 297 of which were cases of Varioloid, and 3 of Variola. The results of his observations coincide perfectly with those of Dr. Thomson, except that the latter considers Varioloid to be a modification of small-pox, whilst Dr. Albert looks upon it as having *nothing in common with it; as a contagious disease, sui generis, and differing materially from what is properly called Variola.*

The description which he gives, though long, able and minute, is too extended to be transcribed in this place; he considers that the symptoms of variola indicate an affection of the serous membranes; and that the precursory dyspnœa, cephalalgia, vertigo, tinnitus aurium, and erratic pains in varioloid, point out rather an affection of the serous tissues. He asserts that the pustules of varioloid never contain pus, in any period of its existence, nor is it followed by secondary fever; that the pustule of varioloid never gives way, but desiccates; that the dried crust, instead of falling, as in variola, between the third and fifth days, adheres for three weeks; that cicatrices do not follow this exanthema, unless the parts are scratched by the patient. Whilst in variola the chorion becomes the seat of a phlegmonous inflammation, ending in suppuration, followed by loss of substance, varioloid is a lymphatic phlogosis of the most superficial layer of the integuments; hence the conclusion that the two maladies are developed under the influence of different contagious agents.

Varioloid, according to Dr. Albert, may afflict persons who have had neither variola, nor vaccine. This circumstance, which he considers to be incontestibly proved, staggers the truth of a proposition generally asserted by physicians, *that varioloid is only small-pox modified by vaccination.* For in these cases, says he, in which no modification could have occurred, the exanthema, if it had had the least affinity with true variola, would have taken on the variolous, and not the varioloid character.

Dr. A. has seen 19 cases in which varioloid attacked persons who had previously suffered variola. The following remarks are of great value. "True vaccinia preserves against the small-pox, but not against varioloid. Doubts have, it is true, arisen on every side against vaccination, but I believe erroneously, for at the bottom of every case on which such doubts were founded, some error has certainly lurked. Either the vaccine was false, or the disease engendered was varioloid. This, at least, is the result of my experience; in my practice, I have never seen a single individual affected with variola, in whom vaccination had previously been performed with success; but such patients have had the varioloid."—The author contends, that this is another proof of dissimilarity between the two exanthemata, and answers the natural objection, that it is precisely the vaccine virus which modifies the variolous virus and produces varioloid, by referring to the cases of those who had had varioloid without previous vaccination. Dr. A. asserts that re-vaccination is not a preservative against varioloid, any more than that first performed, and that in the course of the same epidemic an individual may have both variola and varioloid.

The distinction made by the author, in proof of his supposition that small-pox and the varioloid differ in kind, that the precursory signs of the one indicate lesion of the mucous tissues, those of the other of the serous, must be considered as overstrained. By his own showing, the latter are common to both forms of disease, and if, indeed, the former be not as marked in varioloid as in variola, it is because the action on the tegumentary surface in it is (in most cases) much less deep seated and severe, and the sympathetic irritation of the gastro enteric mucous surface, much less. The same want of intensity of inflammation of the skin, may account for the absence of pustulation, or, by future observation it must be decided whether, in the worst cases of true varioloid, pus does or does not form in the pustules. Varioloid, by those who embrace the common opinions of the day as to its nature, is admitted to be a much less severe disease than variola; it is no more proof, therefore, of any generic difference than of mere modification, that the prodromi of varioloid are seen to disappear on the first eruption of the pustules, whilst those of variola exist, though with lessened intensity, as Dr. A. asserts. As to the effects on the tissues,

the contents of the pustules are at first lymphatic in both disorders, and as we have erysipelatous inflammation in the skin, in one case just reddening it, and in another destroying it, and causing it and the cellular tissue to suppurate, or to slough, both being, nevertheless, cases of erysipelas, differing only in degree, so is the varying intensity of variola and varioloid not a proof that they differ otherwise than in degree also.

It has never been doubted that varioloid, meaning thereby a modified form of small-pox, could occur occasionally in persons neither vaccinated nor variolated. However, it is not common, and the author cites but three instances, one only of which can be considered as conclusive. This, too, is to suppose that no error of diagnosis was in either case committed; but the great accuracy of observation in Dr. Albert, renders this idea improbable. To the medical public we leave the decision of the question, whether the author ought, on the strength of these three cases, to assert that varioloid *is not a variola modified by vaccination.*

The testimony given by Dr. Albert to the value of the process of vaccination, is gratifying. It coincides with that of Dr. Bousquet, whose admirable treatise "De la Vaccine," was fully reviewed in an early number of this Journal, and is in support of the opinions collected by the author of a pamphlet, called "A Popular Essay on the Value and Present Condition of Vaccination," published a few months ago in this city, which strongly set forth the propriety of confiding in this prophylactic. It is much to be hoped, that this concurrence of testimony will, ere long, produce a happy effect. Dr. Albert is also of opinion, that vaccination will not preserve against varioloid, though repeated at intervals; but whether, or not, this be true, and that varioloid is a disease of very limited occurrence; or whether, thanks to the generally protective (and always modifying) power of vaccination, few opportunities occur for its developement, we are sure the proportion of those who undergo it, compared with the number of those who are vaccinated, is very small indeed. Dr. A. states a case of a person who had variola and varioloid during the existence of one epidemic, and contends that this case proves his opinion, because no example is as yet known of an individual's being twice visited by variola, in so short a time. Now we are inclined to look upon this as a case of peculiar susceptibility to infection, and think that the circumstance of the varioloid occurring after the variola, is an evidence to the contrary of Dr. Albert's opinion. His last proof he considers irrefragable, because it is assimilated to other known instances in which two different exanthemata, as miliaria and scarlatina, variola and rubeola, &c., have progressed together. It is a case of variola, on the seventh and eighth days of which there appeared pustules on the chest, neck, back, belly, and inferior extremities, which did not contain pus, but turbid lymph, and were the papulæ of varioloid. This is a singular case, and whether we think with the author, or otherwise, it is perhaps impossible to explain the second eruption, developed on the seventh day of the existence of variola. Can a second attack of small-pox occur so early? If so, and the second attack be modified by the former, varioloid would of course appear. But if this be thought improbable, Dr. Albert, on this point, has the best of the analogy, and of the argument. Gaz. Medicale.

The paper furnishes food for reflection, and prompts to increased diligence in observing, by which only we can hope to arrive at the truth. Should future investigations strengthen Dr. Albert's theory, one great objection to vaccination, that it does not always preserve against varioloid, will be done away; whilst the new merit must be accorded it, of being prophylactic of two different diseases. But this very fact is a strong presumptive argument for their identity.—*Ed's.*

2. Amenorrhœa Suppressionis.—Dr. Elliotson, at the North London Hospital, has cured two cases of this affection by the following injection, and has failed in a third. ℞ Ol. Tereb. ℥ ss. Decoct. hordei oj, to be injected daily. In two cases, the clysters were preceded by venesection: in one, five days only elapsed, in the other four months, before the end was accomplished. The same distinguished physician has employed the Hydriod. Potass. in doses of two to seven grains, three times a day, with much success in chronic rheumatism. A case of acne cured by Creosote, is also related, and Dr. E. observes that in the vomiting of constipation, and that of an hysteric character, even where prussic acid had failed, it had been of signal service.

Lancet, Nov. 1835.

3. Asphyxia.—In the "New Researches on the Assistance Required by Persons Asphyxiated," by M. Mare, we find that Dr. M., coinciding with Albert, is of opinion that forced insufflation of air into the lungs of drowned persons, ought to be entirely abandoned; that the air so infiltrated tears the pulmonary cells, and by its mephitism impedes hæmatosis; and that, owing to a depression of the epeglottis during the process, very little air can in reality enter the lungs. Gaz. Med.

4. Angina Pectoris.——M. Gintrac, well known by the authorship of the best treatise extant on Cyanosis, or the Morbus Cæruleus, is of opinion that this disease is owing to a diseased state of the aorta, and his dissections of thirty cases are appealed to in proof of his views. Ibid.

5. Spinal Irritation.—A very able paper, in support of the statements of the Griffens, Teale and Ollivier, has been published in Rust's Magazine, Vol. 44, by Dr. Ens, who had seen sixty cases, and thinks that there is no disease, nor any morbid phenomenon, which may not result from this cause. In all his cases the vertebræ were tender on pressure, and it always increased the sympathetic irritation. But this has not been found to be always the case. The last cervical, and eight first dorsal, have been most generally affected.

6. Hernia.—At a meeting of the Royal Academy of Medicine at Paris, in 1835, M. Sabatier read a paper from Dr. Kochler, of Warsovia, who, in *nineteen* cases of his own, and in three of his friends, has, by the application of the cupping pump to the tumor in strangulated hernia, followed by the use of the taxis, succeeded in returning the intestine.

Case.—The hernia (an inguinal one) had been strangulated for three days. Every thing had failed. M. Kochler applied the pump, and, though with great pain to the patient, caused the vacuum; on removing it the taxis was tried, and a portion of the intestine returned. On the removal of the cup the third time, the hernia spontaneously receded. A tumbler sometimes answers the purpose; the cup ought to be large enough to include the hernia.

N. B. A very useful and interesting thesis might be written on the use of the cup in the practice of medicine. (*De usu ollæ pneumaticæ in arte medica. Hauff. Francof.* 1818.)

At the session of the same Academy, on the 19th Nov. 1835, M. Malgaigne addressed a letter to that learned body, in which he states that, not being satisfied with any trusses in common use, upon which he had made more than *three hundred* observations, he had invented a new method, which, when his observations were yet more numerous, he would detail. He considers it a fault common to all herniary bandages, that they press only on the external ring, whilst his makes pressure on the whole canal, and the internal ring, chiefly. From the spirit in which this talented surgeon is pursuing his researches, the happiest results may be expected.

Gaz. Medicale.

7. Syphilis.—In a letter to the editor of the Medical Gazette of Paris, M. Rueff, having engaged in an examination of the well known conclusions of M. Ricord, relatively to this subject, asserts as the results of extensive experience in the civil hospital of Strasbourg, that,

1st. Blennorrhagia is a different disease from syphilis.

2d. That it may give rise to secondary symptoms, which differ from those that follow chancres.

3d. That primitive bubo, with or without chancre on the penis, is a result of syphilis; and that occasionally it is capable of causing chancre by inoculation.

4th. Secondary symptoms may follow chancres, pustules, or bubo.

5th. Secondary symptoms of syphilis are communicable by contact.

6th. The speediest *local treatment* is not a certain guard against secondary symptoms; nor are we yet justified in asserting that cases so treated are not more frequently followed by consecutive symptoms, than if treated by mercurials, which are the most efficacious remedies in syphilis, secondary or primary.

8. Obstetrics.—The Gaz. Med. for Sept. 1835, contains an interesting case of recovery from a very severe laceration of the cervix uteri and vagina. The hand of the operator, Dr. Bleymie, passed into the abdomen from the vagina, and delivered footling a fœtus, which was hydrocephalic, and had a spina ventosa, (qu. bifida) at the first lumbar vertebra. Slight peritonitis ensued, but after some time (not stated) the patient perfectly recovered. The laceration of the neck could be felt manifestly, but was cicatrized. To the relation of this case is appended an extract from the chapter on Lacerations of the Uterus, from Meissner's "Progress and Conquests of the Obstetric Art, in the first period of the 19th century." It contains numerous references, but may be much enlarged. Scott, Haden, Fasola, Brock, Frigel, Wood, Stein, and McKeever are cited, and Rossi, Capon, and Lambron, the latter twice, are said to have successfully performed the cesarean section, in cases of this kind. To this list may be added the first instance recorded, that by Rungius, in Heister's Inst. Chir.; those of Birch, Smith, Blundell, Collins, (who relates two) Henschel, Percival, Drake, Ross, Douglas, (the famous case of Mrs. Manning,) Burns, Hunter, Hamilton, Labat, Coffiniers, (who relates six) &c. It thus appears that from this dreadful accident, there are yet many instances of recovery, the best chance of which is afforded by speedy delivery.

9. Interstitial Gestation.—It is well known to our readers that in 1825, M. Breschet published his memoir on this form of pregnancy, and twenty or twenty-five cases, in all, are now known. The first is related by Manriceau, a second by St. Amand, Dionis, &c. The presentation of two drawings to the Academy of Medicine in Paris, (Sept. 1835) which represented a case of this affection, by the distinguished M. Carus, of Germany, led to a discussion, of some interest, upon this subject.

M. Carus and M. Velpeau, in opposition to the ideas of Breschet, think that this is always a tubal pregnancy; the latter not believing in the existence of uterine sinuses. The arrest of the ovum, according to him, takes place so near the uterus, that the latter organ invests

it with a covering, and thus is assumed the appearance of interstitial gestation.

10. In a paper read at an October session of the same body, from a Dr. Bonhoure, it was attempted to do away with the plan now in use, of turning the belly of the fœtus round to the back of the mother, in footling cases, where the face looks to the pubis. Five cases have proved successful in the hands of the writer, in which he merely turned the face forwards, or a little to one side, and raising the belly of the child slightly towards that of the mother, made slight tractions, and delivered with facility. The long and interesting memoir of Michaelis, published two years ago, in which he has accumulated cases of this kind, is also conclusive as to the possibility of delivery when the face is towards the pubis. But M. Capuron, who was the reporter on the paper, gave it as his opinion that the old rule was the best, having seen two cases in which the unaided exit of the head, in this manner, was impossible. In both he turned the face backwards, and delivered with ease.

11. The Gaz. Medicale Oct. 31, 1835, contains a case by Dr. Voillot, of that very rare affection, not yet generally described, a cyst in the walls of the vagina. M. Lisfranc described the first, which, with three others, were detailed in a former number of the Gazette. The tumor, in this fifth case, was thought to be fibrous, but on cutting into it, a gush of lactescent fluid escaped, leaving a thick empty cyst behind. A second sac, one quarter the size of the first, was near it, lower down: it was simply punctured, and the case did well.

12. A new method of managing the placenta, when retained in the uterus by the circular or hour-glass contraction of the fibres of that organ, is proposed by M. Dubroca, in the Bull. Med. de Bordeaux. M. D. thinks, that to dilate the constriction is rarely practicable, and in cases in which it is not, he introduces through it one or more fingers into the pulp of the placenta, and reduces it to a pap, by lacerating it in every possible direction. It would appear that the mass is then soon expelled by the uterine contractions.—Whether this process of *erosion* would be of service where the maternal surface of the placenta adhered to the uterus at all extensively, may be doubted; but in such a case this adhesion cannot be foretold, and the operation might therefore in any case be undertaken.

13. In a French provincial Journal, cited by the Gazette Medicale, we find the case of a vesicular or hydatid mole, weighing 6lb, expelled by the use of ergot: 20 grains only were given, and acted in 15 minutes. The author, Dr. Cabaret, observes, "that among the many remedies advised in these cases, it is singular that no one has ever thought of the use of the secale cornutum." The writer is apparently ignorant that this remedy was proposed by our eminent countryman, Professor Dewees, and that in his work on Diseases of Women, a case successfully treated on the suggestion, by Dr. McGill, is related.

14. A very interesting Cesarean operation, from which the mother recovered, and the child survived, has lately been performed by Professor Stoltz, of Strasbourg. The height of the patient was only 44 inches; her age 26; and she had been rachitic in infancy. The vaginal orifice was much contracted, and would not admit four fingers; and the antero-posterior diameter of the upper strait of the pelvis, measured both by the finger, and by Wissemberg's intro-pelvimeter, gave an extent of 2 inches and 4 lines. The incision was made along the linea alba, deviating to the left of the umbilicus, and extending 2½ inches above it; the operation was most carefully performed. A living female child was extracted, 18 inches long, and weighing 6lb, less one quarter. After encountering the most dangerous symptoms, from which she happily escaped, the wound was perfectly cicatrized, on the 35th day.

The original report of this case is perhaps the most minute and able in its details of the examination, operation, consequences, and treatment, of any on record, and none recorded is more authentic. Gaz. Med.

15. A less successful case of Hysterotomy is contained in the Gaz. Medicale, 21st Nov. 1835. It was performed by M. Gueury, and was rendered necessary by an enormous, hard, indolent tumor, situated on the concave surface of the sacrum, occupying the pelvic excavation and upper strait, so as to leave only a space of a few lines on either side. Slight peritonitis and intense bronchitis followed, and the woman died in 48 hours. The child was extracted alive. The peduncle of the tumor, which was fibro-cellular, and ovoid, had a circumference of two inches, and sprang from the sacro-sciatic and obturator ligaments, and left horizontal branch of the pubis.

16. Vaginal Cystocele.—A very interesting memoir upon this disease, has just been published by Madame Rondet, a midwife of Paris. It is extraordinary that this person has met with 27 cases of this generally rare disease, in her own practice. Is it because the profession have overlooked its existence? The following pessary has succeeded, in her hands, in producing several radical cures.—With very flexible watch springs, two hoops are made, one having a diameter of 2, and the other of 2 inches, and enveloped in a strip of caoutchouc. The larger hoop is first introduced, being pressed between the fingers, so as to reduce its diameter to an inch; it is then placed parallel to the axis of the vagina.

Perpendicularly to this axis, the other hoop is introduced within the former, so as to form four rounded angles. Gaz. Med.

17. Episioraphia.—Two cases of this operation, performed by Dr. Fricke, of Hamburg, for the radical cure of prolapsus of the uterus and vagina, are detailed in the Gaz. Medicale 17th Oct. 1835.

It consists in making incisions upon each of the labia majora, from above downwards, and separating a flap of two inches and a half in length. The edges of the cuts are united by stitches, the bleeding vessels tied or twisted, and the wound dressed as usual. An opening into the vagina of about an inch is left, at the upper part of the united labia, which serves for the various uses of this organ, and if conception ensue, the adhesion is separated by the knife. It is only applicable when the pessary fails.

18. M. Breschet made a *report to the Academy of Medicine*, Paris, at its meeting on the 14th of last July, upon the method proposed by M. Gamal, for preserving dead bodies, from which the following is extracted:

After noticing the objections to the methods heretofore used for this object, the reporter states, that in the month of March, two dead bodies, placed in a large tub, were immersed in a solution, in water, of alum, of chloride of sodium, each two parts, and of saltpetre, one part. The water which held these salts in solution, was in quantity sufficient to mark the areometer 15°. For according to M. Gamal, the liquid ought to be at from 7° to 8°, in winter, and 12° to 15° in the summer.

The tub was placed in one of the halls of the Ecole Pratique, and in this hall was a great number of tables, covered with subjects for dissection.

At the end of two months, these bodies were taken from the tubs in which they had been placed, and dissected. They had not changed in appearance externally, the internal tissues and organs were well preserved, and could be used for anatomical demonstrations. Other subjects had been examined by the commission of the Academy of Sciences; they had been in the liquor since the 2d of Dec. 1834, and were still in a good state, at the end of April. Injections were made into the arterial system with the protecting liquor. Another subject was injected with the ordinary fatty matters; afterwards, they injected into the vessels of the subject which had received the protecting liquor, a matter composed of equal parts of tallow and resin, and colored with orchanet. This latter injection was successful. The former required nine quarts (litres) of the liquid, which was thrown in by the left ventricle of the heart. The subject, examined at the end of two months, was in a good state of preservation, exhaled no fetid smell, and could be used in the ordinary dissections of students.

During the last fortnight of April, a subject taken from the liquid, remained exposed to the air. Putrefaction did not sensibly take place during this space of time The muscles of the dead body became dry, and if we may say so, mummified, whilst the tissues which had not been in contact with the saline liquid, or exposed to the air, remained in a state which still permitted anatomical analysis. The reporters add, that the tissues which are bathed by the liquid, lose their natural colors; but the deeply situated organs undergo no change; there is no emphysema in the cellular tissue. However, they believe there was less resistance in the organic fibres than in a subject dead only 24 or 48 hours. No long and profound scarifications were made, in any case, on the trunk and limbs, to cause the liquid to penetrate into the depth of the tissues. The brain, taken from the cranium, was fit for anatomical demonstrations, if not for new researches upon its structure.

The Academy has directed further experiments to be made, to ascertain how long a time the preservation can be prolonged, what temperature can be resisted, what will be the expense, and finally, whether a great number of bodies can be preserved at one time, by this method. Lancette.

19. Dislocation of the lower end of the Tibia, without Fracture of the Fibula.—Rebecca Chopin, aged 50, was brought to St. Bartholomew's Hospital on December 27th, soon after midnight, under the impression that she had sprained her ancle a few minutes previously, by slipping from the curb-stone. On the stocking being removed, the following were the appearances presented. The heel was considerably lengthened, the toes pointed slightly downwards; the lower end of the tibia formed a considerable prominence in front, and particularly its external part, giving the appearance of its fibular articulating surface being twisted round and thrown forwards; the internal lateral ligament was exceedingly tense, forming a very apparent line, the fibula remaining in its situation, and *unbroken*. The reduction was effected with great facility by making slight extension of the whole foot, at the same time depressing the heel and raising the toes.

Feb. 5.—The woman leaves the hospital to-day, but still complains of some pain in the articulation, when she stands upon that leg.

In dislocations of the tibia forwards, complete or incomplete, the fibula is said to be always broken; and, as some may be rather inclined to doubt its integrity in this case, I am happy in being able to add to my own opinion, that of my friend and colleague, Mr. Quin, and my friend Mr. Bullar, both of whom, after a careful examination, agreed with me in the opinion, that there was no fracture.

Med. Gazette.

MEDICAL INTELLIGENCE.

1. Death by Lobelia.—I send you an account of a case that fell under my notice, a short time since.

On Sunday morning, August 9th, 1835, at 5 o'clock, I was called to see Mr. M., who was said to be laboring under cholera. When I arrived, I found him in the hands of a *quack*, who had been with him some time. I made inquiries what had been done, but could not then learn. I examined the patient, and found him with a pulse 70, small, tongue slightly furred, thirst urgent, diarrhœa severe, (stools passing involuntarily) coldness of the extremities, with spasm of the inferior, no vomiting, no spasms of the abdominal muscles, and no delirium. I was requested to do something by the friends, and gave him a grain of Morphine, with one-eighth of the Dichlorate of mercury, and in 30 minutes repeated half the Morphine; to be continued at regular intervals, with frictions and warmth to the extremities. Under this he seemed to improve a little for a while, but it was temporary, as he soon became worse. A neighboring physician was called, who thought with me that the course I had pursued was the one indicated. We therefore continued the former treatment, viz. Morphine and Mercury, with frictions, &c. The spasms again subsided, and the patient became comatose, in which state he continued until about 7 o'clock, P. M., when death closed the scene, 18 hours from the attack.

What to me appeared remarkable, was the pulse, which continued to range from 70 to 110, until a short time before his death, and the want of action of the stomach, and an irritability so common in cases of diarrhœa. Since the death of Mr. M., I have learned that he was taken with diarrhœa, attended with no vomiting, and that he took but little until the Quack came in, who gave a "double dose" of Capsicum and Lobelia, which caused a little vomiting once, when immediately the spasms and coldness of the extremities became severe, and the stools involuntary, which was the cause of my being called.

I considered the case, at first, one of what is called by many "cholera morbus," little thinking that he had taken over-doses of Capsicum and Lobelia. My opinion now is, that he fell a victim to Lobelia, as well as many others in these parts. I would, however, ask, whether Lobelia could produce similar symptoms, and thus cause death; or was the result of the case owing to the anodyne treatment, as is asserted by some?

Yours, &c. J. R. Brown, M.D.

Oswego Co. N.Y., Jan. 28, 1836.

Bost. Med. & Surg. Jour.

2. Phthisis Pulmonalis Cured by Supervening Mania.—A case of the above kind fell under my care a few years since, so marked in its diagnosis, that a brief description of it, I have thought, might not be unworthy a place in your valuable Journal.

Miss L. M., aged about 26, was attacked with influenza in 1827, which prevailed extensively where she then resided, (in the western part of the State of New-York.) When she came to this town, (to reside with a friend) where I first saw her, she had a severe cough, purulent expectorations, quick pulse, periodical chills, night sweats, great emaciation, &c. &c. In short, I have rarely if ever met with a case, in the course of more than 20 years' practice, which exhibited the usual diagnostic symptoms of confirmed phthisis more clearly than this. She was subject to severe attacks of dyspnœa, several of which, it was supposed, she could not survive, and while friends and neighbors were expecting that "every day would be her last," she was suddenly seized with raving mania, requiring constant watching to prevent her destroying herself by violence. Reduced to a mere skeleton, and in a state of almost helpless exhaustion as she was, it was astonishing to witness the sudden transition to such a degree of muscular vigor, as to require the strength of men to keep her from dashing through her chamber windows, and other attempts at self-destruction. Immediately upon this attack, her cough and expectoration began to abate, and in a few weeks had entirely subsided, and has never returned, although about 8 years have now elapsed since she was considered to be in the last stages of consumption, which had then been of about a year's standing.

Soon after this change, she went to other friends in a remote part of the country, and I have not since seen her, but frequently hear through her relations that her health remains tolerably good, with the exception that her mental faculties have never been fully restored.

The only remark that I will add, is, that this case seems clearly to come within the well-known pathological law in relation to the

diversion or *transition* of morbid affection, or functional derangement; and if this secondary attack had been much less violent, or of short duration, it would have merely mitigated, or suspended the former symptoms, as pregnancy often does; and on subsiding, the original disease would have returned with increased severity, and quickly terminated the patient's life, an event which I did for a long time anticipate, that is, the recovery of her reason, and the return of her former complaint,—but she has remained many years, as I before observed, entirely free from pulmonic affections. A. G. Dana.

Pittsford, Vt., February, 1836.

Ibid.

3. Enlargement of the Spleen.—On Monday, January 4th, was presented to me C. S., aged 5 years, with a swelled abdomen, presenting a hard and irregular tumor of the left side, without pain; pulse weak and irregular; thirst considerable; appetite voracious; urine scanty; and slight cough, with difficulty of breathing. Those who had seen the case had supposed it to be one of worms. My opinion was asked, and I gave it freely; in effect this: that the disease was one of the spleen, and mesentery glands, caused by an intermittent fever which the child had had two years ago. I therefore gave deobstruents, bowels to be kept open with frictions to side, of mercurial ointment and iodine. On the 6th, I visited the child and consulted with Dr. Lee, of Fulton, who entertained the same views of the case. We continued the former treatment, with addition of iodine internally, and spirits nitre. 12th.—I again saw the patient, (not being able before, on account of health and roads;) our course had been continued until the present, but without any prospect of doing good; the little patient still becoming worse, and the tumor of the left side increasing, and the other symptoms no better. I omitted the mercurial ointment, but continued the iodine, and gave a tonic. 16th.—Child no better. All the symptoms increased in severity, particularly the cough and difficulty of breathing, with restlessness. I at this time gave up all hope of the child recovering; discontinuing my remedies, and trying to palliate.

On the evening of the 18th the child expired, and on the 19th I made an examination. I made my incisions and threw back the flaps, during which, perhaps, a quart of fluid escaped. My eyes were directed to the mesentery glands, which I found very much enlarged, and to a great extent. Next my attention was directed to the tumor, which I found to originate from the spleen, involving its whole substance, and connected to the side by a pretty firm adhesion, and also to intestines—not, however, affecting the muscular coat; weighing, probably, 5 pounds, and resembling the medullary sarcoma of Dr. Abernethy.—The liver and stomach both healthy, as well as the kidneys.

Why the disease should become so rapid in its progress to a fatal issue, I can assign no other cause than a change in the mode of living, from plenty to a scarcity, and that of inferior quality, (the parents of the child being poor,) and also being exposed to cold by being confined to a cold house for the last two months, when I suppose the disease has been making rapid progress; however, it was only noticed a few days before I saw the child that any thing unusual was making its appearance, which was the cause of my seeing the case. Yours, &c.

Joseph Ransom Brown, M.D.

Phœnix, N.Y., January 30, 1836.

Ibid.

4. A Singular Case of Worms.—On the 27th ult. I was called to prescribe for Oliver Hale, a lad about 9 years old, of *slender* form, rather emaciated than otherwise, *nervous* temperament, and strumous habit. He never had been very healthy, but from infancy had been subject to frequent paroxysms of asthma, which would recur on a very little over-exertion or mental excitement. He had vomited, the night and forenoon previous to my arrival, several times, and when I arrived, he complained of headache and nausea, his pulse was small, very frequent (160 in a minute) and wiry, his tongue covered with a thin whitish fur, and his breath exhaled an intolerable fetor. I gave him some ammoniated paregoric, which immediately relieved him of the nausea and headache; and he slept most of the afternoon and evening, but on going to bed, he complained of a slight headache.

On the 28th, I found him lying upon his back, unable to articulate, to see, or to hear; his limbs were continually in motion, but the motions no doubt were involuntary, perfectly resembling those of chorea sancti viti. The left eye was wide open, and wholly insensible to the light, and incapable of motion, though there was a continual oscillation of the iris; the right eye was spasmodically closed. His mouth, on putting a little liquid into it so as to excite the organs of deglutition, was contorted to the right, while the opposite side was perfectly motionless. Indeed, the whole nervous system appeared to have sustained a lesion which could not have been produced by any slight cause—the whole was nearly paralyzed. His breathing was natural; tongue and teeth at this time were covered with sordes; skin dry and cool; secretion of urine entirely suspended; fæces very scanty, and discharged involuntarily; testicles retracted; pulse very frequent, and scarcely perceptible. He was evidently at death's door, and continued as above described, until the evening of the 31st, when he expired.

The most powerful cathartics and anthelmintics were administered, but no evacuation was procured; calomel, the oil of pine, and the oil of tiglium, were alike ineffectual. One or two scanty stools were procured by ene-

mata; and two lumbrici were discharged per anum, and one was ejected by vomiting. He was seen by two other physicians, but it was difficult to determine whether the idiopathic affection was in the brain, or in the intestines, or neither.

Autopsy.—Leave was obtained to examine the body, and the following was the appearance of the abdominal and thoracic viscera. The heart and lungs were perfectly healthy. The liver was rather larger than usual at that age; the gall-bladder was distended with gall; the stomach was filled with a slimy porraceous looking fluid, which was highly charged with that peculiar fetor which had been observed from the first, and which was undoubtedly the same fluid as that which he had vomited at the commencement of the disease. The spleen was twice as large as the natural size, and of a grey or ash color; the kidneys of a very light color externally, and grumous internally; the bladder was contracted to as small a compass as possible, and was entirely empty, the parietes of it being nearly or quite half an inch in thickness—in fact, its cavity was quite obliterated. The alimentary canal was nearly empty of fæcal matter. Large knots of worms (lumbrici) were found in the rectum, sigmoid flexure, and cœcum, and in the ascending portion of the colon. From the sigmoid flexure there was a stricture of the colon, 6 or 8 inches in length, occupying the whole of the arch, where the size of the gut was not much larger than a good-sized goose quill. A little further on towards the cœcum was an intus-susception of about 4 inches, which would probably have extended farther, had not the stricture prevented the descent of the gut. The intestines exhibited very prominent marks of inflammation and gangrene, and more perfectly where the knots or bunches of worms were found; there were 6 of these large knots or bunches, containing from 15 to 20 worms each, and some uncommonly large; and they were scattered singly through the whole course of the alimentary canal. There were probably from 120 to 130 worms.

Want of time prevented an examination of the brain. What the appearance of it would have been, I cannot say; but I found enough in the abdomen to convince me that nothing but a miracle could have saved the patient.

C. Spencer, M.D.

Clarendon, Vt., February 1, 1836.

Ibid.

5. New-York College of Physicians and Surgeons.—At the commencement of the College of Physicians and Surgeons in this city, held April 5th, 1836, the degree of Doctor of Medicine was conferred on the following gentlemen:

John Dayton—Epilepsy.
John Bates—Gastritis.
William Moore—Hæmoptysis.
Henry R. Lott—Medical logic.
Simon D. Hosley—Abortion.
J. R. Riggs—Scarlet fever.
A. W. Rogers—Physiology of the circulation of the blood.
Edward Earle—Puerperal fever.
Abram Creveling—Uterine hemorrhage.
James Bolton, A.M.—Marsh miasm.
John Doane—Actea racemosa.
John M. Carnochan—Surgical relations of the arch of the aorta.
Peter A. Stotenburgh—Hydrocephalus.
D. L. Eigenbrodt, A.M.—Conjunctivitis.
John Wilson—Revulsives.
Joseph Stevermann—Trephining.
John E. Stillwell, A.B.—Trachitis.
Isaac H. Traver—Infantile remittent fever.
David M. Sayre—Acute hepatis.
D. M. Schoonmaker—Dysentery.
Alex. M. Bruen, A.M.—Insanity.
William A. Mathews—Opium.
James Syme—Amputation.
James W. Andariese—Puerperal fever.
William Miner—Scarlatina.
Alex. C. Castle—Tetanus.

6. University of Pennsylvania, and the Jefferson Medical College.—We are informed that these two Medical Schools have conferred the degree of Doctor of Medicine on 266 young and old gentlemen, (the present spring.) From what we have heard, we are led to believe that a great strife exists between those rival institutions, to see which can turn out the greatest number of graduates. Be that as it may, the Profession will expect lists of their classes to be published, giving names, where from, and the names of their Preceptors; also, the length of time they studied with each. Should lists not be furnished in the manner mentioned, it will be conclusive evidence that some trick or manœuvre has been resorted to for the purpose of show, and that degrees have been conferred on persons unworthy of such distinction, or in violation of their charters. In case of lists being published, we will take an early opportunity of making the result known.

We have not yet been able to learn the number of graduates in all the Medical Schools in the United States, (for the present spring,) but from information received, the number will probably exceed 800. We will give a correct statement as soon as we can procure one.—*Ed's.*

NOTICE TO CORRESPONDENTS.

☞$100, *Literary Medical Prize.*—The general expression and wish of the Medical Profession in the city of New-York, to have a Medical Journal published in the city, whose pages should be open to honorable competition, formed one of the principal items in commencing this Journal, with a determination to use all possible means to promote American Medical Literature, &c. Although our efforts have not yet been crowned with that success we could have wished, yet we flatter ourselves that we shall not be viewed as indolent pioneers, in endeavoring to remove some of the difficulties that have tended to retard the Medical Literature of our State. Be that as it may, with a view to improve on what we have already done, and to make our Journal more useful to the Practitioners of Medicine; also, to advance the Medical Science of our country, we have concluded to offer a series of premiums for Dissertations on important practical Medical subjects. Although the premiums are offered to the Medical Profession generally, yet we shall be pleased to have them obtained by New-York physicians, as we are desirous to show to the Medical world, that the Medical Profession in the city of New-York are not so "unpardonably deficient in all that appertains to the profession of Medicine," as lately published by one of our *distinguished brethren.*

The following is the arrangement for the Prize Dissertations:

1st, Intermitting Fever. 2d, Remitting Fever. 3d, Typhus Fever. 4th, Scarlet Fever. 5th, Puerperal Fever. Twenty Dollars, or a Silver Goblet of the value of Twenty Dollars, with an appropriate inscription, will be given for each Essay. The Dissertations will be required to be written as follows, viz: 1st. The manner in which the diseases commence, or make their appearance, as immediately connected with local causes, &c. 2d. The best mode of treatment. 3d. In detailing the particular parts in the Dissertations, it is desirable to have separate headings, for Contents or Index. 4th. With a view to have the subjects as brief and practical as possible, in no case much each Dissertation exceed twenty pages of the U. S. Med. and Surg. Journal.

It is not expected that the Dissertations shall be all original, therefore candidates will be at liberty to make compilations in a reasonable manner, one great object being to procure practical information; and it is believed all that is really useful to the Practitioner, may be embraced within the space allotted for each subject.

The Dissertations must be delivered, (free of expense) to James Webster, Agent for the Journal, or deposited in the Post Office in New-York, in the following order as to time, viz: On Intermitting Fever, on or before the 15th of June; on Remitting, 15th of July; on Typhus Fever, 15th of August; on Scarlet Fever, 15th of September, and on Puerperal Fever, 15th of October, 1836.

Each Dissertation to be accompanied with a sealed note, with the name and residence of the author; also bearing on the note some device to correspond with the one on the Dissertation. Not less than three respectable and competent Physicians, (whose names will be given) will be the examiners of the Dissertations, and award the Premiums.

The unsuccessful Dissertations, with the sealed notes unopened, will be returned in such manner as may be pointed out. Should the above plan succeed in a satisfactory manner, it is intended to continue the same through all the important branches of Medicine and Surgery.

New-York, March, 1836.

P. S. As an additional compensation, Fifty extra copies of each successful Essay will be neatly put up, and presented to their respective authors. Physicians who are in possession of interesting Medical facts, in relation to the Dissertations under consideration, and who may not be candidaste for the Premiums, are respectfully solicited to transmit the same, for the purpose of publishing them, (with the names of the authors) as an Appendix, to accompany each successful Essay.

The Review of Dr. Ticknor's excellent Work has been crowded out of the present number; that, together with the Review of the the Essay by Dr. J. B. Beck, shall appear in our July or August number.

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MAY, 1836.

Art. I.—*Notices concerning Works on the Practice of Physic, Surgery, Pathology, and Physiology, recently published in Germany.*

We recur with pleasure to the task of communicating some extracts from late German publications, and we only regret that our limits are too scanty to permit us doing justice to the subject, for the medical press of Germany was never so rich in valuable productions as at the present moment. Those who are anxious to obtain information concerning whatever has been published in Germany during the years 1832 and 1833, will find the greatest advantage in consulting Die Leistungen and Fortschritte der Medizin in Deutschland in Jahre, 1832 and 1833, von *Matthias Joseph Bluff.* This work, in two thick octavos, enumerates in the first instance all the periodicals of Germany, and refers to the subjects most worthy of notice, treated of during the above years in each; this alone renders these volumes precious. In the body of the work we find the title of every monograph, and of every treatise and medical work published during the same period; but this is not a bare list of titles,—it is a most complete catalogue raisonnèe, the whole being arranged under different headings, so that it requires little trouble to ascertain what works have appeared in each branch of medicine or surgery. But this is not all, for our author presents us with a short but extremely effective analysis of each separate work, together with observations on the peculiar opinions, merits, and discoveries of its writer; so that we are thereby enabled to choose, without fear of disappointment, whatever best suits the objects of our studies. An undertaking, such as that of Dr. Bluff, is unparalelled for utility and labor, in the annals of literature, and we hope it will meet the encouragement it deserves, for he intends publishing a volume every year, thus presenting his readers with an annual register of German medicine, surgery, anatomy, chemistry, and physiology. According to the plan he proposes, we may soon expect the volume for 1834. In the commencement of his last, he makes some very sensible observations on the meetings of the German associations for the purposes of science, in imitation of which, those of France and Great Britain have been established. In France such an association was much less required than in England, for literature and science receive there great encouragement from government, and their votaries are looked up to with respect by the public. In England the aristocracy of wealth, of fashion, and of politics, engrossed every thing, and to insure respect in society, a man must be known either to be of a fashionable circle, the owner of a heavy purse, or a useful political partisan. The mere man of science, the cultivator of letters, though respected by a select few, was neglected by the government and the public at large. There can be no doubt that the establishment of the British Association has contributed much, very much, to raise the general estimation in which science is held, and by bringing together, under circumstances of eclat and notoriety, the professors of the various departments of literature and science from every part of the kingdom, it has forcibly excited public attention, has increased the reputed dignity and honor of intellectual pursuits, and has acted as a powerful stimulus to government, which has too long slept over the interests of science. These advantages have at once resulted from the meetings of the British Association, and no one will deny their importance. The first meeting of this nature held in Germany, was at Leipzig in 1822, after which they followed at Halle in 1823; Würzburg, 1824; Frankfort, 1825; Dresden, 1826; München, 1827; Berlin, 1828; Heidelberg, 1829; Hamburg,

1830; (no meeting in 1831 on account of cholera;) Vienna, 1832; Breslau, 1833.

This year the German Association meets at Bonn, in September. We have been induced to speak of this meeting at the present moment, as we are anxiously expecting that of the British Association in Dublin, where we have no doubt that its members will be received in a manner creditable to the respect Irishmen have always evinced towards the votaries of science. Formerly but little existed here to attract scientific strangers, and Dublin was never visited by our neighbors, except they were forced by business. It was not that Ireland, for so long a period, was unproductive of genius; the country of Boyle, Berkeley, Swift, Burke, Goldsmith, Sheridan, and Kirwan, must always have commanded respect. These were stars of the first magnitude; but they were few and far between, and formed exceptions to, rather than examples of, the literary attainments of their countrymen, for it cannot be denied, that until of late, Ireland could scarcely be said to have started in the race of science. She has at length, however, girded up her loins for the contest; the era of her literary apathy is passed; the time is gone by when our alma mater merited the name of the *silent sister;* Brinkley, Hamilton, Lloyd, father and son, Lardner, Luby, and Robinson, occupying the very foremost rank among the cultivators of the mathematical and physical sciences, have rendered the reputation of Trinity College equal to that of any European Academy, and to these can her sons point in triumph, when asked to name her great literary champions. It is not for us to speak of the reputation enjoyed by Dublin, in every thing connected with anatomy, surgery, and medicine. But a few years ago, that reputation was still unborn; now it is vigorous and matured. If any proof were wanting, it may be found in the list of articles published in the Cyclopædia of Practical Medicine.

It is acknowledged by all, that Irish contributors have furnished so great a portion of the valuable matter contained in this truly national work, that without their aid, the undertaking could scarcely have been accomplished by the respected editors. But a few years ago, no literary periodical existed in Ireland; some, it is true, had at various times been attempted, but they either fell stillborn from the press, or else, struggling painfully through a brief existence, died, evident malformations, unregretted even by their disappointed parents. The only wonder was, that acephalous beings, without brains, and endowed with imperfect organs of *circulation*, should have so long survived. In the Père la Chaise of Irish reviews, magazines, and journals, there are not a few sepulchres; but though we have stepped many a time, from tombstone to tombstone, intent on the epitaphs, still legible, yet none spoke of years; —the mortal reckoning was easily told in months! One we except; its grave was fresh, the footsteps of its mourners were still audible, slowly departing after the performance of their sad office. The inscription on the stone, NATUS A. D. 18—, OBIT 18—; was calculated to awaken, in the minds of the curious, admiration at so unexampled a degree of longevity. Is it then astonishing that we already begin to look upon ourselves as Methuselahs? we, who count our age in years, not in months; we, whose offspring, seven thick and portly tomes, occupy so wide a space on medical book-shelves. But we have done, for it is suggested that garrulous egotism evinces not merely old age, but decrepitude.

1. EFFECTS OF INTOXICATION UPON GRAMINIVOROUS AND CARNIVOROUS ANIMALS.—In the first part of the *Schweizerische Zeitschrift für Naturund Heil-kunde*, published at Zurich in 1834, there is an exceedingly interesting paper, by the editor, Doctor Pomoner, upon the effects produced by spirituous liquors on animals. The experiments were conducted with the greatest care and perseverance, and the effects not merely of sudden, but of long-continued and repeated intoxication, on dogs, rabbits, &c., were watched with indefatigable attention. Some idea of our author's industry may be formed from the recital of the third and fourth experiments, which lasted sixty-nine and seventy-four days respectively. In each a dog, three-quarters of a year old, and seven pounds weight, had brandy injected into his stomach; the quantity administered, twice a day, was at first only a drachm, but it was gradually increased to half an ounce, and as it appears that this dose did not produce any perceptible effect on the spaniels in question, we are justified in concluding, that they had become accustomed to the stimulus of ardent spirits, or to use the toper's phrase, that their heads were made. But, alas, it is a melancholy fact, that even the best made head (we speak not phrenologically) is subject to those weaknesses, those imperfections of our nature, which have rendered the words intoxication and intemperance necessary in all human vocabularies; and accordingly our two canine friends exhibited undoubted symptoms of commencing inebriety, when the dose of brandy amounted to five drachms.—It is curious enough, that in such animals, the effects of an over-dose of spirituous liquor is first evident in the lower extremities. Before the animal appears the least stupid or sleepy, and while the power of the fore legs remains unimpaired, that of the hind legs is greatly diminished; and consequently while the anterior half of the body is firmly obeyed by its still sober members, the posterior half is miserably tottering upon weakened and uncertain support. This fact is well worth noticing, and is the more interesting when we consider, that it is after all but an example of a general rule; for most poisons which exert an influence upon the nervous system,

such as opium, other narcotics, strychnine, woorara, and many deadly substances, act in the first instance on the lower, or speaking of quadrupeds, on the posterior extremities. This we have often observed ourselves, and it has been recorded by all experimenters, Orfila, Magendie, &c. Nothing, indeed, is more common than the remark, that "the animal moved about on the fore legs, dragging the paralyzed hind legs along upon the ground." Hence we are enabled to comprehend the deep knowledge of physiology, evinced by those votaries of Bacchus, who assert and assert justly, that inability to walk is no proof that a person is intoxicated! The head may be clear, and the hand and arm possess their wonted muscular strength, and yet the individual, when he trusts himself to his legs, may be scarcely able to cross the room. It is evident, therefore, that these considerations and these experiments prove, that there are more causes for the staggering of a drunken man, than are generally imagined; he reels not merely because his head is giddy, but also because his disobedient and half powerless legs are overloaded with their ordinary burden. Modern anatomists and physiologists take peculiar pleasure in pointing out every striking coincidence between their own conclusions and the immortal works of the ancient sculptors. Thus they bestow deserved enconiums on the accurate observation of nature, exhibited in the fighting gladiator, and in the Laocoon, where the abdominal muscles, being thrown into general and violent action, the artist has not failed to extend that action to the cremasters, in consequence of which, in both these figures, the testicles have deserted the lower portion of the scrotum, and are spasmodically drawn upward towards the ring! Does an equally profound knowledge of physiology appear in the figures of drunken centaurs and Lapithæ? Are the inebriated satyrs, so often introduced in festive processions, "as the *Bacchi prævia turbi dei*," are these less than gods and more than men represented in a state of physiological intoxication?* Be this as it may, and let the knowledge of the ancients on this important subject have been ever so accurate, it surely cannot surpass the depth of observation contained in the Irish saying, "that no man ought to be counted drunk, who, though fallen to the ground, can still lay hold of near objects with his hands!" It is pleasing to find the experience of a nation tending to identically the same result with the philosophical experiments of a sober German. There is one conclusion, however, which Jordan has arrived at, and which our own observations do not confirm. He asserts that his experiments prove man to be the only animal, in whom drunkenness is preceded by a period of great bodily and mental activity, in fact by a period of exhilaration. From his testimony it appears, that dogs, cats, rabbits, hares, horses, cows, *et hoc genus omne*, whether graminivorous or carnivorous, may be made dead-drunk,* but not merry, with wine; in fact it appears, if our author has observed accurately, that man is the only animal whom wine enlivens, when taken in moderation. There is evidently a mistake here, for it is well known that horses, when greatly fatigued by violent exertion, are suddenly revived by porter or even spirits, and we ourselves can testify, that on one occasion, a quantity of spirits having been mixed with the food of several pigs, they exhibited the first or exhilarating stage, quite as evidently as we ever observed in the most rational biped. Nay, we have even extended our experiments to flies, and grasshoppers, and if we are not strangely deceived, these animals are affected, at least so far as their motive powers are concerned, precisely like man; first they become sportively restless, then a staggering stage succeeds, and lastly they lie motionless;—and what is still more singular, they will again recover from a state apparently inanimate, after it has continued many hours! in fact, they seem to sleep off the effects of the debauch! We say *seem*, for as yet no one has investigated with the attention it deserves, the subject of the sleep of insects. Much might be done by observing the effects of narcotics on these animals. The subject is one of great physiological importance.

It is curious enough that *Pommer* was not able, in the animals he experimented on, to detect the odor of alcohol in the brain, any of the viscera, or in the blood. In ten persons examined by Andral, and who died after enormous potations of brandy, he found neither in the ventricles or elsewhere, any odor of alcohol. Still we cannot subscribe to Dr. Pommer's conclusion, that the alcohol is never absorbed into the circulation, until it has undergone previous decomposition, for we, ourselves, have witnessed the dissection of a sweep, whose brain and its membranes exhaled a notable smell of spirits, and (as is cited by Andral,) Dr. Cooke, in his work on Nervous Diseases, has recorded a case, where there was found in the ventricles a clear fluid which had the taste and smell of alcohol, and which took fire on being brought near a burning body.† The following observations of Dr. Pommer, are of great physiological and pathological importance, and accordingly we give them without abbreviation.

"Alcohol, injected into the blood-vessels, proves fatal, in consequence of producing

* The definition of satyrs is thus quaintly, but seriously and tersely given by an old author—*Dei, capite cornuto, pedibus caprinis, toto corpore villoso, velocissimi.*

* In a Review of Andral's Clinique Medicale, lately published in that best of British medical periodicals, Johnson's Medico-chirurgical Review, it is oddly enough observed, that the French expression *ivres morts*, which the Reviewer translates *drunk-dead, is not precisely the same as dead-drunk!* This is a repetition of Sir Montague Matthews' distinction between a horse-chesnut and a chesnut horse.

† We suspect some mistake here, for though spirits may have passed from the stomach to the brain, yet it is scarcely credible that it would have done so without becoming considerably diluted, in which case it would not take fire.

speedy and direct exhaustion of the cerebral and nervous energies, and occasions a destruction of the motion and sensitive functions, soon followed by a cessation of breathing.—Animals poisoned by alcohol, exhibited indubitable symptoms of narcotism, and an apoplectic state of brain. The head was often rolled about convulsively, while the disordered motions of the whole muscular system, proved that the spinal marrow felt, in the first instance, the effects of the poison, and yet no marks of inflammation could be detected in either the brain, spinal marrow, or nervous plexuses. It deserves likewise special notice, that when *the injection of a moderate quantity of alcohol* into the veins proved fatal, no marks of disorganization could be detected in the blood itself, which seemed to retain all its physical properties unimpaired; neither was life in such cases extinguished by reason of a sudden retardation of the blood's motion, nor of the cessation of the heart's action, for this organ continued to beat, as long as under the circumstances could be expected. On opening such animals, the heart exhibited the natural proportions between the quantity of blood in its right and left chambers. The blood exhibited all its usual qualities of color, fluidity, coagulation, &c. &c. Indeed, in some of the experiments, the last trace of sensibility in the heart did not cease until an hour after all marks of sensibility and motion had been destroyed in the general system of motion, and respiratory muscles. It follows, therefore, that of the muscular organs, in animals killed by alcohol, the heart dies last; we must therefore attribute their death, not to changes wrought directly in the blood, but on the nervous system, changes which are felt more suddenly, when the alcohol is injected into the blood, than when it is applied to the stomach or any other part, merely because, in the former case, it is instantly conveyed through the medium of the circulation, so as to come into immediate contact, while unchanged, with the nervous extremities and the nervous centres."

Our author, on the same grounds, thinks that the poison of serpents proves fatal in a similar manner, not by altering the blood physically, but by being conveyed through its medium, so as to come into contact with the nervous system generally. We must confess that many difficulties here present themselves, and after all it appears a dispute about words, for who can deny that the blood is physically different, when mixed with alcohol or viper's poison, from healthy blood. That it, to our feeble senses, appears to retain the same odor, color, and consistency, is no proof of its not being altered; as well might we say that water holding tartar emetic in solution, is not physically different from common water, because we cannot distinguish them by the taste, sight, smell, or touch!

Our author concludes with a list of all the authors who have made experiments on the same subject; we subjoin them—Major, 1664; Elsholz, 1665; Baglivi, Lanzone, Friend, Fontana, Siebold, Segalas.

2. Epidemic Hemeralopia, in the 19th Prussian Regiment of the Line.—Hemeralopia became epidemic in two battalions of this regiment, quartered at Ehrenbreitstein, and Pfaffendorf, in the months of July and August, 1834, and attacked, in all, 138 soldiers. When the disease first broke out, those affected were thought to be malingering, but a close examination of the symptoms, and the further spreading of the malady, proved the incorrectness of this suspicion. Those who suffered were unable to find their muskets, if they for a moment laid them out of their hands at night, and they experienced so much difficulty in distinguishing even near objects in the dark, that when they were posted as sentinels, they feared to pace up and down near their sentry-box, lest they might not be able to find it again. When ordered to march or perform any military evolution during the night, they were constantly stumbling, and knocking against each other, in a manner that could only be accounted for by a defect of vision. In none did the general health appear in the least deranged, and in none could any morbid alteration be detected in the eye itself; the only thing complained of was a dimness of vision, as the twilight of evening came on, and which increased as the night advanced. This dimness they compared to that caused by a film spread over the eye.—Surgeon General *Hübner* investigated this singular epidemic with great attention, and attributed its origin to the following causes: 1st. The great heat of the summer. 2d. The fatigue experienced by the soldiers in the frequent ascent of the steep heights of Ehrenbreitstein and Pfaffendorf, a fatigue the more sensibly felt on account of their being all natives of Posen, a flat and level country. 3d. The frequency of their exercises and parades, on an unshaded and dazzling sandy soil, where also they were exposed to the reflection of the sun's rays from the surface of the Rhine. 4th. The extreme darkness of their rooms, which rendered their eyes more sensible when they went out on duty, or for pleasure. It seems most likely, that the second and fourth causes were the most efficient, for two other companies of the same battalions, quartered in the neighboring valley of Ehrenbreitstein, entirely escaped the disease. *Their* barrack-rooms were large, and well lighted, compared with small, dark apartments in the fortifications, where these companies were lodged. The treatment was very simple, and consisted in removing those affected to an hospital in other quarters, where they were no longer exposed to the operation of the exciting causes, and in the application generally and topically of cooling remedies, calculated to diminish congestion. To effect this, cold lotions, frequently applied, low diet,

and rest, were alone sufficient. In the space of four weeks they had all recovered, and were enabled to resume their duty. There were no relapses, a fact easily accounted for, by the diminished intensity of the exciting causes during the month of September.—*Medicinische Zeitung.*

3. New Method of Treating Croup.—The following observations, from the pen of Dr. Lehman, staff-surgeon in Torgan, are well deserving of notice. According to my experience, says Dr. Lehman, there is no better way of treating croup, at its commencement, than by the application of hot water to the larynx. This method has the advantages of being simple, efficacious, and easily applied, and its good effects are not productive of any injury to the constitution. The proper time for the application of this method, is at the very commencement of the disorder, when, as is usually the case, the child is awakened suddenly during the night, by its invasion; no time should be lost, when we observe that the breathing is anxious, disturbed, and attended with the well known croupy sound, and a cough of a ringing character, &c. The symptoms are too well known to require enumeration here; suffice it to say, that the most speedily fatal cases are those, where the child goes to bed, apparently quite well, and not laboring under any catarrhal symptoms, and is awakened from a deep sleep by the attack of croup. Such cases often prove fatal in twenty-four hours. Even when thus intense, the disease may be arrested in its progress, by the immediate application of hot water, in the following manner: a sponge, about the size of a large fist, dipped in water, as hot as the hand can bear, must be gently squeezed half dry, and instantly applied beneath the little sufferer's chin, over the larynx and windpipe; when the sponge has thus been held for a few minutes in contact with the skin, its temperature begins to sink, and it requires to be dipped again in the hot water. It is better to have a second sponge ready, so that they may be applied alternately. A perseverance in this plan, during from ten to twenty minutes, produces a vivid redness of the skin over the whole front of the throat, just as if a strong sinapism had been applied. This redness must not be attended or followed by vesication; in the mean time the whole system feels the influence of the topical treatment; a warm perspiration breaks out, which must be encouraged by warm drinks, as whey, weak tea, &c., and a notable diminution takes place in the frequency and tone of the cough, while the hoarseness almost disappears, and the rough, ringing tone of voice subsides, along with the dyspnœa and restlessness; in short all danger is over, and the little patient again falls asleep, and awakens in the morning, without any appearance of having recently suffered from so dangerous an attack. If, on the contrary, a slight cough still remains next day, it may be easily gotten rid of by means of diaphoretic and antiphlogistic remedies, suited to a feverish catarrh. When the suitable application of hot water, in the manner above recommended, does not produce well marked and evident relief, at furthest, at the end of twenty-five minutes, then nothing more can be expected from a longer perseverance in it, and the increasing cough, hoarseness, anxiety, and dyspnœa of the child, must be met by other means. I must observe, however, continues Doct. Lehman, that this method has not yet failed in my hands, *when applied in the commencement of the disease*, and it has been practised in several families I attend, in many cases successfully, and before my assistance could be procured.*

4. Method of applying Leeches to any particular Part of the Skin.—In a conversation between the Professor and his pupils, in the surgical clinic of the Charitè, at Berlin, it was one day incidentally mentioned, that we possess no certain method of making leeches bite exactly where we wish, for in applying them with the finger, they generally swerve a little to one side, and when they are enclosed in tubes of glass or quills, their inclination to bite is frequently checked by this confined position; Dr. Ernst Elben, who happened to be present, immediately observed, "an experiment has just occurred to me, by means of which I can accomplish it."—The Professor consequently marked out a certain number of points on the skin of a patient; Dr. E. now took a piece of grey blotting paper, such as is used for straining coffee, and made in it a number of little holes, corresponding to the indicated points; he then dipped the paper in water, and laid it on the skin of the patient, in such a way that one of the little holes he had made in it with a scissors, should be exactly over one of the indicated points. He then placed the leeches on the surface of the paper, which he prevented them from leaving; the animals, finding themselves in contact with a rough surface, to which they could not make themselves fast by means of the head, began to creep about, and continued their motions until they came to an opening in the paper; the moment each leech found such an opening, it instantly applied itself to bite the exposed point of skin; thus the object was effected.—While the leeches were engaged in sucking, a little more water, cautiously applied to the blotting paper, rendered its removal easy.—*Medicinische Zeitung.*

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* In addition to this remedy of hot water, which may be always had in a few minutes, I would advise the instant detraction of blood from one or both arms. If the hot water fails to give relief, then more blood, if necessary, may be taken from the jugular veins, and the child should get a small dose of tartar emetic every ten minutes, so as to keep it in a constant state of nausea, just within the limits of vomiting. This state, however, can seldom be attained, until vomiting has taken place once or twice. None but a medical man of experience is competent to superintend the administration of tartar emetic, in a case of croup; it should never be entrusted to nurses or parents. The medical man, or his assistant, should not quit the patient until he is out of danger.—R. J. G.

5. Osseo-cartilaginous tumor in the Larynx.—In the Berlin Medical Newspaper, 17th September, 1834, Dr. Froriep has given the particulars of a very interesting case.—Augustus Wimmel, a peasant 38 years old, was admitted into the Charitè, in the beginning of April, 1834. He had long labored under a cough, with copious expectoration, debility, and emaciation, and was moribund when brought to the hospital. The history of his disease induced the belief that it was phthisis pulmonalis, but on opening the chest no trace of tubercles was found. The substance of the lungs was healthy; the bronchial tubes, extensively affected with redness and thickening of the mucous membrane, contained a great quantity of greenish, yellow mucus. The mucous membrane of the trachea also exhibited evident marks of chronic inflammation, being red and thickened, as far as within an inch of the cricoid cartilage; here all marks of inflammation ceased. The larynx was now cut out, along with the upper portions of the trachea and œsophagus. A considerable tumor was observable on the left side of the upper portion of the excised mass, but the mucous membrane, corresponding to it, was not in any way altered or unnatural. This tumor pressed in such a manner upon the opening of the glottis, that it was impossible to see downwards, through the latter. It was about the size of a walnut, and projected inwards, as well as outwards and backwards, into the lower portion of the pharynx. The greater portion occupied the left side of the larynx internally, within which it formed a considerable, projecting, irregularly shaped mass. The substance of the larynx was very much degenerated in structure, both in the part from which the tumor arose, and in its immediate neighborhood; it was of a firm osseo-cartilaginous texture, nearly homogeneous. A transverse section exhibited its connection with the ligamenta thyreo-arytenoidea of the right side, and which it so pressed on, as nearly to obliterate the natural opening for the admission of air.

In a practical point of view, this case is instructive. First, it shows that an impediment to the free entrance of air into the lungs may, if it be of a very slow growth, proceed to an extent that would prove immediately fatal, were the obstruction suddenly formed. Secondly, it affords an instructive example, to prove that an obstruction to the entrance of air into the larynx, tends to produce inflammation, not of the mucous membrane of the larynx itself, but of the bronchial tubes! The bronchitis, in this case, was evidently owing to the operation of the same causes that give rise to a similar affection, in cases where an animal breathes, for a long time, a vitiated atmosphere, imperfectly adapted to the support of life, for the presence of the tumor rendered the residual air necessarily less pure than natural, by impeding the entrance of the fresh, and the exit of the respired air.

6. Spontaneous Amputation of the Foot.—A soldier, in the 11th regiment of Prussian Hussars, fell, when in full gallop, into a deep ditch, along with his horse. He was extricated with great difficulty, when it was found that he could not stand on the left leg, the foot of which was much swollen, very red, and entirely deprived of all sensation. The inflammation of the foot and ancle, in spite of the most active antiphlogistic treatment, became exceedingly intense and phlegmonous. In the course of a few days, a circumscribing line of suppuration was formed beneath the ancle, insulating the foot from the remainder of the extremity; beneath this line, and as far as the tops of the toes, the foot was of an icy coldness, and entirely destitute of feeling; its color at first became paler, and then livid, and this change was attended with vesiculation of the epidermis, from beneath which issued a sanious fluid betokening gangrene. The existence of diffuse inflammation above the ancle, and the formation of puriform depots in the subcutaneous cellular membrane, prevented the performance of amputation by the knife. In the meantime nature worked with such diligence, that at the end of fourteen days, it was only necessary to divide a few sinews of dead muscles and some ligaments, to effect the complete amputation of the foot, which came away, without the loss of a single drop of blood. The separation took place in a line, corresponding to the articulations of the first series of bones, so that the astagalus, calcaneus, and os naviculare remained, while all the remaining tarsal bones came away. The latter were found to have been fractured and broken into many pieces, by the injury which had, in all probability, also effected a rupture of their connecting ligaments. The stump healed favorably.

7. Structure of Pseudo-membranes.—In a former number of this Journal, we noticed a very remarkable dissertation by Leowolf, entitled Tractatus Anatomico-pathologicus sistens duas Observationes rarissimas de Formatione, Fibrarum Muscularium in Pericardio atque in Pleura obviarum—c. tab. lithog. 4. Heidelbergæ, et Lipsiæ, 1832. In a late number of *Müller's Archiv*, this monograph has been noticed in a paper written by Professor Wutzer of Bonn, who has for many years bestowed much attention on the structure of pseudo-membranes, and similar formations. He argues strongly against the hypothesis of Leo Wolf, that the fibres observed occasionally in these morbid productions, have ever a close resemblance to muscular fibres, either in composition, in color, or in function. He thinks that they are much more analogous to fibrous coats of arteries. He confesses, nevertheless, that Dr. Leo Wolf has opened an extremely interesting field of inquiry, demanding more extensive observations and a more accurate investigation of the whole of this curious subject. For our own

part, we do not feel inclined to deny the possibility of the formation of any tissue of the body, as a consequence of morbid action.—The more simple tissues will be the most frequently produced; but may it not happen occasionally, that tissues, of even the highest order of vitality, are formed?

Many curious facts crowd upon our memory with regard to this subject, and many observations we have made tend to impress upon us the conviction, that there exists an inherent force in the vital powers of parts formed by inflammation or other morbid processes, which mould their forms into the various shapes circumstances require, and modify their physiological relations, and even their chemical constitutions, in the most remarkable manner. Thus we lately pointed out to the class of the Meath hospital, that when polypi are slowly formed in the heart, before death, they present in their different parts very curious modifications of composition and structure. Thus it is by no means uncommon for the body of the polypus to consist exclusively of whitish fibrine, coagulated in either a solid form or extended into a membranous expansion, but in both cases opaque and dense in its structure; now this portion of the polypi evidently consists of fibrine, possessing its usual qualities, both chemical and physical, whereas we may often observe other parts of the polypus, that are of a much more delicate structure, being fine, membranous, and transparent, and evidently identical with serous membranes. These serous portions usually occur in the shape of bands, extending from the main body of the polypus, and inserted so as to form loops around the *columnæ carneæ or chordæ tendineæ*, thereby forming a number of attachments, which prevent the polypus from flapping back and forwards, loose, within the cavity of the heart. Here we recognize a struggle, even in the last moments of life, between the destroying and the repairing principles, between the morbid process, which causes the coagulation of the fibrine, and the *nisus formativus*, which immediately sets to work for the purpose of so fixing the coagulum, that it shall interfere as little as possible with the current of the blood, and which it accomplishes by means of the serous bands already referred to, so different from the remaining portions of the polypus, and so admirably adapted for this purpose. Much stress is laid by chemical physiologists, on the difference between the animal basis of different membranes and structures, which in some cases resemble gelatine, in others fibrine, and in others, again, albumen. That the physical properties of such parts depend, ultimately, more on the arrangement of their particles, during the act of vital deposition, than on a real difference as to their chemical elements, seems proved by the fact before us, for here the transparent bands had all the physical properties of serous membranes, while the remainder of the coagulum possessed those of coagulated fibrine; and yet these are believed to be chemically different, for albumen is considered to be the basis of the former. Was the coagulated albumen of the serous bands a mere modification of the fibrine, or was it derived from the serous portion of the blood? No matter which hypothesis is adopted, the union between those portions of the polypus and the fitness of the serous bands to fulfil their temporary functions, is not the less wonderful.

8. Preservation of Leeches.—A. Voget, in a notice inserted in the *Pharmaceutische Zeitung*, observes, that he has been in the habit of adding a small quantity of powdered crabs'-eyes, to the water in which he keeps leeches. This powder of course sinks, forming in the bottom of the vessel a thin stratum, in which the leeches seem to take the greatest pleasure, creeping about on it, and thus cleansing the surface of their skins, and getting rid of the mucous threads and flocculi, with which they so soon become encumbered, when in a state of captivity.

Cavaillon, *Chevallier* and *Moreau de Jones*, have all borne witness to the good effect of mixing *charcoal* with the water in which leeches are transported from one distant place to another. In cases where it is necessary to carry them during a long sea voyage, the inside of the vessel should be well *charred*, and some very finely powdered charcoal should be added to the water. Cavaillon prefers for this purpose *animal charcoal*, as it possesses much stronger antiseptic powers than the vegetable. It was by means of charring the casks and adding some charcoal to the water, that the French succeeded in conveying, in health and vigor, a considerable number of the fish called gorana, from the isle of Bourbon to Martinique.

Dr. Kluge, of the Charitè, in Berlin, made some interesting experiments, upon the best means of preserving leeches. From his researches, Dr. Heyfelder has been led to recommend a mixture of three parts of rectified spirits, four parts wine vinegar, and twenty-four parts water. The leeches are to be placed in this mixture, and are to be left in it a little less than five minutes, after which they are to be washed with fresh river water, and to be put into a vessel for keeping. Leeches that have been used, are likewise served by this procedure.

9. Dr. Samuel Gottlier von Vogel has published a short work, consisting of 180 pages, small octavo, which is extremely interesting and instructive, and is entitled *Medical Observations and Remarkable Facts*, selected from his experience. This author is well known to the medical world, by his great work on the Practice of Physic and Pathology, and is probably one of the best practitioners in Europe. The unpretending volume, above

referred to, contains much valuable and interesting matter, and may be ranked with the best productions of a similar nature; such as those of Tulpius, Heberden, Home, &c. As it is not likely to come into the hands of our readers, we annex a few passages translated from the German, observing that our author has, in many instances, anticipated the improvements of recent writers. Thus he relates several cases of peritonitis, treated so far back as 1814 by leeching, and large doses of calomel and opium, pushed to the production of sudden salivation; a fact proving that the antiphlogistic effects of mercury, properly managed, have been long known in Germany. It is true, a knowledge of this important fact was not general, but still it influenced the practice of a few; whereas in France, as may be inferred from the late declaration of Lisfranc, (when speaking of Dr. Obeirne's excellent method of treating acute scrofulous inflammation of the joints,) that the anti-inflammatory effects of calomel in large doses, were never credited. Vogel's treatment, too, of croup, appears to have been eminently judicious, and scarcely admits of improvement. We shall briefly enumerate the heads of some of the different cases he relates.

1st. A puriform discharge from the left nostril, preceded for weeks by remitting hemicrania of the left side of the head and face, and followed by intense, continual pain, with a discharge of excessively fetid fluid from that nostril, together with small portions of concreted, stinking animal matter. This fatal malady evidently originated in the antrum and malar sinus. The patient's sufferings are described with a truly graphic pen.

2d. A case of suicide in a lady, induced by the habit of masturbation, and we might add, by reading *Tissot*. The perusal of this case is calculated to excite the most melancholy feelings, as the expressions of the unfortunate monomaniac are recorded.

3d. A case of hemeralopia, with a singular desire, on the part of the patient, to see light, or as our author terms it, a remarkable *light-hunger*. This desire was manifested while the child was still at the breast, when its nurse observed, that even while sucking, it would let go the nipple every ten or twelve seconds, for the purpose of turning the head round to the light; on every occasion it instantly had the eyes fixed upon the most luminous object within its view, e. g. the window, fire, candle, &c.; and no matter what position she was placed in, the little child immediately exerted herself indefatigably, to attain her favorite object. As the child grew older, this habit became more confirmed, and was so urgent, that she could not be induced by the sight of any object, however pleasing to children in general it might be, to turn from the light. Light in quantity seemed more attractive than any particular color, it was brightness that fixed her attention; and when in the worst humor, she could be immediately pacified by lighting a candle in her room at night, or by bringing her to the window in the day. As she grew older, it was found that she could not distinguish objects, except they were strongly illuminated, and that darkness was so disagreeable to her eyes, that she was always obliged to close them in the dark. When running about in the nursery, she saw nothing that was not placed directly in the light of the window; all other objects in the apartment were to her invisible. In the same way she was unable to see on the stairs, for although sufficiently lighted, they received but little direct light; consequently in going up and down stairs, she shut her eyes, to avoid the disagreeable sensation produced by insufficient light, and groped her way by means of her hands, like a blind person.—Perseverance and diligence, on the part of her parents, served to enable her partly to overcome this singular habit, and to fix her attention on objects not absolutely bright; still the old deep-rooted love for light remained, and her sight, however cultivated, was always weak and uncertain, when employed in viewing objects not directly illuminated.

In No. 4, Vogel relates a very curious and instructive case of fracture of one of the semilunar cartilages of the knee joint. This case happened forty-eight years before the publication of the present work, and is extremely interesting, on account of the antiquated expressions and orthography, observable in the letters of consultation, written by one of the eminent men of that period, when few, even of the crowned heads of Germany, were able to write or spell their native language, with any tolerable degree of correctness. Half a century has produced the greatest improvement in this respect, and the German, the most original, copious, masculine, and pliant of the modern tongues, has been cultivated with the care it deserves. It is, notwithstanding, much to be regretted, that the medical writers of Germany so often pollute their vocabulary with words of Latin and French derivations, and which are altogether unnecessary, as the same ideas might be quite as well expressed by words purely German. To give one example. In an excellent paper published in the Berlin Medicinische Zeitung, the following barbarisms occur in one paragraph at page 203: *lamentirte*, *participirte*, *appliciren*, *variirten*, *tingerte*, not to speak of *accessorischen*, *quantitative*, &c. &c. But of all the Germanized Latin words we have met with, none is worse than *interimistisch!*

We mnst pass by number 5, a reputed case of consumption cured, and numbers 6 and 7, cases of hæmatemesis, with the remark, that Vogel places, and has for thirty years placed much confidence in ipecacuanha, in various sorts of hemorrhage. In one gentleman, who was several times attacked in 1820 with vomiting of blood, and whom Vogel sent for consultation to Butini of Geneva, we find that iron, in the form of *Klaproth's martial tinc-*

ture, was recommended in doses of 15 drops, three times a day, for the purpose of removing an indurated and enlarged state of the spleen. It was recommended, also, to have the hypochondria well rubbed every morning with a little castor oil, and the bowels were kept soluble with a mixture, consisting of five ounces of dandelion juice, six drachms of some pleasant syrup, and two drachms of epsom salts. Of this one-half was to be taken early in the morning in bed, and it was to be washed down with a cup of weak broth. The second half to be taken in a similar way, in two hours after. The dose of the salts was to be diminished, if the medicine produced more than three evacuations daily. This vegetable and saline laxative was repeated, at long intervals, for three weeks at a time; the iron was taken during the intervals, and as the patient was subject to hemorrhoidal irritation, this, when defective, was increased by a large soap pill, inserted *per anum*, and when excessive, was relieved by the application of a few leeches to the fundament. As the color of the patient, and other symptoms, indicated a poor state of the blood, a nutritious, but not stimulating diet, with much gestation in the open air, were recommended. In the above treatment there are several points worthy of imitation. With regard to large tumefactions of the spleen, in middle-aged or old persons, we have often observed, in conformity with the remark of Aretæus, that ulcers are very apt to break out on the body, and especially on the legs; hence we are in the habit of recommending issues in the legs in such cases. The directions given by Aretæus, as to the propriety of venesection in hemorrhages in general, and the extent to which blood-letting should be carried, are among the very best we know.

From number 10 it appears, that Vogel used arsenic for the cure of epilepsy, so long ago as in 1810. He was also acquainted with the secret of applying narcotic plasters to the head, in certain cases of headache, a method recommended by Dr. Graves, in the Dublin Medical Journal. It may be here remarked, that in the treatment of some cases of hemicrania, the exhibition of internal remedies is often powerfully aided by hot stuping of the affected side of the head, followed by rubbing the painful parts with a little laudanum.

In No. 15, Vogel relates the case of a lady, forty-eight years old, who was attacked with symptoms of apoplexy in the morning. The fit was slight, but it left behind it well marked paralysis of the tongue and one arm. The paralysis completely disappeared in twenty-four hours. Whatever be the cause of apoplexy, whether it be pressure, or whether it be a change in the relative properties between the quantity of venous and arterial blood, circulating in the brain, there can be no doubt that this cause may act either on the whole brain, or on half of it, or even on much smaller portions, determining by the extent of the central mass affected, the extent of impairment of muscular motion which follows. On the other hand, this cause, this derangement of the circulation, may, where there is no extravasation of blood, as suddenly cease as it had supervened, and may vary in duration, in some cases lasting only for a few hours, in others for weeks, or even months. We have known incomplete paralysis of a leg only last for half an hour; it was accompanied by no constitutional symptom but that of general fatigue, and recurred frequently at intervals for two years, when a sudden and complete hemiplegia, *commencing in the same leg*, took place.

In No. 17, Vogel observes, that some cases of *abortion* are preceded by tremors of the limbs, urinary irritation, and a sudden call to stool. This had happened in the case of a lady about the third month of pregnancy, several times in succession. A dose of opium, taken when these symptoms commenced, prevented abortion.

No. 18 *is a case of occasional vomiting of fat and oily matters.* Late pathologists have remarked the fact, that fatty and even wax-like matters are not very rarely found in the alvine discharges. There are two ways of accounting for so very curious an occurrence. The fat may be a secretion from the mucous membrane of the stomach or bowels, or it may be derived from the food, the other component parts of which the digestive organs have had power to dissolve and absorb, but not being able thus to dispose of the fat, it consequently remains undigested, and is passed off with the other excrementitious matters. The latter explanation is that of Vogel; the former that of more recent pathologists.

What struck us most, however, in the perusal of Vogel's collection, were cases 27 and 31, which prove that he had long ago, in a great measure, anticipated our most modern and best writers on dyspepsia, in certain forms of which he employed narcotics, among the rest laurel water and opium, with the greatest benefit. We regret that we are prevented by want of room, from making further extracts from this valuable little work.

R. J. Graves.

Dublin Medical Journal.

Art. II.—*Case of Pulsation in the Veins of the Upper Extremities.* By Charles Benson, M. D., M. R. I. A., Member of the Royal College of Surgeons in Ireland, one of the Surgeons of the City of Dublin Hospital, &c. &c.

Mary Oliver, aged 60, of middle stature, pale, weak, and emaciated, was admitted into the City of Dublin Hospital on the morning of the 14th August, 1835. She could scarcely give any account of herself, except that

"it was all about her heart." The following notes of her case were taken as soon as she was placed in bed:—She talks incoherently; is very restless, tossing the clothes about, and seeming uneasy in every position; pulse 80, soft and regular; tongue clean; eyes clear; skin natural. On placing the fingers lightly over the apex of the heart, a sensation is communicated to them not unlike that which emphysema of the cellular tissue would occasion, but it is lost on the least increase of pressure. Resonance very dull over the whole of the precordial region; impulse considerable, may be felt as high as the clavicles, and peculiarly strong in the epigastrium; a loud bellows murmur is heard over all the region of the heart, sometimes mingled with a rasping noise; the latter is best heard in the second sound, the former in the first; vesicular respiration every where distinct.

Aug. 15. She became comatose last night, and has not since spoken; face flushed; some old cicatrices were observed on the scalp, when shaved; pupils moderately contracted; skin natural.

While feeling her pulse, and reflecting on the symptoms before me, I was struck with an appearance of pulsation in a vein on the back of the hand. Further examination showed a distinct pulsation in every superficial vein of the two upper extremities. The veins were prominent, and their motion was easily seen, but I could not feel it. Some of the pupils in attendance, however, assured me they felt it. The pulsation was isochronous with that of the radial artery, but a little later, following it after an interval of time, which, when carefully attended to, could be satisfactorily appreciated. I examined the superficial veins of the trunk and lower extremities: they were small and motionless.—In the neck the external jugulars were also small; I could not say they pulsated, for there was a tremulous motion communicated to them by the internal jugulars and carotids, which beat vehemently, and prevented accurate observation. The internal jugulars became greatly distended and collapsed during each act of respiration, whilst a confused tremulous pulse incessantly agitated them.

I could learn very little of this woman's previous history, though I sent an intelligent pupil to search it out at her late residence. He could only ascertain that for the last six months she suffered very much from palpitations and headaches; that she was greatly addicted to the use of ardent spirits, and during intoxication had often received wounds on the head; that she was able to follow her usual occupation (selling fruit) until a few days before; and *that she was a Scotch woman.*

In the evening of this day I took ten ounces of blood from her arm, and was surprised to find that it did not come *per saltum*, although pulsation was observed in some of the veins below the bandage. On looking at the veins, after the bleeding, they seemed to be much more diminished in size than I could have expected, from the quantity of blood drawn off, and all pulsation had ceased! This last circumstance disappointed me a good deal, as I had mentioned the case to some medical friends, who intended to visit her next morning. The blood-letting was decidedly useful to her; she was less stupid, and the heart's action was less tumultuous.

16th. Still comatose; pupils contaacted; she moves all her limbs equally well or equally ill; shows no sign of intelligence, but is very sensible to stimuli. The veins are collapsed, and totally devoid of pulsation. Pulse in the radial artery 80; rises to 90 when she is roused. Physical signs of the heart's action as at first report.

19th. She continued as on the 16th, with very little alteration, until this morning, when her left arm and leg were found to be flexed, and somewhat rigid. The veins had resumed their distended appearance, and *pulsation was distinctly visible in all, as at first.*

My colleagues and the hospital pupils now joined me in observing the pulsations. The veins were seen to rise and fall with the respiration, becoming turgid towards the end of expiration, and flaccid when inspiration was nearly complete. In both states, however, their pulsation went on regularly, beating as often as the artery, 80 in a minute, but a little after it. There was no doubt of this, though the interval was very minute. The stethoscope did not show any change in the cardiac symptoms since the first day's report.

The question as to the *cause* of the curious phenomena before us was now considered, and as the discussion induced us to note more particularly the circumstances of the case, I may briefly state the substance of it.

Two opinions were supported by opposite sides: 1st, that the pulsation was derived from the *left side* of the heart, sending on its blood through the capillaries into the veins; 2d, that it was derived from the *right side* of the heart, and depended on regurgitation.

In support of the former opinion, it was observed, 1st, that pressure on the brachial or subclavian arteries stopped the pulsation, but that it was unaffected by pressing on a vein. 2d. That the valves acted perfectly, as could be seen by emptying a portion of vein just below a valve, and therefore that regurgitation was impossible. 3d. That the venous pulse occurred at such an interval after the arterial as was inconsistent with regurgitation, but might be expected if the blood had to travel round by the capillaries. And 4th. That the debilitated condition of the patient might have so relaxed the capillaries, as to allow of an unusually free communication between the arteries and veins.

In answer to these arguments, and in favor of regurgitation, it was urged, 1st, that pressure on the brachial or subclavian arteries also acted more or less on the principal veins

which accompanied them; besides by diminishing the quantity of fluid which the veins received, it would render their pulsation less evident, in the same way that the bleeding did; but that the free anastomosis would make amends for the slight interruption occasioned by pressing on a superficial vein. 2d. That though the valves acted well when the vein was emptied behind them, they would not prevent an impulse from being conveyed along a distended vessel; and that, in fact, if each valve were merely thrown suddenly across the venous tube, it would cause a pulse, though ever so perfect in its valvular function. 3d. That the yielding coats of the veins would serve to retard the rapidity of the returning wave, and thus account for the momentary delay in their beat. And 4th. That the arterial pulse was not strong enough to justify us in supposing that it could be continued on to the veins; nor was there any ground for saying that the capillaries were relaxed.

20th. All the phenomena as yesterday.—As blood-letting had been attended with some benefit to the patient when practised before, it was agreed to take a few ounces more.—The blood flowed distinctly *per saltum.* It was like arterial blood in color, but of much thinner consistence. The cephalic vein near thebend of the arm was the one selected for the venesection, in order that it might not be influenced by any artery. After the removal of eight ounces, the pulsation ceased. The arm was bound up in the usual way, and no motion in the veins of either extremity could afterwards be seen. She died the following night.

Autopsy, twelve hours after death.—On opening the chest, the lungs were found almost universally connected to the costal parietes, by very old and strong adhesions.—There was no fluid in the pleura. The *lungs* were healthy, quite free from disease of any kind; they were not even congested. The *pericardium* was healthy; it contained a little serum, but not more than is so often seen without disease. The *heart* was at least twice the usual size.—The auricular appendages, especially the left, were remarkably large.—The right auricle was dilated, and a little hypertrophied. At the posterior margin of the foramen ovale, a particle of osseous matter was observed. The right auriculo-ventricular opening was very large and gaping. The right ventricle was dilated and hypertrophied. Its cavity was twice as large, and its walls twice as thick as usual. The floating margins of the tricuspid valves were thickened, and studded with small cartilaginous nodules. The pulmonary artery was healthy, but its valves appeared somewhat thickened, and their corpora sesamoidea much developed. The left auricle was enlarged, its walls thickened, and the lining membrane peculiarly white and opaque. The opening from it into the ventricle was too small to admit the finger; it was an irregular slit-like opening, surrounded with cartilaginous and osseous deposits. The left ventricle was dilated, its walls a little thickened, but softer and paler than those of the right. The mitral valves contained calcareous and cartilaginous deposits. The aortic valves were greatly thickened, and filled with osseous matter. The aorta, too, had osseous deposits. The superior vena cava, the innominatæ, jugular and subclavian veins, were slit up, and carefully examined; nothing peculiar was observed in them; their coats were of the usual appearance, and their valves in the ordinary situations. The *abdominal viscera* were healthy. The *brain* was pale and bloodless; it showed no sign of congestion, nor of any disease except that the ventricles contained about half an ounce of clear serum.

I had one of the arms removed from the body, and carefully injected from the brachial artery. Fine wax, largely diluted with oil of turpentine, and colored with vermilion was used, but not a particle of injection passed into the veins. The valves of the latter also resisted the passage of a fluid from a trunk to its branches.

I think the *post mortem* decided the question as to the *cause* of the venous pulsation. The left ventricle was not at all increased in power; its walls, though slightly thickened, were pale and soft; and even if its power were increased, the aorta presented obstacles sufficient to counterbalance that, as was indeed evident from the weakness of the pulse in the radial artery. Injection, too, showed that there was no relaxation of the capillaries. It could not therefore be maintained that the pulse was transferred through the capillaries on to the veins. Again, the veins could not have received their pulse from the right *auricle*, for their diastole always *followed*, though at an exceedingly short interval, the diastole of the arteries. Neither was there any thing in the coats of the veins to account for it, nor in the neighboring arteries. *It is to* the condition of *the right ventricle we must look for the efficient cause.* This ventricle we find hypertrophied, and the auriculo-ventricular opening dilated; so that regurgitation into the auricle was inevitable; and as this would occur with considerable force, it is easy to conceive how the impulse would be communicated along the dilated veins, even to their small ramifications. The valves intercepted the shock when the veins were flaccid; but in the distended state of the vessels the shock was sent from valve to valve, even by the very force with which they were thrown across their tubes. And this may be supposed to take place without any imperfection in the valves, which seemed quite sound. The pulsation following that of the arteries may be explained by the more yielding structure of the veins, which would, doubtless, retard the rate at which the impulse was transmitted.

I find that venous pulsation has very rarely been observed to extend beyond the jugulars.

It does not appear that Senac, Lancisi, Corvisart, Bertin, Laennec, or Hope, ever met with such a case. Laennec refers to a paper on the subject in the *Memoires de l'Academie des Sciences*, by Hunauld; but on searching for it no such paper could be discovered. I found, however, a case related by Hombert, in the *Memoires* for 1704; and as Laennec does not mention the volume in which Hunauld's case is recorded, I think it probable he quoted from memory, and mistook the writer's name. Hombert states that the pulsation in the veins *did not correspond* in frequency to that of the arteries; that it was only to be observed during paroxysms of the disease (asthma) with which his patient was afflicted; and that the *post mortem* exhibited great dilatation of all the cavities of the heart, with thinning of their parietes, and large polypi extending from the ventricles into some branches of the aorta and pulmonary arteries. He attributes the pulsation in the veins to *regurgitation* during the morbid palpitations of the heart; whilst the arterial pulse was occasioned by the regular action of the ventricle.

Dr. Elliotson, in a note in Blumenbach's Physiology, says, "In a young lady whom I lately attended for chronic catarrh, accompanied by violent cough, from which she ultimately recovered, *all* the veins of the back of the hands and forearms distinctly pulsated synchronously with the arteries." This is all he says, but from the place where he introduces it, I would suppose he attributed this pulse to the action of the veins themselves. It is in a note to the following paragraph in the text of Blumenbach: "The existence of vital powers in the venous trunks is probable, from the example of the liver and placenta, and from experiments instituted on living animals. We formerly mentioned the muscular appearance in the extreme veins near the heart."

In the London Medical Gazette for June, 1832, Dr. Ward relates the case of a woman in whose hands and arms venous pulsation was observed for three days. The patient had lost large quantities of blood for an incipient pneumonia, and was further debilitated by miscarriage. He attributes the pulsation to the "excessive reaction of the heart pushing the thin and impoverished blood through the capillaries straight on into the veins." As the woman recovered, there was no opportunity of searching for a more probable cause.

In the fourth volume of the Dublin Hospital Reports, we have the details of a case which Dr. Davis saw. The only morbid appearance discovered on dissection was, that the left ventricle was somewhat enlarged, and firmer than natural. He thinks there could be "no doubt of the fact that the pulsation had been continued from the heart thro' the arteries and capillaries, to the veins."—But the phenomena which led him to this conclusion were all present in my case, and yet I am sure there can be "no doubt of the fact that the pulsation" depended on a totally different cause.

Dr. Graves mentions incidentally (in the Dublin Journal, Sept. 1834,) two cases of venous pulsation; but he gives no details, nor does he offer any explanation of their cause. From the manner in which they are there brought in, however, we might suppose he thought they depended on the action of the left ventricle. And yet in one of his lectures, published in the London Med. Gazette, Jan. 1831, he seems to advocate the action of *the coats of the veins themselves*, as the more probable cause.

These are almost all the notices I find, of general venous pulsation; and on reviewing them I do not think they afford any *proof* that it depended either on the force of the left ventricle transmitted through the capillaries, nor on any independent action on the veins themselves. All the arguments in favor of either of these opinions might have been, and indeed were advanced in the case which I have related. And yet the *dissection proved*, I think, incontestibly, that hypertrophy with dilatation of the right ventricle, was the true cause.

This case also goes to confirm the opinion of Mr. Adams, in the fifth volume of the Dublin Hospital Reports, respecting jugular pulsation. I may quote the words of this accurate observer. "There is in all cases a little influx into the right auricle during the contraction of its corresponding ventricle, but the great swelling of the jugular veins is only seen when extraordinary efforts are made, or where, from any enlargement of the right side of the heart, it is capable of containing a larger quantity of blood than it can readily transmit through the lungs. On these occasions it is that the pulsations of the jugular veins become evident. They are synchronous with the action of the heart, and can more readily take place, when the right ventricle has been preternaturally dilated, as it is not likely that the valve will increase in size in proportion as the auriculo-ventricular opening enlarges."

In relating this case I have not given any details of the treatment, because my object was simply to direct attention to the curious phenomena of venous pulsation, and to the explanation which, in this instance, the dissection afforded. Dublin Medical Journal.

ART. III.—*On the Treatment of Croup.* By Dr. KIRBY, Professor of the Practice of Medicine in the Royal College of Surgeons, in Ireland.

Under the head of Bibliographic Notices, in the last number of the Dublin Journal of Medical and Chemical Science, the attention of the profession is very properly directed to

a new method of treating croup, pursued by Dr. Lehman, staff surgeon at Torgan, and consisting in nothing more than the application of hot water to the region of the larynx, at the commencement of the disease. The plan is announced as simple, easily applied, free from injurious effects to the constitution, and efficacious; for Dr. Lehman affirms that it has not yet failed in his hands when seasonably applied, and that it has been used in many cases successfully in several families he attends, before his assistance could be procured.

The simplicity of a remedy often opposes its general reception, and it especially stands a chance of being wholly put aside, when the disease for which it is proposed is of known severity, of rapid progress, and most frequently of fatal issue. My personal experience, for nearly twenty years, in the fortunate efficacy of a plan somewhat similar to Dr. Lehman's, gives me the greatest confidence in the report of his successful management of this dangerous disease; at the same time that his authority, and the sanction of our valuable national Journal, encourage me to lay before the profession the treatment I recommend during the first hours of an attack of croup.

Without attempting to assign any cause for the fact, I believe it to be true that there is a disposition to this disease in the children of certain families; and so strongly has repeated observation fixed such a conviction on my mind, that when one suffers, I think it prudent to examine the other young members of the group, to awaken vigilance, and to take such precaution as circumstances may suggest; at the same time I instruct the persons in charge in the means to which they should have instant recourse, the moment they are alarmed by the peculiar cough and dangerous respiration.

My first advice is, that the neck shall be invested with a bolster of hot salt, sufficiently long to surround it thoroughly, and sufficiently full to fill the whole of the cervical hollow; a flannel case is to be preferred to linen.—When the former cannot be procured, a large woollen stocking will be found to answer as a convenient substitute. Care must be taken that it be not too tightly stuffed, as then it would force the head into a constrained position, and interfere with the action of the laryngeal muscles; besides it cannot be so conveniently accommodated to the form of those parts with which it is designed to lie in contact. It may be supposed that such an application would be found to be more than cumbersome; but if it is laid on carefully, and so contrived that its weight shall rest on the shoulders and superior part of the thorax, I can promise that no inconvenience will be experienced. The common salt in use for culinary purposes, is that which I have employed; it should be quickly heated to a temperature of which the hand is impatient; by the time it is ready for use, it will be cooled down to a heat agreeable to our purposes.

This remedy acts very quickly as a rubefacient; and this effect is produced much beyond the limits of its contact. The face soon becomes full, florid, and the same appearances are perceptible around the superior parts of the thorax. The temperature of the whole surface of the trunk and extremities is soon increased, the pulse beats with an accelerated stroke, and with a pliancy, fullness, and softness, which gives an unerring promise of a sudden, general, and copious perspiration.—When this is established, it is truly astonishing to witness the rapidity with which the uneasiness about the larynx, the almost pathognomonic cough, and the embarrassment of respiration, disappear. The sweat first breaks out around the dry cataplasm; it is next visible on the face and chest, and then it pervades the other parts.

When this perspiration takes place, experience authorizes me to say that a triumph over the disease has been obtained. However the remedy is to be renewed rather than laid aside, that the advantage gained may be effectually confirmed. The ordinary means by which perspiration is maintained are here to be employed; the drinks should be rather tepid than hot, and even small quantities of cold water, which is exceedingly grateful, and eagerly wished for, may occasionally be allowed.

The medicine I uniformly prescribe, is a mixture of ammonia, saturated with vinegar or lemon juice, and a few drops of laudanum; the doses of which I alternate with two grain doses of calomel and James' powder.

By management of these means diaphoresis may be continued for twelve hours; at the expiration of which period it may be allowed to subside, by changing the application less frequently, and at each time employing a lower degree of temperature. But these remedies should not wholly be laid aside for two or three days, or even for more, should there be any cough, or the slightest trace of any preternatural laryngeal sound. While the perspiration continues, I am careful not to risk its suppression by the use of purgatives; but when it has nearly ceased, and the activity of the disease seems to be well controlled, I administer an opening mixture, composed of tincture of jalap, magnesia calcined, electuary of scammony, and water. This combination agrees well with the stomach; acts in small doses; its operation is more certain than any other medicine I am acquainted with. The discharges are sufficiently abundant, and the whole business is soon at an end.

The cough, which sometimes continues for a few days, appears to me to be best treated by low diet and mucilaginous mixtures, to which squill, hippo, and laudanum, are sometimes added with much advantage.

Was it not for a note signed R. J. G., ap-

pended to the article, by which I have been induced to offer these observations, the last paragraph would have included all I had to say with reference to Dr. Lehman's mode of practice.—But the matter which that note contains is of too much importance to be passed by, without the notice to which the authority from which it emanates is most justly entitled. The annotator advises the instant abstraction of blood from one or both arms, or from the jugular vein.—Now, I am perfectly convinced the rule which is thus delivered, is expressed with too general an application. I am quite aware of the value to be attached to the abstraction of blood under certain circumstances, at the same time experience assures me such a decisive remedy may be employed to the frustration of that secretion, on the perfect formation of which the removal of the early stage of the disease decidedly appears to depend. Venesection is no doubt a powerful agent in all inflammatory complaints, and in no one is its virtue more completely displayed, than in those engaging the pulmonary apparatus, such terms being taken in their most comprehensive signification. Yet still it may be prematurely prescribed, and I believe the reliance reposed on its efficacy not uncommonly disturbs a curative function, which the skin is disposed to perform. The sanatory effects of perspiration in sudden diseases affecting any part of the respiratory apparatus are so sufficiently established, even in vulgar opinion, not always despicable, as to make it unnecessary to do more than allude to a few examples in which its efficaciousness seems to be signally displayed.

One man who has a casual cold "upon his chest," as it is said, exercises until he is heated and perspires, and he returns relieved from the malady with which he set out. Another who has long had some chronic catarrhal affection, feels his chest "tight, he expectorates less than usual, and his breathing is embarrassed;" he sets out to walk, or uses his horse with activity, and thus forcing a perspiration, is also relieved of his inconvenience. The asthmatic person knows the importance of a copious sweat, and I say our remedies are of little use except so far as they contribute to produce it; additional covering on the front of the chest removes many a trifling pulmonary affection, and shields the wearer against attacks to which he had been previously much exposed. Females of fashion seem almost intuitively impressed with the susceptibility to which their costume makes them liable. We smile at the flimsy protection they use to shield themselves from inclemency of season, and sudden changes of temperature, without reflecting upon the defence which the open texture of the material they employ for the purpose is accidentally calculated to secure.

For the reasons assigned, confirmed by a knowledge of the power which venesection exercises over all secretions, I abstain from its use in the commencement of the attack. If the means I here strongly advocate disappoint expectation, and that the lungs participate in the disease, I am sure the attendant distress will be alleviated by a full bleeding, and the skin may probably be thus brought into a state permitting a wholesome degree of diaphoresis. I remember a remarkable instance quite to the point. A fine child of seven years of age, and of unusual obesity, suffered from the highest inflammatory stage of croup, when I was called to perform venesection, which had been several times attempted to be performed by the persons in attendance. After so many failures, and in a patient of so great corpulency, I doubted my success, and I suggested to the father that venesection being impossible, I should be permitted to open an artery. I selected that upon the instep, then beating with a prominent force. A large bleeding was taken; diaphoresis soon followed, and the alarming symptoms rapidly disappeared. Great heat at the surface of the body, with much frequency of the pulse, and hardness, are the circumstances which warrant this evacuation, and according to which its amount should be principally proportioned. It is true, venesection brings relief, and the consequence is, a repetition is advised when the same distress which it previously removed has again returned. It is also true, the disease is pronounced inflammatory, and perhaps it is right to take such a view of the subject. However, of this I feel assured, that in the management of this disease, the abstraction of blood, whether by the lancet or by leeches, is often carried to an injurious, not to say a fatal extent. In truth, was the croup to be cured by the whole cohort of antiphlogistic measures, the grave would have been deprived of many an inmate which it now embraces. The record which every person of experience carries about him, proclaims the insufficiency of the means he recommends. Can it be that the antiphlogistic plan is not carried to a sufficient extent? I cannot but doubt the force of the objection which such a question conveys, and so, I think, will every one who has the power of taking a calm review of his own experience. The most powerful depletory agents have been employed in every degree, and we may almost say, in every stage of the disease, without any result from which confidence in the practice can in future be derived.

Emetic tartar being mentioned by the talented annotator as a remedy to be used after venesection, I cannot close the notice I have been induced to take of the treatment by Dr. Lehman, without an expression of its influence on croup. Like venesection, when too early employed, it withholds diaphoresis of a warm, salutary character, while it promotes a moisture on the surface, which to the hand feels thin and cold, thus giving proof of the obedience of the system to its depressing influence, against which the remaining powers of reaction in vain contend. In the antiphlogistic pressure of either venesection or tartar emetic, I confess, and must say, I have no confidence.

Leeches and blisters are often the resource of men who are in the habit of pursuing a practice of routine. I have never seen these means decidedly useful. When timidity restrained the lancet, I have known the former to be prescribed in such ill-judged numbers, that the child died of hemorrhage, almost before the leeches were disengaged. If action on the skin be at any time necessary, the more sudden the means by which it is produced the better; the delayed action of a

blister is an insuperable objection to it. In croup its action is never beneficial, and I dare to say, no one will be found so bold as to assert that even one single fact can be found to establish the propriety of the continuance of their use. For my own part I will never prescribe them, while there are means within my reach by which the skin can be more suddenly and as strongly acted upon. The value of what is commonly called a counter-irritant, is strongly displayed by the brief statement which follows. A boy of two years of age was brought to me to hospital in the arms of his mother, in the advanced and most unpromising stage of croup. I saw him in the hall at a time when I was surrounded by my pupils; I pointed their attention to the disease; I said I had no hope, and yet I would try an experiment. I procured a piece of lapis infernalis, and applied it extensively to the back of the neck, as if I designed to establish a large issue; I shall only add that the boy was quickly relieved, and rapidly recovered from the extreme danger in which I perceived him to be placed.

Mercury is a remedy upon which I am induced to say reliance cannot be reposed. To wait for its effects is to waste time of precious value. I never saw an instance in which it produced any change in the disease, although given in every proportion of dose, and in all its forms of application.

I shall close these remarks by observing, that I never saw a case in a child, of twelve hours' duration, which did not resist all the usual remedies of routine. If candor extracts a similar confession from persons of extensive opportunity, it is surely high time to pass from a fruitless track, and to start into a new course. That which I recommend is, however, suited only to the period of invasion. I know of none equal to control the more confirmed stage of this disease.

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ART. IV.—*On Tympanitis occurring in Fever, and the different Modes of Treating it.* By R. J. GRAVES, M. D.

The mucous membrane of the alimentary canal secretes air in abundance during health.—The immediate uses of this secretion have not been sufficiently studied, nor have I now sufficient space to dwell upon this subject; it may be remarked, however, that the presence of air in the bowels must be of great importance, both physically and chemically assisting digestion, which essentially consists in the gradual softening and final solution of the solid food, and the absorption of the dissolved portions. Physically the air must facilitate the motions of the alimentary bolus, keeping the bowel in a suitable state of distension, and being ready immediately to occupy the place of the solid or fluid contents as they are moved about, or absorbed; chemically, it is well known that certain gases, such as carbonic acid, a gas always very abundant in the intestine, possess a remarkable power of rendering various solids more readily soluble in water, particularly when these gases are subjected to the effects of pressure in close vessels along with the solvent fluid, a state of things which exists also in the intestines; another chemically powerful gas secreted by the mucous membrane of the bowels is sulphuretted hydrogen. In the upper portion of the canal common air is most abundant, in the lower the two other gases become predominant, a distribution not fortuitous, but no doubt designed and destined to fulfil important purposes. It appears indeed that those portions of the alimentary canal, which secrete fluid acids (the muriatic and acetic) in abundance, do not secrete acid gases, while the remaining portions secrete these gases in greater abundance, so that the one may be considered as supplemental to the other. I am not aware that physiologists have as yet considered this subject in the point of view here brought forward, although it evidently illustrates many things connected with practice. Thus I have remarked frequently, and I would call attention strongly to the fact, that in persons laboring under dyspepsia, and in whom the derangement appears to be limited to the stomach, the supplementary digestion in the small intestines appears to be carried on with great activity. Such persons suffer much immediately after having taken food; they experience an oppressive sense of weight about the stomach, with flatulence and distention; in fact, they feel exceedingly uncomfortable until the food passes into the duodenum, when the digestive power is in full vigor and activity. As soon as this occurs, the sense of weight and distention rapidly disappears, and they are no longer troubled with flatulence. I have further noticed, that such persons do not lose flesh or strength, and an inspection of their alvine discharges has shown that every particle of nutritious principle has been absorbed, and found its way into the system. This I have frequently observed. Persons will apply for advice who have been for a long time laboring under symptoms of derangement of the stomach, yet they are by no means emaciated, and are quite capable of discharging the duties of situations which require great mental and bodily activity. This shows that if the process of digestion does not go on well in the stomach, it must somewhere else. If in such cases the stomach is weak and unable to perform its functions, the remaining part of the digestive tube is strong, and pours out the fluids necessary for completing the process with great energy. Again, we meet with many persons who never complain of acidity, pain, flatulence, or sense of distention and weight in the stomach, and yet they are frequently annoyed with unpleasant abdominal sensations; they have costive or irregular bowels, diarrhœa, tormina, tympanitis, fetid, unhealthy evacuations, and scanty, high-colored urine. They feel uncomfortable, not immediately after a meal, but in three or four hours, they lose flesh and strength, and have a pale, sallow, unhealthy look. Here the dyspspsia is intestinal; the stomach works well and performs its functions with vigor, but when the alimentary mass enters the small intestines, it produces a great deal of discomfort, because the supplementary digestion is deranged, and its performance attended with much labor and difficulty. In some cases, both these forms of dyspepsia are combined, and these are of course

the worst; but they may exist quite distinct from each other, and a patient, with his stomach in a perfectly normal and healthy state, may labor under dyspepsia from derangement of the digestive functions of the small intestines, or, with the latter in a healthy state, he may have indigestion from simple gastric derangement. We have indeed reason to conclude, that when organic or functional disease so impairs the energies of the stomach that it assists but little in the performance of digestion, the intestinal digestion becomes more intense; it is only thus that we can account for the absence of emaciation in certain cases, such as that of Napoleon Bonaparte, where, nevertheless, the stomach was so extensively disorganized as totally to prevent its taking any part in the process of digestion.

The preceding remarks, though not directly connected with, are nevertheless illustrative of the subject under consideration, it being evident that the secretion of air natural to the mucous membrane of the intestines during health, may readily be augmented in disease, so as to give rise to intestinal tympanitis. This happens in all cases when inflammation or congestion attacks this tissue, an occurrence particularly frequent in fever. When tympanitis takes place in the commencement of fever, it invariably proceeds from inflammation, and is usually preceded by tenderness and other equally unequivocal symptoms of inflammatory action within the abdominal cavity. The remedy for this complication consists in local blood-letting freely applied, together with small doses of Dover's powder, with considerable doses of pulvis hydrargyri cum creta; all active aperients should be avoided, but emollient lavements are often useful.—When tympanitis occurs during the middle or later stages of protracted fever, it sometimes is inflammatory, but more frequently depends on a state of venous congestion, occupying a considerable extent of the mucous membrane of the small intestines, which consequently becomes gorged with blood, and livid, and secretes, among other morbid matters, a large quantity of gases. This tympanitis is often preceded by bowel complaint, unaccompanied by abdominal tenderness or pain in the first instance, a state of things which may last one or several days before inflation of the intestines commences. When this occurs, then, if it proceeds rapidly, the belly becomes painful and somewhat tender, on account of the sudden distention, and a superficial observer is thus apt to attribute the tympanitis to active inflammation. Now as this state of things takes place at a period of great debility, when the powers of life are already much exhausted, and when even the application of a few leeches may be followed by alarming weakness, it is evident that this tympanitis must be treated in a manner different from that above spoken of. In general it will be right to commence with the exhibition of ten or fifteen grains of magnesia, with the same quantity of rhubarb, given in some carminative water, such as aqua menthæ viridis, or aqua fœniculi; when this has operated, the belly should be well stuped and rubbed with a stimulating, terebinthinate liniment. It often happens that after the operation of the rhubarb, the diarrhœa, and with it, the tympanitis begins sensibly to diminish, and then a little care will soon remove these symptoms altogether. Sometimes, however, no such improvement follows; and the belly continues to swell, while the bowel complaint is unchecked. This is a dangerous crisis, and requires the utmost judgment in its treatment. It is of great consequence to remark, that when bowel complaint has preceded intestinal tympanitis in fever, and when, notwithstanding the continuance of the bowel complaint, the tympanitis has gone on increasing, spirits of turpentine will seldom be of the least use, whether exhibited by the mouth, or in an enema. We must therefore, under these circumstances, look for some remedy different from those usually recommended, and such a remedy we possess in the acetate of lead. Pathologists are agreed that venous congestion and active inflammation of the mucous membrane of the intestinal canal may often be associated together, and in fact, although these two states are different, and require different remedies, yet they so far approach each other as to require medicines taken from among the class of antiphlogistics; the one requires, however, a very different antiphlogistic from the other, just as chronic dysentery must be combated by remedies different from those suited to acute bowel complaint. Spirits of turpentine is admirably suited to the cure of congestive tympanitis in fever, where no bowel complaint, or a very slight one, has preceded or accompanied it. But is spirits of turpentine an antiphlogistic remedy? I answer, does it not cure certain cases of iritis, of sciatica, and of epilepsy? When, however, a bowel complaint forms a chief feature in the patient's state, and is associated with tympanitis, then the acetate of lead must be our sheet-anchor. I was first led to use this medicine in considerable doses in the latter stages of protracted fever, on the recommendation of Dr. Bardsley, for the purpose of preventing that state of the bowels which so insidiously leads to ulceration of Peyer's glands. Dr. Bardsley certainly deserves much credit for the introduction of this remedy, with which I became familiar in consequence of using it largely in Asiatic cholera, a disease in which the serous discharges are almost invariably preceded, and, when the patient recovers, invariably followed, *by a copious secretion of air into the bowels.* This it was which led me to observe the anti-tympanitic properties of sugar of lead, for I found it to be *a remedy not merely for the secretion of serous fluid into the intestines, but for the secretion of air in that disease.* Afterwards analogy led me to apply it for the cure of tympanitis, combined with diarrhœa, in the middle or latter stages of fever, and I have had much reason to congratulate myself upon this new application of the remedy, for it has been very successful in my hands. It may be well to observe that sugar of lead, besides its astringent, seems to possess *antiphlogistic* properties, otherwise we could scarcely account for its good effects in active hemorrhage, and in violent action of the heart, for which latter it is much celebrated in France when given in large doses. In the above sketch of the treatment of tympanitis, my chief object being to point out the circum-

stances in which acetate of lead may be used, I have omitted noticing many other remedies and methods of treatment, as sufficiently known by practitioners in general; among these probably, none is more effectual than leeching the anus in inflammatory cases, and in *all*, mercurial dressing applied over a very large vesicated surface on the abdomen.

As I have mentioned spirits of turpentine as a cure for iritis, as first recommended by Mr. Carmichael, it may be well to observe, that it is extremely useful when, by judicious mercurialization of the patient, the destructive progress of the disease is arrested, but, as happens not unfrequently, again recommences, notwithstanding that the patient's mouth is still sore, nay, though he may be salivated. Then it is, that spirits of turpentine often acts like a charm, and prevents the necessity of recurring to mercury a second time.

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ART. V.—*Illustrations of the Elementary Forms of Disease.* By ROBERT CARSWELL, M. D., Professor of Pathological Anatomy in the University of London. London. Folio. 1833, 4, 5. Eighth Fasciculi. Longman.

Dr. Carswell's work belongs to one of the most interesting departments of pathological anatomy. This science may, we think, be said to include four different kinds of researches. The first to be mentioned, because of its priority in history, is that of which the object is the discovery of alterations in organs, *as organs*, and consequently, with reference to the changes in their real or supposed functions during life; or, where the function is doubtful, with reference to the symptoms of the fatal malady. These objects of inquiry were the only ones that engaged the earlier morbid anatomists, and they have been diligently pursued in modern times, under the denomination of *special* pathology. Researches of this nature are obviously of the last importance in diagnosis and prognosis. The *second* species of morbid anatomy is that which examines the organs with reference to the tissues involved in diseases, and which traces in organs differing considerably from each other a similarity of lesion, determined by their possessing one or more tissues in common. This method of investigation, suggested by Bohn, practised in this country by Carmichael Smyth, and reduced by Bichat to a system which has immortalized his name, has been particularly useful in illustrating the affinities of diseases, their local origin, their course, and their extension. The *third* species is that which looks for certain textural changes, common to a great variety of parts, and recognized by certain essential characters, which are only accidentally modified by the nature of the tissues themselves. Not to mention inflammation and its immediate products, the changes in question embrace deviations from the proper consistence of organs, excesses or defects of nutrition, perversions of secretion, and the deposition of peculiar substances. The last of these subjects has been particularly prosecuted by Abernethy, Bayle, Laennec, Andral, Cruveilhier, and Carswell. This division we consider the most important of all, because, as we shall see by and by, it conducts us nearer to the very beginnings of evil; or, in other words, assists us in ascending from local to constitutional causes, from diseases to diatheses,—an end of incalculable moment to prophylaxis. To the *fourth* species belong those investigations which trace original malformations, and subsequent transformations of tissues, and many other lesions, to the operation of laws which govern the processes of organization throughout the animal kingdom. Viewing it in this manner, we may recognize in a malformed organ the permanence of a condition which is usually confined to the embryonic state; or, in a diseased organ, the return to a lower type of developement. Inquiries of this description teach us that a compound tissue, in its morbid transformations, can only assume the forms of which its elementary tissue is susceptible. Thus, fibrous tissue, cartilage, bone, skin, &c., can only be mutually convertible into one another, or *repeat* one another, or such structures as have cellular membrane for their fundamental tissue: they cannot be converted either into nervous or into muscular matter, nor these into those. This department of anatomy promises a harvest of most interesting facts, which, if not immediately applicable to practice, must throw great additional light upon the regularity of Nature's operations, and exhibit order and method in the midst of what might at first appear only chaos and confusion. But we hope for something beyond this. Should it be discovered that the anormal condition of an organ in the human subject resembles the normal condition in one of the lower animals, (as, for example, the lungs of aged persons resemble those of the chelonian tribe, more than those of young persons,) and that this condition is best maintained by certain modifications of the external stimuli of life, we may hence obtain suggestions respecting the circumstances that have favored the degeneration in question. We need scarcely add, that this branch of anatomy, under the title of transcendental, has been zealously cultivated by Oken, Meckel, Geoffroy St. Hilaire, and Serres. The last mentioned author has done more than any of his predecessors in connecting the anatomical discoveries with pathological doctrines.

The third division we have already said has nothing to do with particular organs or particular tissues; it is likewise unconcerned in the observation of analogies between anormal conditions of organs and their embryonic states in the same animal, or their normal conditions in other species. Its object is the investigation of particular pathological states, which may affect all or some only of the various organs and tissues. Thus, it searches for the essence of inflammation, and shows that it may be produced wherever there are capillaries and blood, and that it must be modified according to the composition of the latter and the arrangement of the former, &c. It likewise traces peculiar products to faults in the blood; which products may be discharged upon secreting surfaces, or may be deposited in

place of the proper molecular structure of organs, and which will present certain forms, consistence, size, color, &c., according to the nature of the tissue and other circumstances. Such pathological conditions correspond pretty closely to Dr. Carswell's Elementary Forms. Having said thus much by way of introduction, we shall proceed to consider the manner in which this able author has treated his subjects.

We may first mention that eight fasciculi have been published: the 1st, upon Tubercle; the 2d and 3d, upon Carcinoma; the 4th, upon Melanoma; the 5th, upon Softening; the 6th, upon Hemorrhage; the 7th, upon Mortification; and the 8th, upon Pus. Each fasciculus contains four colored plates.

Before entering upon a critical analysis of the first fasciculus, we may perhaps be allowed to make one or two remarks upon the origin of morbid growths in general, without implicating the question, whether they depend upon disordered secretion, or upon disordered nutrition; nor shall we at present inquire whether, upon their first appearance, they assume the forms of cysts. A question of greater moment is, whether their cause is confined to the part in which they are found, or whether it must be sought in some fault pervading the whole economy. In favor of the former supposition, the following presumptions might be urged: 1st. The mere fact of the frequent circumscription of the diseased structure; since, if the cause were general, the effect might be expected to be so likewise.—2d. The predilection which the morbid growths exhibit for particular organs; as tubercle for the lungs, scirrhus for the mamma and pylorus, encephaloid cancer for the testicle, &c. 3d. The apparently close connection between the anomalous formation and certain external agents, of which the operation is manifestly circumscribed; e. g. the production of scirrhus by a blow. 4th. In certain cases, the apparently good health of the individual up to the commencement of the disease. 5th. The direct ratio existing between the degree of the constitutional affection, and the activity of the local malady. Upon the first of these, it may be remarked, that we might admit the principle that it is superfluous to look for the cause of the alteration in a structure beyond its locality, were the materials of the structure derived exclusively from the place where the disease exists, or if all the structures in the body were so similar to each other as to forbid our supposing that the particular formation of some might occasion in them a more signal developement of a fault more or less common to all. Assuming, for the sake of illustration, that the constitutional fault consisted in a defect of some proximate principle in the tissues generally, is it not all but certain that this defect would occasion more mischief in some organs than in others; those, namely, into which this principle most largely enters? or assuming that the evil was in the blood, we might rationally expect the composition of some structures or products to be more influenced than others, by an excess or deficiency of principles important to their very existence. There is, consequently, no more weight in the second argument than in the first of those above mentioned, since the greater frequency with which particular parts are affected would only indicate that the tissues of which they are composed, and the fluids which permeate them, are such as to be especially affected by a morbific cause, which prevails to a greater or less degree throughout the system; just as, in general hyperæmia, particular organs are apt to be more congested than others. In like manner we may dismiss the third argument, which proves nothing more than that a local agent may excite disease in an organ which was predisposed, but throws no light upon the mode in which the predisposition was brought about. With regard to the fourth, we may observe, that the cases in which there has been no manifest declension of health prior to the appearance of the morbid growth, are very rare, and that, when they do occur, it will be found that some local cause has occasioned, in the part affected, a condition favorable both to the production and to the acceleration of the morbid process. Thus, we occasionally observe a very rapid tuberculization of the lungs supervening on an apparently good state of health; but in such cases the disease almost always begins with an attack of pneumonia or of bronchitis, which places the organ in circumstances highly favorable to the formation of tubercles. Or, to take the case of scirrhus of the mamma, occuring in a person apparently free from disorder; in the majority of instances, as every one knows, this affection is preceded by a change of complexion, by debility, and other signs of deteriorated health; but, in such as we have alluded to, it will generally be found to be the result of some accidental circumstance which occasioned an accumulation of blood in the organ, a blow, for instance, or exposure to a current of cold air. The fact adduced in the fifth presumption may be applied conversely: that is, the activity of the local disease may be considered only a sign of the intensity of that constitutional taint, the existence of which is attested in other parts of the body.

Very little doubt can rest upon our minds respecting the point at issue, if we now take into consideration the direct presumptions in favor of the supposition that morbid growths owe their origin to the state of the whole system. 1. The very frequent diffusion of the morbid matter in several organs at the same time; this diffusion not admitting of explanation upon any supposition of absorption. 2. The production of the substance in other parts of the body, after the removal of the organ in which it first appeared. 3. The well known fact that a slight injury, which in most persons would produce nothing more than inflammation, and its usual consequences, will, in a particular subject, be followed by one of the diseased growths under discussion.

We have made these observations, because Dr. Carswell, in his Essay on Carcinoma, is so convinced of that for which we have been contending, that he contents himself with stating it as a law, "that the speciality of the morbid product is independent of any local agency whatever," without adducing any further proof of it than the fact which we have last adverted to.—We could have wished, indeed, that he had discussed the question more fully; partly because

we cannot doubt that he would have placed the arguments in a striking point of view, and partly because we are aware that there are some eminent pathologists not as yet prepared to acknowledge the law laid down. Dr. Hodgkin, for instance, expresses some skepticism as to the existence of the constitutional taint;* and Dr. Alison, while attributing tubercle, encephaloid and melanosis to a diffused constitutional peculiarity, arranges scirrhus and cancer among the formations which have a local origin.†

Assuming, then, that the heterologous formations are not of local origin, we have next to inquire whether the constitutional peculiarity belongs to the blood, or to the tissues, or to both. It needs no argument to prove that blood of a good quality may be sent to an organ, and yet that the nutrition and secretion in this part may prove very vitiated, in consequence of some failure of innervation, or of a derangement of those complicated affinities which preside over capillary changes. But, if the same kind of substance be produced in tissues of a very different organization, as, e. g. upon mucous and upon serous surfaces, in the coats of the stomach, and in the substance of the brain, it is infinitely more probable that the deposit is derived from a common fluid which pervades them all, than that similar derangements should occur in tissues so dissimilar.

This *a priori* argument is strongly confirmed by the fact, that the substances in question are often formed in the blood itself, sometimes in the vessels, sometimes when effused. Dr. Carswell states, that carcinomatous matter is found not only in veins which ramify in the immediate vicinity of tumors, and which might be supposed to have derived it by absorption, but also in remote veins; and in one, in particular, which completely precludes the idea of absorption, viz. the vena portæ. Since there is so strong a tendency, then, in the particles of the blood to arrange themselves in the form of the substance alluded to, it is scarcely necessary to suppose any derangement in any of the other elements of nutritive and secretory processes, were it not that one part is often more affected than another, though of similar organization. Thus, a tuberculous or scirrhous deposit may be confined to one kidney, or to one hemisphere of the brain. In such cases we are disposed to think that very slight differences of mechanical condition, such as a temporary congestion, might be adequate to account for the fact, without supposing any special derangement of nutrition or of secretion.

How the blood becomes thus vitiated,—whether by defects in the assimilative, respiratory, and excretory functions,—defects produced by an originally faulty organization of the parts to which they belong,—or whether it only shares a fault inherent in the chemical composition of the whole system, are questions which we are not at present in a condition to solve.

In the author's description of the characters of Tubercles, the observation most worthy of attention is, that he reckons it among the inorganizable products of the system, and denies that it is in its first stage semi-transparent. In this respect his account agrees pretty closely with that of Andral, and differs from that of Laennec. The last-mentioned author evidently treats of tuberculous matter as if it were a *tissue*, or a part of the animal in which it is found. According to his views, it is an imperfect condition of the parenchyma, the result of an aberration of nutrition; it grows, as he expressly states, by intus-susception, and the changes which it suffers are the effects, not of any neighboring agency, but of processes confined to itself. There was something in this view that at first appeared remarkably consonant with analogy. That in a cachectic state of the system, and consequently of the blood, the structure of a part should *degenerate*, (a term once so common, but now becoming obsolete in our schools of pathology;) that the vitiated structure should undergo spontaneous changes, such as becoming opaque and firm, and then soft and liquid; that it should be evacuated, and leave behind it a cavity; seemed to be not only highly probable *a priori*, but established by a careful observation of the actual facts of the case. Further researches, however, have thrown great doubt over Laennec's doctrines on this subject. Tuberculous matter is not a substitute for the textural particles of the organs in which it occurs, though it may ultimately interfere with their secretion, as we shall see presently. Its seat is not in the substance of the elementary tissues, and it presents no traces of areolæ, fibres, or canals, that would justify us in considering it an organized substance: nor was Laennec's description of the alterations in its qualities so correct as he supposed. Thus, the matter never itself appears first in a transparent form, though it is often accompanied by a transparent secretion; and Andral long ago perceived that, so far from the softening process beginning at the centre, it generally commences at the circumference, in consequence of the secretion of pus which it has provoked by its action as a foreign body.

Pathologists in the present day are agreed, then, that tubercle is an unorganized product; but concerning the mode of its deposition their opinions are more at variance. Cruveilhier holds that tubercle, like all other heterologous matters, is secreted in the areolæ of the cellular membrane, and at the expense of the nutrition of the organ; and that the proper tissue is atrophied. Andral considers it a perversion of that perspiratory secretion which, according to him, occurs wherever there is living matter. Dr. Carswell evidently regards it as an *excretion*, though he does not make use of that very term. We are not aware that any pathologist has made so many important observations upon tubercle as this author, and some of the most interesting of them have reference to its locality. He has satisfied himself that the seats are the blood, and mucous and serous surfaces, (the latter including the cavities of the cellular membrane,) but that mucous surfaces are the places where it abounds most. Upon this particular point his observations are entirely original, and are evidently based upon very careful anatomical observations.

Tubercle, as every one at all acquainted with the subject is well aware, is very frequently

* Medico-Chirurgical Transactions, Vol. XV. p. 321.
† Outlines of Physiology and Pathology, p. 551.

found upon the surface of the pleura and of the peritoneum; but our author's researches have led him to the conclusion that, "in whatever organ the formation of tuberculous matter takes place, the mucous system, if constituting a part of that organ, is, in general, either the exclusive seat of this morbid product, or is far more extensively affected with it than any of the other systems or tissues of the same organ. Thus, the mucous system of the respiratory, digestive, biliary, urinary, and generative organs, is much more frequently the seat of tuberculous matter than any other system or tissue which enters into the composition of these organs." His discovery that the mucous membrane of the lungs is the seat of the deposit, affords direct and valuable assistance in explaining certain facts regarding the form and the changes of pulmonary tubercles. The definite rounded form of tuberculous deposit in certain organs, particularly the liver and the brain, has, we doubt not, contributed to the notion that it is an organized substance. But this circumstance is purely accidental, being determined altogether by the mechanical conditions of the part in which it occurs. Subjected to equable pressure, as in the organs which have been just mentioned, its form is globular: it affects a similar figure, though for different reasons, when secreted in a shut sac, or in a cell, whether an air-cell, or a cavity in the cellular tissue. In tubes, it takes different shapes, according to their distribution: in hollow viscera, as the uterus, and in the pelvis of the kidney, it moulds itself to their interior; and, "upon the surface of serous membranes, whether natural or accidental, it may have either a globular or lancinated form, as the secretion in which it originates may have taken place in distinct points, or from a continuous surface of greater or less extent."

It may not be amiss to remind our readers that a few years ago, when Cruveilhier's experiments on the production of tubercles, by the injection of mercury into the lungs, were repeated in this country by Kay and others, a good deal of stress was laid upon the globular form of the deposit found in the parts which the metal had reached, as indicating their identity with tubercles, and consequently supporting the doctrine of the inflammatory origin of these bodies. We repeated the experiments, and, though obtaining the same results, were unable to deduce any argument from the figure of the bodies in question, in favor of the supposition that they were tubercular; since the figure was precisely what might have been expected from the secretion of a common inflammatory product around the irritating bodies, namely, the *globules* of the metal.

Our author's mode of accounting for the transparent appearance which tuberculous matter so often puts on in the lungs and in the peritoneum, deserves particular notice. We have already mentioned that Laennec was of opinion that it *always* has this character when newly formed; and Louis entertains the same idea: and yet, as Dr. Carswell observes, with great force, this transparent substance is never seen elsewhere than in the lungs and on the free surface of serous membranes; and in these parts it certainly does sometimes precede the opaque matter.—The cause of this appearance is assigned by Dr. C. to the simple fact, that the tuberculous secretion is mixed with the other secretions of the parts alluded to. The explanation cannot be better given than in his own words. Speaking of the air-cells, he says,

"The mucous secretion of their lining membrane accumulates where it is formed; but it is not pure mucus; it contains a quantity of tuberculous matter mixed up with it; which after a certain time is separated, and generally appears in the form of a dull, yellow, opaque point, occupying the centre of the grey, semitransparent, and sometimes inspissated mucus. This process of separation of tuberculous matter from secreted fluids, is strikingly exemplified in tubercular peritonitis. When we examine the peritoneum thus affected, the three following stages of the process are frequently extremely well marked: first, on one portion of this membrane there is seen a quantity of recently secreted coagulable lymph; secondly, on another we find the same plastic semitransparent substance, partly organized, and including within it, or surrounding a globular mass of tuberculous matter; and lastly, on another part the coagulable lymph is found converted into a vascular or pale cellular tissue, covered by an accidental serous membrane, beneath which, and external to the peritoneal or original secreting surface, the tuberculous matter is seated, having the form of a round granular eminence, resembling in color and consistence pale firm cheese." (Fasc. 1.)

The *consistence* of tuberculous matter may become firmer by absorption of the watery secretion which accompanied its deposit, as in the lymphatic glands; or may be softened by infiltration with the fluids which its presence has caused to be secreted. In the latter case, which is the most common, it may be converted into a fluid, of a color corresponding to the matter with which it is mixed, whether blood, serum, or pus. The softening, then, if this be true, must begin at the *circumference*. But how does this agree with the observation made by Laennec, and confirmed by every pathologist of experience, that the centre of a tubercle is often found soft, though the other part has considerable firmness, or, to use another phrase, is in "a state of crudity." It must be remembered that this observation applies only to tubercles in the lungs; and, if our author's account of the manner in which the deposit is formed in these organs be correct, (and we see no reason to dispute it,) the fact admits of an easy explanation, without supposing that the softened spot indicates the commencement of a change peculiar to the substance in question. Thus, if the morbid product be secreted upon the mucous membrane of the air-cells and bronchial tubes, and not at all in the adjoining tissues, it may be so accumulated as to occupy the whole space of the cavity, *excepting a central portion, containing mucus or some other secreted fluid*, which consequently will give to the cell or the tube, when divided transversely, the appearance of a central depression, mistaken by Laennec for the beginning of the change from crudity to softness. This view reflects credit upon Dr. C.'s ingenuity, and appears to us to be subject to no other doubt than as to the pro-

bability of mucus remaining upon the surface of that other secretion which covers the secreting membrane. This difficulty, however, is easily got over, if we take into consideration that it is not necessary that the fluid should be the immediate product of the part in which it is found, and which it may have reached after escaping from other parts of the bronchial surface.

The encysted form which tubercles are said to assume in some cases, Dr. Carswell pronounces to be a deception, produced by the dilatation and distension of a cell, or a tube, in which the matter is deposited. We do not ourselves see why a cyst is not as likely to be formed around tuberculous as around any other foreign body. Our author, of course, admits that an accidental tissue is formed around the matter in the process of cure. His remarks upon the transformation of tubercle into a putty-like substance, by the absorption of the albuminous constituents, and by the condensation of the earthy particles, as well as those upon the changes in the surrounding tissue, are very interesting; but we must content ourselves with referring the reader to the work itself, and to the plates, in which these changes are illustrated with singular felicity.

In examining the plates, we particularly recommend the inspector not to content himself with merely looking, but to look under the direction of the remarks which explain the representation. Without the latter, even the best instructed eye may overlook some very important particulars. Where all represent their originals so faithfully, it is difficult to single out the most excellent; but we have been particularly struck with the delineations of tuberculous matter deposited in the bronchi, and upon the peritoneal covering of a portion of intestine.

Under the head of *Carcinoma*, the author treats, with the hand of a master, of some of the most malignant diseases to which the human frame is liable. He offers at the outset a remark, to the truth of which we cordially subscribe; namely, that great obscurity has been thrown over heterologous diseases in general, by the circumstance of their having been in former times studied almost exclusively upon the surface of the body. Differences of form, of consistence, and of structure, depending in reality upon differences in the degree of developement of the same substance, or in the nature of the tissue in which the substance is formed, have been mistaken for differences in the essential nature of the morbid products. More extended and rigorous examinations, however, have led to the discovery of primary forms common to several varieties; one of these is carcinomatous matter. That the diseases comprehended under Carcinoma have something in common, we cannot for a moment doubt, because, although differing greatly in physical characters, and even in their anatomy and physiology, they are all found to prevail in the same habit of body, to coexist in the same individual, and to pass into each other. In addition to these signs of affinity, Dr. C. observes, that "they all terminate in the gradual destruction or transformation of the tissues which they affect;" and "all possess, although in various degrees, the same reproductive character."

The genus Carcinoma he divides into two species, which he designates Scirrhoma and Cephaloma. These names would imply only a difference of consistence; but he wishes it to be understood that the species are separated upon grounds of difference of a more constant character; viz. that the former have little or no tendency to organization, while the latter are very readily organized. He admits, however, that though, for the most part, the matter of scirrhoma bears no trace of organization, yet it sometimes is changed into matter which becomes organized; an admission which, we think, ought to have prevented him from making any distinction on the above grounds. We confess not to understand, at first sight, how a secreted substance is first inorganizable, and then becomes a substance which is capable of being organized. Doct. C., however, appears to use the phrase "capable of being organized," in the sense of vascularity; and, with this understanding, we see no objection to the classification, though we should certainly dissent from a view that implied that scirrhous matter was not an organized product; since there can be no doubt that it is often a substitute for the proper tissue of an organ; a fact which the author himself takes great pains to illustrate. Thus, in the stomach, it takes the arrangement of the muscular fibres, and in the liver the form of the acini; under which circumstances it must surely be considered an organized substance, though degenerate, and though not readily convertible into a substance of which the nutrition is independent of the organ in which it is formed. Were the latter circumstance to be considered the characteristic of organization, it might be denied even to the molecules, for which the carcinomatous matter is substituted. We are, therefore, disposed to view Andral's arrangement of Scirrhus among the organized products, as more correct than that of our author; though we do not the less incline to the belief that the substances ranked under the head of Carcinoma may be correctly distributed into two groups, characterized by their having a tendency or not to become *vascular*.

The Scirrhoma of Dr. Carswell includes scirrhus, the pancreatic sarcoma of Abernethy, the Tissue lardacé of many French authors, the Matière colloïde of Laennec, and the Cancer gélatiniforme, or aréolaire, of Cruveilhier. To Cephaloma belong the common vascular or organized sarcoma of Abernethy, and the medullary sarcoma of the same author, called by Laennec Matière cérébriforme, or encéphaloide; by Mr. Burns, Spongoid inflammation; by Dr. Monro, Milt-like tumor; and by others, Soft cancer. The Fungus hæmatodes of Hey and Wardrop, and the Fungoid Disease of Sir A. Cooper, are peculiar states of the last-mentioned formation. The author's definition of Carcinoma is as follows:

"From the general considerations into which I have entered on the species and va-

rieties of carcinoma, it must be obvious that no precise definition can be given of this disease. It may, however, be said to consist in the formation or deposition of a peculiar substance, which presents great variety of consistence, form, and color; frequently assumes a definite arrangement, and possesses a vascular organization of its own; gives rise to the gradual destruction or transformation of the tissues in which it is situated; affects successively or simultaneously a greater or less number of organs, and has a remarkable reproductive tendency." (Fasc. 2.)

Although there is some vagueness in this definition, as the proposer of it himself allows, it contains, if we mistake not, sufficient to enable us to diagnosticate it from the only other heterologous deposit with which it is likely to be confounded, viz. tubercle. Melanosis is, of course, out of the question; but from the former it may be distinguished by its occupying the molecular structure of organs, and by its tendency to become vascular.

The remarks upon the "seat and origin of Carcinoma," by which the author means the source of its formation, and the place of its deposition, are deserving of very attentive perusal; particularly the account of the manner in which it enters into the structure of organs: how, for instance, its presence in the liver is betokened by a change in the color, and in the consistence of the acini, while their form and bulk remain for a time unaltered; how, by the grouping of a number of acini, and by their subsequent increase of bulk, they lose their original form, and are transmuted "into a lardaceous mass, or into some one or other of the tissues or substances which belong to either of the two species of carcinoma;" how (to take another example,) the deposit in the stomach often begins to show itself by a paleness and unnatural firmness of the muscular fibres, in which it is the more easily recognized that the color of the tunic differs from that of cellular tissue; and how, in process of time, they "both acquire a greater or less increase of bulk, become remarkably distinct, and present that fibriform arrangement, hardness, and transparency, which are considered characteristic of scirrhus."

The remarks upon the appearance of carcinoma in the blood-vessels are so interesting, that we shall present them entire.

"The presence of the heterologous substance which constitutes the several varieties of both species of carcinoma, in the blood, is a circumstance of great importance, and unless it be clearly demonstrated to arise in consequence of a modification of the blood itself, —in whatever manner produced,—we should find it impossible to explain many of the phenomena which it presents, more especially those which accompany its formation in the molecular structure of organs, and on the surface of membranes.

"The following facts may be adduced as furnishing strong evidence that the formation of this substance takes place in the blood, whether it be found in this fluid alone, or in other parts of the body at the same time; 1st, the presence of this substance in the vessels which ramify in carcinomatous tumors, or in their immediate vicinity; 2d, in the vessels of a portion or of the whole of an organ, to the former of which this substance is exclusively confined, and can be traced from the trunks into the branches and capillaries; 3d, in vessels having no direct communication with an organ affected with the same disease, as, for example, when it is confined to a small extent of the vena portæ; and lastly in blood which has been effused into the cellular tissue, and on the surface of organs. The divisions of the vascular system in which the carcinomatous substance has been observed, are the venous and capillary,—a circumstance which may be ascribed to the contractile power of the arteries preventing, under ordinary circumstances, the blood from accumulating, and, consequently, this substance from forming within them, and not to any peculiarity of function exercised by the former. The appearances which the carcinomatous formation presents in the blood are very various, and sometimes perfectly similar to those which mark its presence in the substance or on the surface of organs. In large veins, such as the vena portæ and its branches, the emulgent vein, &c., it may present the lardaceous, mammary, medullary, or hæmatoid characters, all in the same venous trunk. These varieties of the carcinomatous formation may be found mixed together in minute quantities, or isolated into masses so conspicuous that we can readily distinguish them from one another; sometimes they lie merely in contact with the internal parietes of the vein; at other times they are united to the latter by means of a thin layer of colorless fibrine; or minute blood-vessels pass from the one into the other, and are often very numerous and remarkably conspicuous in the cerebriform matter. The *formation* of these varieties of carcinoma in the blood cannot remain a matter of doubt to those who have had occasion to examine the appearances I have described. That the presence of an organized product in the blood can have no other origin than the blood itself, and that such a product cannot be introduced into this fluid by absorption or otherwise, are facts so obvious that I shall not attempt any further illustration of them." (Fasc. 2.)

With the above views, the supposition of a peculiar modification of growth in the part where the morbid product is found, would of course be incompatible. The matter is separated from the blood, and assumes a certain form, bulk, color, and consistence, not by virtue of any inherent peculiarities of organization, but of the circumstances of its locality.*

* Since writing the above, we have examined a very striking case of carcinoma of the uterus, confined to the body and fundus. In the latter part, and in the posterior parietes, the morbid deposit re-

It is not a growth, germinating, as it were, from the coagulable part of the blood, as was taught by Abernethy, nor is it (in the language of Laennec) an adventitious tissue.—Neither can it be said (with Dr. Hodgkin) to be always a cystiform structure. In commenting upon the views of the last-mentioned pathologist, as developed in his admirable essay* on Adventitious Structures, our author admits that, if cysts exist in any of the organs of a person who is the subject of the cancerous diathesis, they may become the seats of the peculiar deposit, equally with any other serous membranes. He observes, however, that not only is the carcinomatous secretion often produced where there are no cysts at all, but that, where they do exist, the matter is often secreted in the cellular tissue external to them, in such a manner that the serous membrane is projected before them; a fact which is actually represented in Dr. Hodgkin's paper. This view would reduce the relation between cysts and carcinomatous deposits to one of a very accidental character; much more so than we are disposed to admit, partly because we think it unlikely that, with such powers and opportunities of observation as are possessed by Dr. Hodgkin, he should have attributed to scirrhous formations in general an attribute which, according to Dr. Carswell, occurs only when there chance to be cysts in the vicinity of the carcinomatous secretion. Though by no means believing that cysts are at all essential to the formations under discussion, we certainly think that they do take a part, though a subordinate one, in the production of the peculiar substance. Is it not probable that they are sources of irritation in their locality, and that the consequent afflux and congestion of blood in the surrounding tissues occasion the morbid deposit? that, in fact, they operate in a manner analogous to that of a local injury? The non-occurrence of cysts in the liver, walls of the stomach, the lungs, kidneys, lymphatic glands, brain, spleen, and blood, during the developement of carcinoma, seems a rational objection to the general application of the doctrine of the cystic origin of tumors; but we are not sure that Dr. Hodgkin would not consider this statement a *petitio principii*, and allege that, although simple cysts containing fluid may not be present, yet the very carcinoma itself, when properly dissected, would prove the existence of the structure which is denied; viz. that of a cyst, the cavity of which is filled up by a number of smaller cysts, having the form of pedunculated tumors, upon which the larger cyst is reflected, in the manner of a serous membrane. With cysts of this description there may not perhaps be coincident cysts of the more ordinary kind, and yet the former may not the less exist. Whether carcinoma can in all cases be unravelled into such a growth as that which Dr. H. has described, is another question, which can only be determined by dissection, not by the presence or absence of cysts, such as we usually understand them.

We cannot leave this part of our subject without saying that, whether this theory be true or not, Dr. H.'s essay is extremely valuable in other respects; and particularly for a summary which it contains of the distinguishing characters of malignant diseases.

We can only present a very hasty abstract of Dr. Carswell's able description of the physical characters of Carcinoma. The three principal forms are, the Tuberiform, the Stratiform, and the Ramiform. The first of these is the most frequent and various, being in organs of equal density, globular; upon serous surfaces, passing from a globular to a pyriform shape, either on account of the mode of its attachment, or of less resistance being opposed to its growth in one direction than in another; fungiform, when resisted anteriorly, but free laterally; lobulated, when accumulated in separate portions of the cellular tissue; of a cauliflower or mulberry form in the sub-mucous cellular membrane, being in that part collected in separate cells, and but little constrained in its increase by the mucous tissue.

"That appearance of carcinoma which resembles the structure of the pancreas depends generally on the agglomeration of very small globular or pyriform tumors, separated from one another by cellular or cellulo-fibrous tissue, but inclosed in a common capsule."—(Fasc. 3.)

The stratiform arrangement is met with chiefly in the sub serous cellular tissue, the physical qualities of which sufficiently explain this distribution. We have traced it in the peritoneum, throughout the intestinal tube, as well as upon the abdominal parietes. In one case of this description which fell under our observation, the omentum was converted into a solid prism-shaped body, lying between the stomach and colon, flattened at one extremity near the spleen, and somewhat lobulated, so as to resemble the pancreas, for a disease and displacement of which it was at first mistaken, till that viscus was discovered in a tolerably healthy state. The ramiform arrangement takes place when the morbid matter is collected in the veins: this appearance is most frequently found in the kidney.

The *bulk* of carcinomatous formations is closely connected with the degree of pressure to which they are subjected. Their slow pro-

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sembled in color and consistence a section of the white part of *brawn*. Where it projected into the cavity, and consequently suffered less pressure, it was softer, and had somewhat of a cauliflower appearance: in one part it was vascular and fungoid. The anterior wall of the organ was thinned, and partially ulcerated, by the pressure of the carcinomatous matter, which must have grown from behind forwards. But the most interesting appearance was a black discoloration of the serous surface, chiefly between the uterus and the rectum. We found it to be occasioned by a thin layer of extravasated blood under the peritoneum, which had most probably been blackened by the chemical agency of a very ill-conditioned fluid, that was contained in considerable quantity in the peritoneal sac. In the effused blood there were three patches of a dirty yellow substance, each rather larger than a sixpence, which we scarcely doubt was carcinomatous matter, separated from the blood. The extravasation we attributed to the congestion occasioned by the presence of the enlarged uterus upon the veins.

* Medico-Chirurgical Transactions, Vol. XV.

gress, when restrained by a fibrous membrane, and the frightful rapidity with which they increase where that obstacle is removed, are both exemplified in carcinoma of the eye, before and subsequently to the operation of extirpation. The bulk of these formations is not determined by physical causes only: in the cephalomatous species, the size and growth are mainly dependent on the vascular organization.

The *consistence* depends, 1st, upon the structure of the organ affected: thus, it is denser in the liver than in the brain, and in the skin than in the sub-mucous cellular tissue. being subjected to greater pressure in the one situation than in the other: 2dly, upon the elementary composition of the deposit: thus, in the same stage of developement, in the same organ, and with the same degree of pressure, as upon the surface of a sore formed by the destruction of the protruded portion of a tumor, (e. g. the bottom of the orbit after removal of the eye,) it will be found of very various density. 3dly, upon certain changes in the matter itself and in the surrounding tissue, which we shall allude to directly.

The sections upon the chemical composition of Carcinoma, and upon its anatomical characters, will not admit of condensation. With regard to the latter, however, we must not omit to remark, that the accurate description of the structure of scirrhoma confirms the objections which we offered just now to the grounds upon which the author distinguishes this species of carcinoma. When he speaks of its containing cellular, fibrous, and serous tissues, and moreover takes some pains to prove that what Andral calls mere hypertrophy of the cellular membrane is in reality "a tissue *sui generis*, produced by the uniform distribution and molecular deposition of the carcinomatous matter, either in the cellular tissue of an organ, or in an accidental tissue of a similar kind, formed during the deposition of the carcinomatous matter," it seems surprising that he should have characterized it as indisposed to organization. That it does not become *vascular*, appears pretty certain; for, notwithstanding that vessels are occasionally perceptible, they will, upon careful examination, be found to belong to the tissues in which the deposit is formed. The description of the proper circulation of cephalomatous tumors, as distinguished from their collateral circulation, (Fasc. 3,) is extremely graphic. In the course of some observations upon the physiological characters of carcinoma, the author shows satisfactorily enough how some of the most striking phenomena that occur during its progress are produced by alterations either in the proper or in the collateral circulation; a fact of considerable importance, inasmuch as it forbids our attributing, as we are but too apt to do, the changes in question to some specific processes peculiar to the morbid product. To take an instance: a mechanical congestion in the collateral veins is frequently the cause of such congestion in the whole or in a part of the tumor, as not only to alter its color, but to produce hemorrhage, either internal or external. This occurrence may take place very early in the disease. We remember the case of a countryman who had a considerable tumor in the vicinity of the deltoid muscle, the origin of which he stated to have been almost sudden, after violent exertion with a flail. The abruptness of its appearance led many to think that some blood-vessel had accidentally given way during the muscular efforts; but the tumor proved ultimately to be genuine encephaloid, which, in all probability, had existed for some time prior to the violence, but had received a sudden accession of bulk, by the occurrence of hemorrhage. Not only hemorrhage, but mortification, may result from the compression of veins: this compression being sometimes caused by smaller tumors in the neighborhood of the formation, and sometimes by the unyielding nature of the tissue.

We extract the following account of the ulceration of carcinoma.

"It is well known that it is the most projecting part of a tumor situated beneath the skin, in which a solution of continuity commences; and the reason of this is, that it is here the circulation is first arrested from the greater degree of compression to which the blood-vessels are subjected, together with the increased influx of blood caused by a greater degree of irritation. The most elevated portion of the skin becomes atrophiated during the first stage of compression and irritation, that is, when the circulation of the blood through it is only impeded; but so soon as this all-important function has ceased, which is announced by change of color from bright to dark red, purple, or black, a diminution of sensibility and temperature, it begins to soften, soon sloughs, and exposes the subjacent portion of the tumor whose circulation had been similarly modified, softened, and deprived of vitality to a greater or less depth. The edges of the solution of continuity of the skin when first formed are sharp and irregular, they are not *everted;* they are, on the contrary, sometimes *inverted;* and their thickness is in proportion to the depth of the slough. The peculiarity of form assigned to the edges is produced by the subsequent developement of the carcinomatous substance situated beneath them, which, being entirely freed from pressure all round their internal margin, necessarily projects forwards, as it grows, towards the centre of the tumor, hollowed out by the softening and sloughing process, and, consequently, carries them gradually upwards and backwards. They acquire at the same time, a great accession of bulk, and form a rounded undulating border, beneath which the skin is found doubled upon itself, encircling the carcinomatous formation." (Fasc. 3.)

We may remark, that Dr. Hodgkin's mode

of accounting for the peculiar ulcer is in some respects similar to the above. Believing the whole formation to consist of several cystiform tumors growing from a common cyst, he states that, in the progress of growth, the central tumors are so compressed and strangulated, by the increasing bulk of those around them, as to lose their vitality; and thus to become the subjects of a softening and sloughing process. For the production of this effect, however, he thinks that the strangulation must be somewhat sudden: otherwise, the central bodies may be converted into a dense structure, and ultimately become penetrated by earthy particles. Such changes occur in the scirrhous tubercles of the liver and of the uterus.

All the changes incident to Cephaloma, viz. congestion, softening, and sloughing, may occur also in Scirrhoma; but, in the latter, they depend on the vascular system of the tissues contained in the carcinomatous matter; in the former, upon the proper and collateral circulation.

Nerves have never been reproduced in Carcinoma. This we might, *a priori*, infer from our knowledge of the laws of organic developement. Carcinoma, a deteriorated organization, could never present that which all analogies lead us to believe to be the *summum opus* of the *nisus formativus*.

Melanoma is not, as it might at first sight appear, an accommodation of the terminal syllable of the more familiar designation to that of Carcinoma. It implies more than the melanosis of Laennec; for, whereas the latter was the name given to a morbid product, *sui generis*, the former is employed by Dr. Carswell to signify all "black discolorations or products," which he separates into two groups, the True and the Spurious. Upon the description of the former of these we do not think it requisite to enter, though it possesses a particular interest, by reminding us of some of the author's earlier researches, conducted in concert with one whose bright though brief career promised much to the pathology of his country. We allude to the late Dr. W. Cullen, who published a joint memoir with our author upon Melanosis, in the second volume of the Edinburgh Medico-Chirurgical Transactions. The source of this, as of the other morbid formations which have engaged our attention, Dr. Carswell traces to the blood, in which he is of opinion that there is an accumulation of the carbon usually employed in coloring the hair, the rete mucosum, the choroid, and other parts. It is a curious fact, and certainly a presumption in favor of this notion, that grey and white horses are much more subject to melanotic formations than the bay, black, or brown.—Chemical analysis, and the anatomical distribution of the substance, certainly lead us to believe that it is derived from the blood: whether it be really identical with the matter usually appropriated to natural colors and pigments, we do not pretend to determine: for Dr. C.'s arguments we must refer the reader to the work itself.

Of the pseudo-melanotic formations, the first described by the author is that which occurs in the lungs, and which is produced by the introduction of carbonaceous matter.—Mr. Pearson, and subsequently Laennec, had intimated that some kinds of pulmonary discoloration were owing to carbonaceous impregnation of the tissue; but the opinion was first put to the test of experiment, in a case published by Dr. J. C. Gregory, in the Edinburgh Medical and Surgical Journal, No. cix. Dr. Christison's analysis of the black matter contained in the lungs identified it with "the ordinary products of the distillation of coal."

"The physical characters of this form of spurious melanosis, viz. the uniform black color of both lungs; the absence of any similar discoloration of any other organ; the occurrence of the disease in those habitually exposed to the inhalation of the coal-dust always contained in the atmosphere of a mine; and the black matter found in the lungs consisting essentially of this substance; are circumstances which demonstrate clearly the origin of the black matter, and its identity with the carbonaceous powder inhaled with the air in breathing." (Fasc. 4.)

Another species results from the operation of chemical agents on the blood. Of these, the most common are the acid contents, whether natural or morbid, of the alimentary canal. The discolorations vary "from a dull yellow orange tint to the color of chocolate, bistre, or soot." The distribution is punctiform and ramiform when the blood acted upon is contained in the capillaries and veins of the stomach; and its extent is proportionate to the quantity and to the diffusion of the gastric acid, and its intensity to the quantity of blood contained in the vessels of that organ. The following observations are very interesting:

"The ramiform black discoloration of the blood from the pressure of an acid is seldom met with in the intestines, but the punctiform is not uncommon. The latter takes place in the capillaries of the villosities, and in those around the orifices and bases of the follicles. When the villosities are the seat of the discoloration, the surface of the mucous membrane appears as if it had been dusted all over with fine powdered charcoal, which gives to it a deep grey or slate color. The discoloration may occupy the orifice of a number of contiguous isolated follicles, or of the aggregated follicles, and give rise to an appearance resembling acne punctata; or it may surround the orifice or basis of the isolated follicles, when it has an annular form.

"These appearances observed in the villous and follicular structures of the intestine, have always been confounded with those produced by chronic inflammation. Both lesions are

so similar in their physical characters, that it is only from the absence or presence of an acid in the affected portions of the intestine, that we can form a decided opinion on the nature of either.

"The ramiform black discoloration of the blood is met with occasionally on the peritoneum, in cases of chronic tubercular peritonitis. The tubercles scattered over the surface of the peritoneum are surrounded by a dark ring, or a multitude of minute vessels, filled with black blood, either grouped close together, or having a stellated arrangement. The tubercles, if small, are thereby greatly obscured, and the peritoneum appears as if spotted with a deep brown, or black pigment." (Fasc. 4.)

The *stratiform* discoloration is most frequently seen either in the sub-serous tissue of the peritoneum, or in its accidental membranes when blood has been effused. The *liquiform* occurs in the stomach, when hemorrhage from any cause has taken place, and constitutes the black vomit of cancer. Perhaps, the "coffee-grounds" vomit owns a similar cause. Melæna, and the black pitchy matter found upon ulcers of the large intestines, are, as every one knows, referrible to the action of sulphuretted hydrogen upon the blood. Blood in the peritoneal cavity is sometimes blackened; in which case it is probable that the gaseous acid just mentioned is the agent, after penetrating the coats of the intestine.

Stagnation of the blood in the capillaries, or venous extremities, is sufficient to produce a spurious melanosis, without the coöperation of any chemical agent. The blackness is attributed by Dr. Carswell to coagulation, and to the escape of the serum, which carries away with it the saline particles, which there is good reason to believe, have much to do with the red color of the blood. In the lungs, this kind of discoloration constitutes the "matière noire pulmonaire," and may occur in any disease which is attended with much obstruction to the pulmonary circulation.

"The grey or bluish grey color of the tuberculous matter so often met with, is occasioned by the presence of these black points, which appear to have their seats in the air-cells, the circulation in which is early impeded by the accumulation of the tuberculous matter within them." (Fasc. 4.)

The blackening of the bronchial glands is due to the same causes. It is most frequent in aged persons, but occasionally is found in young subjects affected with tubercular phthisis. We have found amid a cluster of these glands, enormously enlarged by tuberculous deposit, two or three smaller ones of a bluish black; in which it is possible that sanguineous obstruction had been occasioned by the morbid enlargement of the others, while the obstruction was perhaps a preventive of the secretion of the tuberculous matter to the same extent.

The dark discoloration which is found in the mucous membrane of the intestines, and particularly of the cœcum and colon, (designated by French writers "*coloration ardoisée*," is frequently the result of chronic inflammation; but it may be imitated by the action of acid matter upon the blood contained in the capillaries of the membrane. Doctor Carswell thinks that there is no other method of distinguishing the pseudo-morbid appearance, than that of testing the presence of an acid. We conceive, however, that there would be but little use in this procedure, when the agent has been sulphuretted hydrogen, notwithstanding it is a gaseous acid. The fallacies to which this coloration is likely to give rise were first pointed out, we believe, by MM. Kigot and Trousseau. In the present state of our knowledge, we must be content to decide upon the value of this sign, in much the same manner as upon that of *redness;* namely, by ascertaining whether it is accompanied or not by changes in the consistence or thickness of the tissue, or in the secretions of the part discolored.

The subject of the fifth fasciculus is *Softening*. Were the term confined to that species of softening which is a perversion of nutrition, *sui generis*, there would be no objection to its arrangement among the "elementary forms;" but when we find ramollissement from inflammation, and from obliteration of arteries, placed under this head, it is impossible to help being struck with the inconsistency; more particularly as the author does not think it requisite to devote a special discussion to the idiopathic species. He remarks, however, in general terms, that softening may be the effect of a lesion of the blood, and may extend to the tissues generally.

"But there is another kind of this lesion, of a much more general character, and which is also very different in its nature from the two former. It occurs in almost all the textures of the body at the same time, although it may be so slight in some as hardly to be observable; whilst in others, even the hardiest, it may be strongly marked. It is never observed unless in individuals in whom nutrition in general is greatly modified. The modification of nutrition which precedes the softening process is, however, very different in kind in different individuals, a difference which obviously exercises a great influence in determining the seat and severity of the disease. Thus, in children born in a state of debility and emaciation, and in those who have long been deprived of the wholesome necessaries of life, we find all the tissues and organs of the body more or less soft, and easily injured by external causes. This general diminution of cohesion is accompanied by universal pallor, a watery, scanty, and a plastic state of the blood. Such, also, is the case in advanced stages of tuberculous disease and scorbutus, the bones, as well as the other textures being found, in those who die of these

diseases, soft, spongy, and infiltrated with a sero-albuminous, or sero-sanguinolent fluid." (Fasc. 5.)

We shall entirely pass over the observations upon softening produced by inflammation, and by the obliteration of arteries, in order that we may have more room to notice the Softening by Gastric Acid; a subject peculiarly the author's own. There is no fact better established than that of the dissolution of the stomach and adjacent organs, by a secretion produced in the former. If any doubt could be entertained upon this point after the researches of John Hunter, Spallanzani, Adams, and Allan Burns, it must be dispelled from every candid mind by the experiments of Dr. Carswell. These we shall not enumerate, but proceed to the appearances presented by a stomach which has been acted upon by the gastric *acid*, as the author designates that secretion. That it *is* acid, is proved by its reddening litmus paper; and that the acid property is essential to its solvent action, is inferred from the fact that dissolution does not take place when the fluid has been neutralized. The situation of the softening (which may go on to erosion and perforation,) is always in the most depending part of the organ. This is generally the fundus, but unnatural states of neighboring parts, (enlargement of the spleen and liver, for instance,) as well as the position of the body, must necessarily produce variations in this respect. The following description is so admirably faithful, that we should be sorry to disfigure by attempting to abridge it.

"The form of chemical softening of the coats of the stomach by the gastric acid, presents several important varieties. If the softening be confined to the mucous membrane of the fundus, the form which it assumes is that of small or large patches. These are generally irregular, their bodies being formed by the mucous membrane, and the bottoms of each by the sub-mucous coat; their edges, besides being irregular, are thin, soft, and somewhat transparent. If the softening has extended to the other coats of the stomach, the edges of these are beveled outwards, present a fringed appearance, or terminate in thin irregular prolongations, which, when water is poured upon them, are seen to float like shreds of transparent coagulable lymph. Such are the forms of softening of the mucous membrane, so long as this membrane is smooth or stretched out by the contents of the stomach. But when this membrane is thrown into folds, or forms plicæ, the softening occurs no longer in patches, but presents those remarkable appearances, described by M. Louis, as indicating the existence of pathological alterations. The forms of the softening in this case are those of stripes and bands of various dimensions, occupying the situation of the plicæ. Wherever these stripes and bands exist, we find that the mucous membrane has been completely dissolved, and the sub-mucous coat laid bare. They have thus a bluish or silvery grey aspect, while the mucous membrane which they enclose may be of its natural color, red, brown, or yellow, and appears in isolated patches of various forms and extent. It was the isolated and defined character of this form of softening, which made it be considered as indisputably of a pathological nature. But the following explanation will show that it is a *post-mortem* lesion, and the consequence of the chemical action of the gastric acid. The mucous membrane possessing only in a very limited degree the power of diminishing its bulk, is always thrown into the form of plicæ, when the muscular coat has contracted so as to diminish considerably the capacity of the stomach. When a quantity of gastric acid is collected on the surface of the mucous membrane in this state, it is obvious that the dissolvent property of this fluid will be exerted principally, if not exclusively, on the projecting borders of the plicæ, their lateral surfaces being protected from its action, in consequence of their contiguity, or the mucus collected between them. Hence it follows, that when the stomach is removed from the body, emptied of its contents and spread out, the plicæ are effaced, and the stripes and bands, not before observed, make their appearance. That this is the manner in which this form of softening is produced, is readily demonstrated by placing a quantity of gastric acid or digested food on the mucous membrane of a stomach in which the plicæ are well marked. In a few hours the appearances I have described will be conspicuous. The presence of gas in the stomach gives rise to another form of softening which requires to be noticed. The softening terminates in a well-defined abrupt margin, beyond which the mucous membrane is found to present (so far, at least, as the gastric acid is concerned,) its natural color and consistence. The regular and defined margin of the softening is determined by the gas acting as a foreign body, equalizing the distribution of the acid, and confining its operation to a circumscribed portion of the mucous membrane." (Fasc. 5.)

The color of the part acted upon by the gastric acid is modified by the quantity of blood contained in the vessels. Under our own observation, it has been nearly always of a dull white, traversed by lines of a sooty appearance, evidently the remnants of blood-vessels, the contents of which had been discolored by the acid. When the tissue is quite pale, as in infants and in leuco-phlegmatic subjects, the softened part, according to Dr. C., presents the same appearances as those described by Cruveilhier as gelatiniform softening, and as the result of a peculiar morbid process during life. This view is altogether denied by our author, who believes that the supposed instances of this disease are referrible to the mere chemical change. Upon this point we are of opinion that Dr. Carswell has not done

full justice to Cruveilhier; though we believe the omission to have been unintentional.—After reading the essay of our countryman, we might very easily imagine that the French pathologist had arranged under *Ramollissement gélatiniforme* changes which ought undoubtedly to be attributed to chemical action: whereas, he has described very fully a disorganization which he terms *Ramollisement pultacé*,* and which corresponds exactly to that which Dr. Carswell has been so successful in explaining. Cruveilhier has moreover delineated this softening in a plate, the beauty and accuracy of which are not surpassed, even by those in the work before us. Several distinctions are drawn by him between this alteration and the gelatiniform softening; and he adduces some special reasons for considering the latter to be a vital process, the most cogent of which are the alleged facts that it is occasionally found in the anterior parietes of the stomach, and that it occurs in individuals who have died after a very short illness, the symptoms of which were those of intense irritation in that organ. The argument derived from the symptoms may perhaps be neutralized by inquiring, with Dr. Carswell, how we are to account for these appearances being often absent in persons who die with similar signs of derangement, except by concluding that, in these instances, the gastric acid was wanting. We doubt, however, whether persons do die so suddenly of any other spontaneous structural disease of the stomach than that which Cruveilhier has described.

The occasional situation of the lesion in the *anterior* part of the organ, if a fact, is not to be disposed of very easily; but, with the exception of Cruveilhier's case, (of which he has given a delineation,) we know of no instance in which the lesion is specified as having occupied that situation, unless the much controverted case of Miss Burns may be considered an example. In the mean time we see nothing unphilosophical in the idea, that there may be a spontaneous perversion of nutrition in the coats of the stomach, as well as in the brain or in any other organ, or in Cruveilhier's notion "que les maladies impriment à nos organes des altérations tout-à-fait identiques à celles que certains agens physiques et chimiques peuvent déterminer." Dr. J. Gairdner, who published, in the first volume of the Edinburgh Medico-Chirurgical Transactions, a very interesting paper, entitled "Cases of Infantile Disease, in which Erosion and Perforation of the Alimentary Canal were found after Death," appears to hold a sort of middle opinion, viz. that in some cases the disease renders the tissue more susceptible of the solvent action. On consulting his tables, which contain upwards of forty cases of perforation, we could not find one in which the lesion was in the fore part of the stomach. In conclusion, we must remark that these changes are highly deserving of study, not only with reference to what we have just hinted at, but also in connection with the action of deleterious substances. As yet we are not aware that the action of any irritating substance can imitate the process in question, be this a spontaneous softening or a chemical dissolution; but we must bear in mind that it does not necessarily preclude the idea of poisonous agency.

The fasciculus devoted to *Hemorrhage* contains an exceedingly well executed compendium of modern researches upon the subject; and, though interspersed with many remarks which prove that the phenomena have passed under the writer's own observation, yet is furnished with less of original matter than the preceding numbers. This is a necessary consequence of the advancement which had been effected in this department of pathology, previously to Dr. Carswell's researches. We imagine that there are few subjects upon which the minds of physicians are so well agreed as upon the nature of the different states of the system, or of parts of it, in which hemorrhage occurs; notwithstanding that, in any given case, considerable doubt may arise as to which of the acknowledged causes must be considered answerable for the lesion. Perhaps also, it may be said, that there are few subjects upon which so much light has been thrown by modern investigation, from the time of Cullen downwards. At present, the greatest field for discovery is in the modifications which hemorrhages undergo according to the organs, and in their relation with nervous functions. The knowledge which we require upon these points, has respect not so much to the immediate cause of the hemorrhage, as to the congestion or determination which precedes it.

Dr. Carswell classifies hemorrhages under two heads, according as they result from physical or from vital lesions. The first class comprehends all hemorrhages produced by solutions of continuity, and by mechanical obstacles of the circulation, whether in the heart or in the vessels. Under the second class are arranged those occasioned by, 1st, certain alterations in the functions of the capillaries, as in vicarious hemorrhage, and in the anormal vascular tissue of cephaloma, and in erectile tissue; 2dly, by diseased states of the blood, as in scorbutus, and in certain forms of purpura and typhus; 3dly, by debility, as in the depending parts of the body.—We are somewhat surprised that, neither in this classification, nor in the remarks which follow it, is any mention made of that hemorrhage which results from plethora or hyperæmia, whether general or partial; a form of the disorder which meets us almost as frequently as any other, and upon the diagnosis of which such momentous questions in practice depend. Certainly it is not less established that hemorrhage is a common result of an excess of circulating fluid in the whole or in a part of the system, than that inflammation and

* Anat. Pathol. liv. x.

dropsy are chargeable to such a condition.—It is true that hemorrhage from partial plethora might seem fairly susceptible of arrangement under the alterations of the functions of the capillaries, yet it does not necessarily belong to those specified by the author, since it may be neither vicarious of a natural action, nor dependent on a preternatural tissue.

In the course of some remarks upon the locality of sanguineous effusion, and particularly upon this occurrence within the cranium, the author departs from his usual course to speak of the connection between paralysis of particular parts of the body and hemorrhage in particular divisions of the encephalon. His observation has led him to dispute the correctness of the statements that have been made respecting the correspondence of paralysis of the inferior extremities with effusion in the corpora striata, or in the parts level with or anterior to them; and an analogous correspondence of paralysis of the superior extremities with effusion in the thalami, or on a level with or posteriorly to them.—Nor is he less unwilling to allow any necessary connection between loss of speech and effusion in the anterior lobes of the brain. It has afforded us much satisfaction to find his experience upon this subject so confirmatory of our own. Considering the high rank occupied by the pathologists from whom the observations alluded to were derived, we should have been disposed to mistrust our own negative opinion, unless supported by such powerful authority as that of our distinguished countryman. We do not hesitate to copy his summary of the best established facts regarding the question at issue.

"1st. That the paralysis occupies the side of the body opposite to that of the brain or cerebellum in which the effused blood is situated.

"2d. That the paralysis affects only one side of the body when the effused blood is confined to one hemisphere of the brain, or one of the lateral lobes of the cerebellum.

"3d. That the paralysis exists on both sides of the body when the hemorrhage has taken place in both hemispheres of the brain, or both lateral lobes of the cerebellum; into the ventricles; the pons varolii; the medulla oblongata; and on the surface of the brain.

"4th. That paralysis of both sides of the body may also take place when the hemorrhage is confined to one hemisphere of the brain, or lateral lobe of the cerebellum, but is so extensive as to produce compression of the opposite hemisphere or lobe." (Fasc. 6.)

It may not be out of place to remind our readers that the researches of Andral have led him to very similar conclusions respecting the insufficiency of any pathological facts yet ascertained, to establish what parts of the brain are the respective organs of motific impulse for the superior and inferior extremities. Out of seventy-five cases of cerebral hemorrhage sufficiently circumscribed to serve for the illustration of the question, forty had been attended with hemiplegia, affecting both the arm and the leg. Of these forty, twenty presented the lesion either in the anterior lobe or in the corpus striatum; while, in nineteen, the lesion was either in the posterior lobe or in the thalami. In twenty-three out of the seventy-five, the paralysis was confined to the upper extremity; and, of these, eleven were caused by hemorrhage in the corpus striatum or in the anterior lobe, ten by the same lesion in the thalamus or in the posterior lobe, and two in the middle lobe. In twelve out of the seventy-five, the paralysis affected the lower extremity only; and, of these, ten were complicated with hemorrhage in the corpus striatum or in the anterior lobe, and two with hemorrhage in the posterior lobe or in the thalami. Undoubtedly, says Andral, there are distinct origins of motion for the arm and leg, but as yet we are unacquainted with their locality.*

An interesting remark is made upon venous hemorrhage from ulceration of a varix. In a case of this kind, hemorrhage from a very moderate sized vein may be fatal in a few minutes, in consequence of the thickening of the parietes by chronic inflammation, and of their union with surrounding cellular tissue in a state of induration; circumstances which prevent the sides from being brought into contact, unless considerable pressure be exerted. Among some observations upon the effects of effusion upon the parts in which it occurs, a valuable case is related in proof of the capability which the brain possesses of bearing compression, when made gradually. A man fell upon the pavement, in a fit of intoxication, but suffered no materal inconvenience, excepting a diminution of muscular strength and steadiness for three weeks afterwards; about which time he drank a strong stimulating potion, and soon afterwards became apoplectic and paralytic, and died on the following day. Dissection proved that six ounces of blood had been effused between the dura mater and arachnoid: it was partly fluid and partly coagulated, and red, or almost black; there was also false membrane on the internal surface of the dura mater, in which tissue several new vessels had been formed. These appearances proved that the effusion had been gradual, and that the compression had only produced serious mischief when the excitement of the circulation by the potion had hurried more blood into the cerebrum than could be tolerated, in addition to what had been effused. The author hints at analogous instances in the history of chronic abscesses, and in the slow accumulation of water in the ventricles, in illustration of the law, that the derangement produced by pressure is in a direct ratio with the rapidity with which the latter is effected.

The section upon the changes which the

* Clinique Medicale, t. v. p. 358.

effused blood undergoes will be perused with much interest. It contains an excellent account of the two principal modes in which sanguineous effusions in the brain are disposed of: the first consisting of coagulation and conversion into a fibrous tissue, which is gradually reduced to a mere cicatrix; the second being the gradual transformation of the fibrinous substance into a loose cellular tissue, containing serous fluid, which fluid increases, while the cellular membrane diminishes, till a complete cyst is formed; the removal of which may in time be effected by absorption of the fluid, and adhesion of the walls of the cyst, so as to form a cicatrix.

"Such appear to be the two modes which nature employs to accomplish the cure of a solution of continuity occasioned in the brain by an effusion of blood. That the paralysis generally diminishes during the progress of the curative process; that the degree of diminution which it undergoes corresponds sometimes with the more advanced stages of this process, and that it completely disappears with the cicatrization of the original lesion, are facts well established. But the cases in which these relations are observed are far from being numerous, the same stage of the curative process—a cyst, being often found in cases of severe paralysis which had never undergone any sensible diminution; in others in which it had nearly disappeared, and in some few in which no traces of it were observable several years before death. Some of these differences with regard to the degree of the paralysis may depend on a difference in the seat of the original lesion, the extent of this, and the degree of injury done to the fibrous structure of the brain. But how far these or other circumstances will be found sufficient to remove the difficulties which beset this subject, remains to be determined by future observation." (Fasc. 6.)

We must refer the reader to the description of the physical qualities of hemorrhage, according to the tissues and organs in which it occurs; and particularly to the researches upon pulmonary hemorrhage, and also those upon hemorrhage in the skin and cellular tissue. The latter would have been more complete, had the author alluded to that form of purpura, whether simple or hemorrhagic, which depends upon a plethoric and sthenic state of the system: whereas, his remarks apply only to those forms which result from a deteriorated state of the blood. The plates in this fasciculus are admirably true to nature, and therefore highly instructive. That which illustrates the formation of hemorrhoidal tumors, and that which represents the extravasations sometimes produced in the stomach by irritating substances, are worthy of particular attention.

The fasciculus headed *Mortification* abounds in details of the highest value, and at the same time happily exhibits how wide an illumination may be shed over a great variety of facts, before obscure and unconnected, by the exposition of one or two simple principles. Thus, in following the author through his masterly description of the different changes which occur in that form of gangrene, or sphacelus, which results from inflammation in various tissues, the student will find them intelligible enough, when viewed as dependent on a cessation of the circulation; a state which, in some parts, is produced either by the pressure which the fluids, effused in consequence of the inflammation, exert upon the vessels, or by the mere coagulation of the blood in them, and by their consequent obstruction. These changes may ensue either in the vessels of the mortified tissue itself, or of that from which it derives its nutriment. To take an instance in the morbid appearances presented by the cellular tissue in fatal cases of erysipelas phlegmonodes.

"They would seem to prove that the rapidly destructive effects of this form of inflammation depend in a great measure on the mechanical influence exercised by the effused fluids on the capillary circulation. These fluids must compress the neighboring veins to a degree that will prevent the return of the blood poured into the capillaries, the function of nutrition must then cease to be accomplished, as is proved by the great diminution of cohesion which is observed to have taken place in the cellular tissue in the second stage of the disease; and as there is no tendency towards the formation of coagulable lymph, by the presence of which alone the inflammatory congestion can be arrested, the state of gangrene which this stage indicates must necessarily terminate in sphacelus. It is indeed well known that free mechanical division of the skin and cellular tissue, especially in the first stage of the disease, is the most effectual means that can be employed to arrest its progress;—a mode of treatment the obvious effect of which is to remove, to a greater or less extent, the distension of these tissues, and the mechanical cause by which it is produced." (Fasc. 7.)

In furunculus and carbuncle, the nutrition of a portion of cellular membrane is cut off by the pressure of the surrounding tissue, tumefied and indurated both by the accumulation of blood and by the effusion of serum; a simple and satisfactory explanation of what is commonly called loss of vitality. In the pulmonary substance a similar set of changes may occur. In serous membranes, the circulation is arrested, not so much by lesion of their own vessels, as of those upon which the latter are entirely dependent for their supply of fluid: those, namely, which belong to the sub-serous cellular membrane, and which may be either obstructed or destroyed by inflammation and sphacelus. Mortification in fibrous membranes, cartilage, and bone, is always preceded by destruction of surrounding tissues. In the pleura, it is frequently caused by tubercles under that membrane. Many

other instances are enumerated and explained in the most lucid manner in the first section, or that which treats of mortification as the result of inflammation. The remarks upon the state of the vessels in mortification, as observed in experiments upon the frog's foot, or in the mesentery of the rabbit, are concise, but present little novelty. Respecting the prevention of hemorrhage in gangrenous processes, the author expresses an opinion that, while it is occasioned in the smaller vessels by adhesive inflammation, it is dependent in the larger on the coagulation of the blood which they contain. Thus, it often happens that, in amputation of a limb, rendered necessary by the threatened spread of gangrene, the large vessels yield little or no blood, being obliterated by coagula.

The cessation of the circulation, in most of the cases to which we have hitherto alluded, has been occasioned by an arrest of the supply of fluid going to the tissue; but it may also result from an obstruction to the return. Thus, gangrene of the lower extremities may be the consequence of disease of the heart. This remote obstacle, however, will be greatly assisted in the production of gangrene by the effusion of serum which it has occasioned in the limb, and by the consequent pressure on the veins. Internal organs are likewise subject to gangrene from venous obstruction.—A deposit of coagulable lymph or of tubercle may obstruct the venous circulation of a portion of lung, and cause it to sphacelate; and carcinomatous tumors may have the same effect in the liver. The following extract well describes the process in another internal organ.

"Mortification from a mechanical obstacle to the return of the venous blood, is well exemplified in the intus-susception of the intestines. When the superior portion of intestine passes into the inferior, it carries along with it that part of the mesentery to which it is attached. If it does not suffer much compression, the invaginating process may go on to a great extent; but if it is compressed to such a degree that the return of the venous blood is obstructed, this stage of the disease is arrested, on account of the congestion of all the tunics of the invaginated portion. The congestion is not the consequence of inflammation; it is produced by compression, and in the following manner:—when the mesentery is put on the stretch by the descent of the superior into the inferior portion of the intestine, the veins belonging to it are compressed between the walls of both portions, just at the point where the invagination terminates superiorly. If adhesive inflammation takes place at this point, the peritoneal surfaces of both portions become united, and the veins obliterated. As the arteries are much less affected by pressure than the veins, they continue to pour in their blood into the invaginated portion; this fluid accumulates, and produces an extreme degree of congestion of the mucous and sub-mucous coats, giving to them a deep red or almost black color. In this state, however, the intestine is not deprived of its vitality. It is in a state of gangrene, but not of sphacelus; for its structure is still entire, and it may, when separated and evacuated, present, after having been macerated for some time so as to deprive it of the blood which it contains, the most perfect state of integrity of all its tunics.—Occasionally, however, a portion of the whole of the invaginated intestine is found in a state of complete sphacelus, and is passed in the form of irregular spongy masses or shreds of a dirty ash-grey, brown, or black color." (Fasc. 7.)

Of mortification by mechanical obstruction of the arteries, gangræna senilis is a familiar and striking illustration. The author very forcibly exposes the error of attributing this state to acute inflammation of the arteries; an opinion delivered in the "Lecons Orales" of M. Dupuytren.

Mortification may affect a part where neither inflammation has previously existed, nor the circulation been mechanically obstructed. It may be the mere effect of *debility:* by which is meant such a change in the innervation and nutrition of the part as renders it incapable of removing an accumulation of blood, and apparently causes an alteration in the chemical qualities of this fluid. There is usually, however, some accidental congestion antecedent to the change in question, determined by such causes as pressure, friction, punctures, leech-bites, &c. To this species belongs the sphacelus of scorbutic patients, and that frightful disease of children called Stomacace gangrenosa, Necrosis infantilis, &c.; of which the reader will find a vivid description in this fasciculus, (Fasc. 7.) There is a section upon mortification from mechanical, chemical, and physical agents; and another upon mortification from certain poisons, such as the venom of certain animals, the products of disease or of putrefaction, and the ergot of rye; but they do not contain any thing sufficiently remarkable to induce us to dwell upon them.

The title of the last fasciculus yet published recalls some objections, which we have urged more than once. Under any view of the process whereby *Pus* is secreted, we should be unwilling to designate it as an "elementary form," but particularly if the principle be admitted, which the author takes great pains to establish, that it is always preceded by inflammation, and consequently that it is neither an elementary form nor an initiatory event.

Dr. Carswell, among his many other claims upon our approbation, presents that of being zealous in asserting the honors of British medicine. In the warmth of their admiration for the industry of the continental authors, writers in this country have of late years been too much inclined to ascribe all the import-

ant discoveries in pathology to a foreign origin; a notion which an exclusive perusal of continental publications would be very likely to engender. In the present fasciculus, by a careful and concise analysis of Mr. Hunter's researches, it is proved that this great pathologist was the first to effect a complete destruction of the old errors upon the formation of pus, and to establish a rational explanation of the process. It need scarcely be mentioned, that suppuration was in former times supposed to be a conversion of solid into liquid matter, by solution, corrosion, putrefaction, &c. The true nature of the process was first suspected by Dr. Simpson, of St. Andrew's, who, in 1722, compared a suppurating surface to "a kind of new gland."—De Haen, in 1756, hinted that pus is a direct secretion from the blood; but this opinion, as is remarked by Professor John Thomson, was first embodied into a general doctrine in an inaugural essay by Dr. Morgan, in 1763.

"The principles of the new theory of the formation of pus which had been thus introduced, soon found several able supporters, among whom Mr. Hunter may be regarded as the first who furnished satisfactory evidence of their accuracy, by means of new facts and illustrations, derived from his experiments on living animals, and his researches on suppurative inflammation, and on pus." (Fasc. 8.)

After a statement of Mr. Hunter's conclusions, our author describes the changes in a suppurating part, according to the well known microscopical researches of Kaltenbrunner and Gendrin. Besides the important observation of the actual conversion of the globules of blood into pus, these experimenters established that the change takes place, not merely when the blood is contained in the capillaries, but also when it has been effused into the surrounding tissue; whence it necessarily follows that the process is independent of capillary mechanism. The essential changes are, cessation of the circulation, coagulation, loss of color, and conversion of the fibrine into pus; but, in order that the blood, when coagulated, should undergo this transformation, it is essential, in Dr. Carswell's opinion, that the surrounding parts should be in a state of inflammation. In one experiment, after having injected a quantity of blood into the sub-cutaneous cellular tissue, Gendrin passed a seton through this tissue, in order to excite inflammation; and the consequence was, that the effused blood was converted into pus. In another experiment, he injected an irritant liquid into a portion of vein included between two ligatures, and, after readmitting the blood, confined it in the same position: coagulation and suppuration were the result. These experiments certainly warrant the opinion that the changes of the blood were direct consequences of the inflammation; but they do not seem to us to prove that suppuration might not follow the coagulation induced by other causes. Now, there is no question that pus has often been found in tissues where there was not the slightest proof of inflammation having existed; as, for example, in coagula contained within the cavities of the heart: not to mention those anomalous purulent deposits which excited so much discussion a few years ago. In these cases, Dr. Carswell considers that the mere presence of pus as a foreign body has been often mistaken for a vital process of suppuration. His own experience has led him to believe that these deposits are never found unless inflammation and suppuration have existed in some parts of the system. The statement made by Andral and Maréchal, of their having discovered pus in the coagula of the heart, when no traces of suppuration could be detected elsewhere, he considers too vague to alter his belief; and he, moreover, thinks that the fluid found in such cases is not genuine pus, tho' it resembles that which is contained in concretions formed during inflammation of the internal membrane of the heart; a circumstance which tends to identify it as a product of inflammation.

It is certainly a fact deserving all the importance which Dr. Carswell attaches to it, that, in nearly all the cases of suppurative inflammation with which the anomalous formations in question are complicated, the pus is situated in the veins of the part affected: in such cases it is easy to perceive how the morbid product may be carried into the blood. The cases alluded to are those connected with external suppurating sores, wounds, operations, fractures, phlebitis (either idiopathic or consequent to blood-letting), parturition, &c. &c. After admitting that pus is conveyed into the blood, we have to consider in what manner it produces the deposits in various tissues. Two opinions have been formed on this subject: Velpeau, Maréchal, and Rochoux consider the deposits to be the consequences of the separation of the pus from the blood, and its subsequent accumulation in the capillaries or in the cellular tissue. According to others,—Dance, Blandin, and Cruveilhier,—they are the result of suppurative inflammation, induced by the pus acting as a foreign body, either in the capillaries or in the smaller veins. Both these opinions are pronounced by our author to be supported by numerous facts: but upon this subject we prefer that he should speak for himself.

"We have already seen that such deposits take place in coagula formed in the cavities of the heart, and it would be difficult to assign a reason why they should not take place in other organs, if circumstances occurred to interrupt the circulation through the capillaries. It is possible that the pus itself might effect this change in the capillary circulation, and occasion those circumscribed congestions so conspicuously seen in the lungs, and which constitute the first stage of the purulent deposits in these organs. The forma-

tion of the pus in these cases can be seen to take place in the same manner as in the coagula in the cavities of the heart. The blood with which the capillaries are distended, and which is sometimes effused at the same time into the surrounding cellular tissue, is coagulated, of a deep red color, and forms globular masses varying from the size of a pea to that of a walnut, of considerable density.—The first appearance of the pus in these masses is recognized by the presence of a number of pale yellowish-grey points, which increase in number and bulk until the whole of the blood is converted into a substance resembling in color and consistence the fibrine of the blood. After this, the second stage is observed to follow the conversion of the fibrine into pus, and the formation of an abscess, the size of which is determined by the extent of the previous congestion. In some cases, however, the formation of the pus does not appear to be preceded, in the manner just described, by the separation of the fibrine into a solid mass. It is occasionally found in drops in the coagulated blood, and therefore bearing a stronger analogy to what we have seen takes place in coagula in the cavities of the heart. A similar mode of formation of the purulent deposits has been observed in the sub-cutaneous and intermuscular cellular tissue, in the spleen, and in the liver. In this latter organ, however, these deposits present an appearance peculiarly characteristic of their origin, and which will be described in the plates in which they are represented. To these facts, in support of the opinion that purulent deposits are formed by the separation of pus from the blood, may be added those which disprove the existence of inflammation as their efficient cause, such as the absence of vascular congestion, of coagulable lymph, induration or softening of the surrounding tissues, and of any appreciable modification of function of the affected organ, more especially of such a nature as accompanies this pathological state, when it terminates in suppuration to the extent which the purulent deposits frequently occupy.

"The opinion that the purulent deposits are the result of suppurative inflammation, induced in remote organs by the pus circulating in the blood, appears to me to rest also on the most conclusive evidence. In many cases, we meet with all the physical characters of inflammation; and, besides, the tissues in contact with the pus are softened, ulcerated, or covered with layers of coagulable lymph. There are sometimes pain, heat, and swelling in the joints in which the pus is found after death, and also in the situation of abscesses formed in the intermuscular and sub-cutaneous cellular tissue; and well marked symptoms of pleurisy precede the formation of similar collections of pus in the cavity of the chest. Indeed we very often find coagulable lymph on the pleura, where it covers the purulent deposit in the lungs. I have stated that the inflammation which gives rise to the present form of purulent deposition is said by some pathologists to have its seat in the minute veins; that in fact these deposits not only have their remote origin in phlebitis, but that they are likewise the immediate consequence of the same morbid state. I have certainly not been able to satisfy myself of the accuracy of this opinion in cases of purulent deposits in the lungs or liver; and that it applies to those which form in the serous and synovial membranes cannot be admitted, unless phlebitis and inflammation are considered as synonymous terms." (Fasc. 8.)

The length of this foregoing extract precludes our quoting the concluding remarks upon this interesting quotation. They intimate that the theory which attributes the purulent deposits to the circulation of pus with the blood is confirmed by the symptoms which accompany their formation, and which indicate a sudden and general disturbance of all the functions of the economy: the resemblance which they bear to the effects of the injection of pus, and putrid fluids, into the veins of the inferior animals, is another corroborative circumstance. The organs most subject to these accidents are the lungs and the liver; but recent researches do not authorize the opinion, once entertained, that they occur in the liver more frequently after injuries of the head than of the extremities.—"Of all the organs of the body, the kidneys are least frequently the seat of purulent deposits."

We are by no means sure that Andral's statement respecting the presence of pus in the coagula of the heart, without the existence of inflammation in any part of the body, can be disposed of so readily as our author is inclined to think. But, allowing this statement to be incorrect, and that there is always a co-existent suppurative inflammation, in some part, and that it is seated in the veins of that part, and moreover that pus enters the circulation, we do not see that the two methods above described are the only ones by which purulent deposits are effected, even if they be in any case adopted. With regard to those instances in which the deposits *are unaccompanied by inflammation of the tissue*, is it more probable that the pus was derived from a circumscribed phlebitis, through the agency of a mechanical mixture with the blood, and of a subsequent separation, (in a quantity often disproportionate to that of its alleged source?)—or that the formation is attributable to a vital change in the constitution of the blood, occasioned by the pus introduced into it, (as in the analogous cases of injection into the veins of inferior animals,) which altered constitution becomes manifest by a secretion of a matter, similar to that with which it was infected, in tissues favorable to the process? When, in consequence of a

morbid secretion injected into the veins of an animal, a secretion is formed in that animal with properties precisely similar to, and in far greater quantity than that which was introduced, shall we say that the morbid product is that which came from without; that it circulated with the blood, and was then separated from it, retaining all the while its identity? or shall we not rather infer that the matter injected occasioned a vital change in the composition of the blood, which in all probability corresponded with the state of the blood in the animal from which the infecting substance was obtained, and the result of which was an elaboration of a similar matter? To us there appears a striking analogy between the two cases. As far as the symptoms in each are concerned, the analogy is one of our author's own adducing; and we cannot help thinking that the symptoms which he himself enumerates, viz. "great prostration of strength, confusion and stupor of the intellectual faculties, a dingy yellow color of the skin, fœtor of the breath, meteorism, and petechiæ," are more likely to be the effects of such a change as we have hinted at, than of a mere admixture of pus with the blood. As an additional support to our suggestion, we may allude to the fact that purulent formations often take place after the removal of the part in which suppuration had been going on for some time. If the deposits were identical with the matter derived from the seat of the suppuration, we could scarcely expect them to occur precisely when the source is cut off. We think that they may be more rationally accounted for, as resulting from a sort of vicarious secretion, analogous to the anomalous deposits of bile or urinary salts, when the liver or the kidneys have become incapable of their function. Perhaps, Dr. Carswell would urge, in reply to this suggestion, that he has proved inflammation to be a necessary antecedent to purulent formations, and consequently that, if pus is formed where no inflammation exists, it must have been derived from some other part where inflammation *did* exist. But we are not yet prepared to admit that inflammation *is* essential; and, although the experiments of Gendrin, and a vast number of pathological facts, sufficiently prove that inflammation was in those cases an exciting cause of the suppurative process, it does not follow that, in other cases, the process might not own some other excitant. Indeed, the very deposits of which we have been treating afford, in our opinion, and for the reasons which we have stated, strong presumptive evidence that other causes than inflammation have been in action.

As to the opinion that, in those cases in which the anormal deposits *are* attended with unequivocal marks of inflammation, the cause of the inflammation was pus in the capillaries, acting as a foreign body; while we do not undertake to deny the possibility of such an occurrence, it seems worthy of consideration whether the inflammation may not be the consequence of a change in the blood, occasioned by the purulent matter conveyed into it. British and Foreign Med. Rev. Jan. 1836.

ANALYSIS OF MEDICAL JOURNALS.

Art. I.—*Bulletin General de Therapeutique*, Nos. VI. VII. VIII. IX. Tome 9.

[Continued from page 360.]

The treatment of delirium tremens has occasioned much difference, arising, without doubt, from the idea which each has formed of the nature and gravity of the disease; so true is it that theory directly influences practice. The different modes of treatment may be divided into four classes:

1st. The mode of expectancy.
2d. Antiphlogistics.
3d. Opium.
4th. A mixed method of practice.

1st. Certain partisans of expectancy administer, however, some remedies, as if by condescension; thus Ware, who pretends that the disease, abandoned to itself, possesses no gravity, recommends venesection in preference to the use of opium. Georget and M. Esquirol deny the efficaciousness of opium, and assert that the disease is always cured spontaneously. M. Calmeil advises no resort to remedies, unless it is prolonged beyond six days. A few reflections will suffice to a proper appreciation of this method; the fact is notorious, that the disease is frequently cured in a spontaneous manner; but is it therefore a matter of indifference, to suffer it, though mild, to be prolonged, when it is possible to abridge it? We have seen that the delirium may be prolonged from fifteen days to six weeks; is it not to be feared that so prolonged a disorder may create some incidental alteration in the organ affected? Such is the probable origin of certain complications. It is the duty of the physician to abridge and relieve those diseases, which Nature may be able to heal more or less slowly by herself.

2d. In the judgment of many physicians, bleeding is not only inefficacious, but positively dangerous; we have seen the delirium developed by venesection. Yet Ware and some others have advised blood-letting. We have seen Dr. Baron cure twenty-three patients by antiphlogistics; and M. Calmeil thinks that the good effects of opium have been exaggerated, and that bleeding has been too much proscribed. We also think

that it may sometimes be proper, in plethoric individuals attacked or menaced with phlegmasia; but it does not probably remove the real cause of the delirium. Let us add, that the majority of the partisans of blood-letting do not repudiate other means, and consequently belong to the fourth class.

3d. The partisans of opium are, without contradiction, the most numerous. Sutton, one of the first describers of delirium tremens, recommends the administration of it in graduated doses, until sleep is produced; Blake, another powerful authority, recommends opium in small doses, in the early stage, and in large doses when the delirium has appeared. Wittcke relates a case of cure by seven and a half grains of opium, administered in the space of seven hours, and followed by a relapse, which was likewise cured by twenty-three and a half grains, in eighteen hours. By report of M. Guersent, the English, who make a general use of it, associate opium with tartar emetic, for the purpose of bringing on the crisis by diaphoresis, and M. Guersent himself approves the use of opium, as does also Léveillé, who prescribed it in large doses in all the stages. We have seen what confidence M. Ruyer has in this remedy, administered in moderate doses. Lastly, M. Calmeil advises the acetate of morphine, in doses of a quarter of a grain, after the sixth day. We acknowledge ourselves in favor of opium, not from obsequious deference to so many authorities, but from the conviction resulting from the facts, few in number, it is true, which we have observed. Let us remember that this empirical remedy becomes rational, if we consider that the state of sleep, forming the terminal crisis of the attack; it is therefore natural to hasten the soporose period.

4th. The partisans of the mixed method are those who prescribe in reference to particular symptoms. Hufeland has seen dipsomania cured, by a return to the use of strong liquors;—Blake, from his example, and taking into consideration the temperament, habits, character, &c., recommends in the first stage an undefined combination of alcoholics and anodynes, affusions and warm baths; in the epoch of delirium, still, some stimulants, then opium in large doses, calomel, and warm baths; he respects the period of sleep. Cramer, Hudusback recommend bleeding, acids, ether, and opium; M. Calmeil, having regard to the predominance of particular symptoms, tolerates blood letting, emetics and purgatives, as well as anodynes. In the simple affection, however, we decide in favor of opium.

2. Methodical compression in the treatment of Articular Dropsies.—A writer over the signature of T., after some general remarks on this species of dropsy, and after the methods of treating the disease by compression, proposed by Larrey and Lisfranc, recommends the following procedure as preferable to either.

Evaporating Compression.—This plan is peculiarly adapted to ancient and extended atonic hydrarthroses.

1st. We begin by applying two cupping-glasses on the tumor, by means of the air-pump; these are left on for several minutes, until the flesh becomes tumid and red, from the afflux or extravasation of the fluids in the living tissue.

2d. The tumor is then covered with a compress of many folds, previously soaked in some good brandy, mixed with a third part of liquid acetate of lead. A hot smoothing iron is immediately applied to the compress, and passed over it in such a manner as to produce alcoholic evaporation, and to give a lively but not a disagreeable sensation of heat to the invalid. The patient himself regulates the degree of heat, at each passing of the iron. The compress is wet many successive times, and the iron is passed successively over different parts of the tumor, during ten or fifteen minutes. The skin of the tumor then appears hot, red, clammy, and almost erysipelatous.

3d. After this preparation, the limb should be enveloped in a roller, extending from its lower extremity to the diseased joint; and a number of graduated compresses, dipped in the aforementioned, should be applied. These compresses ought to be properly arranged, so as to compress the most prominent portions of the tumor, without, however, occasioning much pain. A second roller, in the form of the figure 8, will retain and bind the compresses together.

4th. Lastly, the coverings of the tumor should be sprinkled with four ounces of the above mixture, and a hot iron should be permanently applied, the patient moving it occasionally from place to place. He should be careful to repeat the sprinkling frequently, in the course of the day, and to renew the heated iron, so as to keep the articulation in a kind of local fever, and of continual spirituous evaporation. The dressings should be renewed every day.

This plan of treatment, the writer avers to have been of decided benefit in many cases of hydrarthrosis, especially such as are marked by asthenic symptoms.

3. The Prophylactic and Palliative Treatment of Rheumatism.—The following means are recommended:

1st. To avoid the sudden application of cold to the skin. Cold winds, or a humid, cold atmosphere, are peculiarly injurious.

2d. The use of domestic baths, and of thermal waters.

3d. The permanent use of certain kinds of clothing. The immediate application of flannel to the skin, is considered the most important. The advantages of flannel are principally these: it maintains the heat of the body; it excites the skin, by mild and prolonged frictions, and it promptly absorbs the perspiration.

4th. The employment of external stimulants.

5th. General and partial frictions.

6th. Arenation.

4. Traumatic Paralysis of the Deltoid Muscle.—In consequence of a fall on the shoulder, a young man aged 15 years, lost the power of elevating the arm. He entered the Hospital of Charity; simple inspection, by elevating the arm of the patient, demonstrated that the deltoid muscle was paralyzed. This accident is not rare in traumatic injuries of the shoulder, which affect the circumflex nerve; we have frequently

observed it. In elevating the arm, the deltoid muscle remained flattened like a thin epaulet, without contracting, or inflating and bending itself, as occurs in the normal state. Repose—baths—and some frictions with equal parts of Venice turpentine and oil of almonds, soon resulted in a partial return of the ordinary powers of the muscle. Time, and the continuance of the remedies, have finally entirely cured the disease.

We remember on this occasion the case of a commissioner, who was in the same hospital two years ago, and who had a paralysis of the left deltoid, resulting from a violent pressure on the shoulder of the strap of pannier which he bore, and with which he fell backwards. This man was perfectly cured in a month, by repeated frictions with a mixture of tincture of cantharides and oil of almonds. Venice turpentine may also be used, rendered a little more stimulating by tincture of cantharides, or liquid ammonia. In general we should recur to irritating remedies only when the paralysis is indolent; in contrary cases, emollient cataplasms and general baths are preferable. It is proper to know, however, that if the disorganization of the circumflex nerve be entire, the paralysis is incurable; this happens particularly in the course of some luxations of the shoulder.

Desault, Boyer, Vannoni, and many other practitioners, have observed cases of the last kind.

5. Treatment of Periostitis.—Periostitis rarely yields to the use of antiphlogistics.—A special course of medication is generally necessary to conquer it, and this medication must vary according to circumstances which it is impossible to predetermine; therefore, we shall indicate here the remedies which experience has shown to be useful in different cases. We shall describe them in the order of their relative merit, for the benefit of the practitioners who may find it necessary to use them. We will not maintain, however, that general and local antiphlogistics should be entirely proscribed in the treatment of periostitis; on the contrary, we think, if constitutional symptoms permit, that the treatment should always commence with them, without, however, placing too much dependence on them.

Ist. *Mercurials.*—It is curious to observe that the abuse of mercury sometimes produces periostitis, and that this disease ordinarily yields to a mercurial treatment, pushed to salivation. Experience has demonstrated that whatever may be the nature of the periostitis, mercurial remedies have succeeded more frequently than any others, and with them physicians should, in our opinion, commence.

Calomel prepared by steam, 30 grs.
Extract of Opium, 3 grs.
Make five pills.

One pill to be taken every three hours.—These pills are continued many days, until the periostal pains are entirely dissipated.—According to Dr. Graves, salivation ought not to prevent the use of the remedy, if any pain remains. For want of this perseverance the periostitis has been seen to persist, and even to increase; while, by continuing the calomel in spite of the salivation, it has yielded suddenly, after exhibiting the greatest obstinacy. It is easy to remedy afterwards the swelling and ulceration of the gums, by the aid of the following potion.

℞ Iodine, 3 grs.
Alcohol, ʒi
Dissolve and add—
Aqua de Cunella, ℥iii
Syrup of Gum Arabic, ℥ii
A large spoonful to be taken repeatedly.

Mercury has also been employed with success in periostitis, by frictions on the diseased part. It may be employed in the form of ointment, by simple application, as Messrs. Miguel and Serre D'Alais have used it in panaris, or by the endermic method, after having excoriated the part by the aid of a blister.

2d. *Antimonials.*—James' powder, at the dose of from ten to twenty grains per day, combined with a little opium, has been given with advantage in cases of periostitis which have resisted mercurial remedies. Tartar emetic in large doses has likewise been employed, but with less success than the preceding remedies.

3d. *Diaphoretics.*—Dr. Graves highly recommends the decoction of sarsaparilla, with a little nitric acid, for those cases where the disease appears to depend on a rheumatic cause. In this case, recourse may also be had to a medicine which is regarded by some as a specific—the colchicum, or meadow saffron, in the form of alcoholic tincture. Twenty drops may be given in repeated doses during the day, mixed with sweetened water.

Some persons have likewise extolled the use of hydriodate of potass, in the treatment of periostitis; it may be employed in the following manner.

℞ Hydriodate of Potass, 3 to 30 grs.
Decoction of Sarsaparilla, ℔i
Dissolve and add—
Tinct. Opii 40 drops.
Syrup of Cinchona, ℥ii
Dose, a wine glass full.

4th. *Revulsives.*——Suppurative blisters, spread with mercurial ointment, or with savin ointment, have been efficacious when applied over the region affected with periostitis. Cauterization, from the application of solid caustic potash, has also been practised with advantage. This class of remedies, however, does not prevent the use of those we have just indicated.

5th. Lastly. *The division of the diseased tissues by the bistoury.*—When the region occupied by the malady will permit the employment of this remedy, we may be sure of dissipating the pain and phlogosis, as if by enchantment. The utility of this practice has been tested in a great variety of cases.

ANALECTA.

1. Scarlatina treated by the Application of Ice.—In a work by Dr. Rinna de Sarenbach, entitled Klinisches Jahrbach des lanfenden Jahrzchends, &c., and printed at Vienna, 1835, we find the following original treatment of scarlatina.

A young girl aged 7, of Mariazell in Styria, had been affected with scarlatina, but the eruption had disappeared very rapidly: the fever still existing, the physician in attendance gave sudorifics, without succeeding in bringing back the eruption on the skin; the strength was declining rapidly; the pulse was scarcely to be felt; the cheeks became deadly pale; convulsive motions, accompanied with complete insensibility, were the omens of the fatal prognostic. The parents had the dead bell rung, and a candle placed in the hands of the expiring child, after the custom of the country. At this moment Dr. Rinna was called in, and found the following symptoms: the skin hot and dry, the pulse filiform, hard, but equal, and not intermitting; the pupil without contractility; the look fixed; respiration abdominal and slow; the belly meteorized; the urine flowing involuntarily, and the feet cold. The patient was all but lost. The physician, as a desperate resort, thought of employing cold. The abdomen was covered two inches thick with snow, which was repeated the moment it began to melt, and continued until the almost inarticulate sounds of the patient gave notice of the pain caused by it; the snow was then removed, and tincture of wormwood administered. Three hours after, the patient was covered with sweat; the pulse rose; the belly became sunk, the eyes brilliant, and the patient answered the questions that were addressed to her. Convalescence began a few days after, and an abundant desquamation confirmed the suspicions of scarlatina that had been driven back. At the end of a month the cure was complete.

Rev. Medicale, July, 1835.

2. Epilepsy cured by Nitrate of Silver.—Suaveur Puleo, of Palermo, a carter, aged 29, of a sanguine temperament and athletic constitution, and enjoying perfect health, was seized suddenly and without any known cause, in 1822, with a fit of epilepsy, which left him for several days in a state of stupefaction.—Hardly was he recovered from the first attack, than he had a second fit, much longer and more intense than the first. He then consulted a physician, who put him through all the forms of treatment usually prescribed in such cases: far from getting better, the fits came on more frequently, and were of longer duration, so that he was obliged to give up his occupation, from the serious accidents to which it exposed him. Still the fits became more frequent, and continued for a longer time.

In June, 1834, Professor Placido Portal advised the patient, as a last resource, the internal use of nitrate of silver. The dose was in the form of a pill, composed of one-sixteenth of a grain of the nitrate of silver, with six grains of extract of camomile, washing it down with a cupful of decoction of sage.—This dose was continued for two days, after which the dose was increased gradually to a grain in twenty-four hours. A very marked improvement was evident through the months of June, July, and August, and the fits became so far less frequent, that the patient was enabled to resume his former occupation.—During this period, the fits re-appeared but twice, and were very short, and by no means intense.

In the month of September, seeing that the patient was almost cured, Dr. Portal thought it advisable to put him on the following formula: one grain and a half of nitrate of silver, with six grains of nux vomica, in three pills; under this treatment the patient was perfectly cured in the following month.

(Filiatre Sebezio, April, 1835.)—Archiv. Gen. April, 1835.

4. Preparations of Silver against Syphilis.—M. le Professeur Serres, of Montpelier, has announced the successful results obtained by him in the treatment of old and serious syphilitic diseases, by the use of chloruret of silver and ammonia, of oxide of silver, and of argent divisé. He is now engaged in researches on the effects of cyanuret and ioduret of silver. Rev. Med. August, 1835.

5. Polypi of the Pharynx.—M. Capuron presented to the Academy of Medicine, a Report from M. Laserres d'Agen, on the *ligature of polypi whose insertion is at the cul de sac of the pharynx.* The subject was a young girl affected with polypus, which prevented her breathing through the nose, and impeded deglutition. To perform the operation, M. Laserres got constructed, first, two half sheaths of tin or silver, forming a groove containing an elastic blade of the same metal, having a curved extremity, and a channel capable of be-

ing converted into a loop, to which a string is fixed during the operation. Second, a *serre nœud*, to which is fixed a conical sound of the same metal. The base or large extremity is formed with a shield pierced with holes to receive the string, which is to be knotted upon the division which separates them; the other extremity is open. To this there is added a gum elastic bougie, with an iron wire stylet, and a well waxed thread. The patient is seated fronting the light, the stylet is introduced into the bougie, and the waxed thread attached to the latter; the end of the thread is attached to the middle of the ligature which traverses the *serre nœud*. The sound is then directed through the inferior meatus of the nasal fossæ, and is gently directed towards the root of the polypus, making it clear the velum palati. The stylet is then withdrawn, and the bougie brought out thro' the mouth. The thread is next disengaged, and the ligature which it draws with it is brought forward. The two half sheaths are then made fast to the loop formed by the ligature outside the mouth, and thence carried to the back of the pharynx and posterior surface of the polypus, as far as the basilar apophysis of the occipital bone. Thus the base of the pedicle will be embraced. The two strands of the ligature are then drawn through the nostril, still engaged in the *serre nœud;* the latter is pushed forward as far as the root of the polypus, lowering its external end for the purpose of bringing the internal extremity near the basilar process. The pedicle of the tumor is next tightened; in drawing the ligature, the sheaths are disengaged, and made to let go their hold. Then the two ends of the string are tied over the shield above described. In the case cited by M. Laserres, the polypus fell off after having been tightened by degrees, and the patient got well after some partial polypi had been torn away from the nostrils.

Archiv. Gen. August, 1835.

MEDICAL INTELLIGENCE.

ART. 1.—*A Reply to the Strictures of "Celsus," on Nævi Materni.* By JOHN STEARNS, M. D.

The remarks of "Celsus," in reply to my communication on *Nævi Materni*, are such as might have been expected from an honorable and candid opponent; but they by no means convince me that the views I have taken are not perfectly correct. A candid discussion may tend to disperse the obscurity which has so long enveloped this mysterious subject, and elicit that truth which we are endeavoring to investigate. It was therefore with much pleasure that I read his remarks in support of a different theory, and I hope he will not relinquish the discussion until he has sustained it by reasoning and by facts, and not rest his success on the presumptive and negative proofs adduced by Dr. Denman, nor descend from the high ground of argument to the vulgar weapons of satire and ridicule, always indicative of a weak cause.

Celsus considers "the insensibility of the umbilical cord a strong physiological reason" against the theory I support. Until it be shown that the cord is insensible, and that the mind of the mother operates upon the fœtus through this medium, I cannot deem this "strong physiological reason" deserving of a serious refutation.

All the other reasons urged by Celsus have been previously advanced by Dr. Denman, and as I have already replied to them, I deem it entirely useless to protract the discussion on my part, until those objections are duly noticed and answered. When that is satisfactorily accomplished, I will cheerfully enter the arena with Celsus or any other honorable antagonist.

Celsus further observes, "it appeared to me that his opinion and chain of reasoning are such, if they were followed up to their necessary result, as to overset the whole train of modern philosophizing, as to cause and effect, provided his views have a just foundation." In reply, I would inform Celsus that this is precisely the object I have in view, because I consider "the whole train of modern philosophizing" on this subject founded upon false principles, and if modern wisdom would direct its investigations into the true philosophy of mind, the real truth might ultimately be discovered, and the mystery solved, how mind can operate upon matter, and especially how the mind of the mother can change the form and configuration of the fœtus in utero. When this knowledge shall be attained, if mortals shall ever be so successful, the whole operation, now so mysterious, will then be seen to be perfectly consistent with the symmetry and order which pervade the laws of universal nature, and then will this reasoning, now so absurd, be found to accord with those immutable principles "of philosophizing, as to cause and effect," established by Bacon, Gallileo, and Newton.

JOHN STEARNS.

ART. II.—*Nævi Materni, Further Remarks.*

Upon perusing my late communication, a few additional explanations seem necessary, to prevent misapprehension.

It is by no means intended to deny, that the functions of the uterus are as liable to be influenced by extreme mental emotion, as those of most other organs, or that the developement and growth of the fœtus may not be injured, checked, or destroyed, by very strong affections of the mind. It must, however, be a vastly rarer occurrence than is usually supposed; for nothing is more common than mental uneasiness and distressing forebodings, among gravid women, without producing the least sensible effect on their offspring. The laws of reproduction act with such a predominant force and constancy, that they are seldom essentially deranged, without some very efficient cause. The plan and superintending care of Providence, in this respect, would be well worth the attention of writers upon natural theology, such as Paley, and the authors of the Bridgewater treatises. Nor, for the sake of the argument, will there be any question made, but that the sight of the turtle was the cause of this case of deformity.* All that is contended for, as respects the point under examination, is this, that the sudden sight of a rattlesnake was just as liable to produce the same injury. If the author is understood, he is supposed to maintain, that if the object of surprise had been a rattlesnake, the child would have resembled a rattlesnake, or would have been liable to have had the mark of the snake, or of his rattle, on some part of the body. He does not go so far, according to the common idea, as to say, that it would be on the same part of the body, as that of her own upon which the mother first laid her hand, after the sight or its consequent surprise.

Were not monstrosities, comparatively, so rare, they might probably be as easily classified as any other productions of nature, and be found to be subject to the same unerring laws. In fact, many of them have already been satisfactorily traced, by the French and other foreign naturalists. An eye is never placed in a foot, a heart is not enveloped in the cranium, and—notwithstanding the currency of many fabulous stories—there is not the slightest proof, that one species is ever substituted for another.

Man is subject to greater variation of circumstances, than any other creature within our knowledge, and yet, in his reproduction, there are probably fewer deviations from the general rule, than in any other formation in which there is so constant and so rapid a succession. In the vegetable kingdom, we cannot take a step into a garden or cultivated field, without meeting with double flowers, and other anomalies. Imperfect crystalizations, and misplaced stratifications, among minerals, are probably more numerous than regular formations. It is a law, if I may so say, that a large proportion of both these kingdoms should be abnormal. Happily, these deviations from the common standard are rare in the human species, and confined within relatively narrow limits. The principal reason of this undoubtedly is, the very slight connection—in certain points of view—that exists between the mother and the fœtus.—After conception, as well as after the birth, the former is little, if any thing, more than the nurse of the latter. The insensibility of the umbilical cord is such, that the offspring neither feels directly the pain of the parent, nor the parent the pain of the offspring; and there are strong grounds to suppose, that the sympathies between the two are no greater—they are perhaps less—than when the child is nursing at the breast.

The *nisus formationis*, or reproductive effort, however, in man, as well as in the brute and vegetable creation, is occasionally disturbed, and its operations deranged. Man, as an organized being, is subject to the same laws as these other two departments in nature. As the subject under consideration is confined to organization merely, it is a matter entirely gratuitous, in this respect, to suppose him to be governed by any other laws. If his formation was acted upon by a greater number of causes, we should consequently suppose him to exhibit a greater number of effects.—If a cause, so whimsical and inconstant as the imagination, is to be taken into the account, he would be exposed to incessant and innumerable deviations in his structure, and his whole conformation would be the sport of whim and caprice. The general rule is directly the reverse of this hypothesis. Of all the abnormal conformations, which are so much dreaded by the mother, and which formerly, like other vulgar, barbarous, and unphilosophical prejudices, and superstitions, were universally believed, in a superstitious age, not one in a thousand—probably not one in millions—is ever known to occur.

The origin of the idea, that the imagination of the mother is liable to *mark* her offspring, is not unphilosophical, however, but may be accounted for in a most satisfactory manner, as suggested by Denman and others. In a barbarous state of society, where women were usually the slaves of men, they were as dexterous in managing their lords, in cases of emergency, as they are now in a refined age. No happier expedient could probably be devised, than that of longings and marks, to induce their husbands to treat them with tenderness during the period of utero-gestation. The same plan is now obviously resorted to, in many instances, by the poor, to excite the compassion of the wealthy. It would be easy to mention women, within my knowledge, who, when gravid, long for almost every delicacy in the neighborhood. For the same

* Mentioned in the U. S. Medical and Surgical Journal, March, 1836, page 289.

reason, cases of feigned pregnancy have been known.

Previous to the time of quickening, the fœtus appears to be in a vegetative state, and there seems to be no proof, that either of the senses is developed. There can be very little doubt, that most of the cases of mal-conformation are produced during this period. After quickening, the laws of animal life appear to be gradually superadded to those of vegetative existence. The statutes of most civilized countries, therefore, make an important distinction, with respect to the degree of criminality of producing an abortion, in these two different periods. At any rate, we know that after quickening, the parts of the fœtus, in general, are pretty well developed, and are not very liable to any important changes.—If the child were to be affected—except merely as a matter of shock, concussion, or physical violence—by the emotions of the mother, we should undoubtedly suppose it to take place most frequently, when the two beings were most nearly alike, and most liable to the same kind of sympathies, and that mind would not be likely to make an impression upon vegetative matter, any more *in utero*, than in other states of vegetative existence.

In ninety-nine cases out of a hundred, the supposed coincidences of longings and frights with marks and monstrosities, upon a close, philosophical investigation, are found to be whimsical in the highest degree, and cannot be traced, without indulging the crudest vagaries of fancy. A rule, which will not apply to one case in a hundred, for all precautionary or practical purposes, is worse than no rule at all, as it worries the mind about a possible contingency, which, like accidents from lightning, earthquakes, and tornadoes, it is more happy for us to forget and despise, than to anticipate. Such apprehensions, when habitually indulged, torment us by keeping us in a state of dread, when there is no adequate cause of fear.

From the nature of this subject, allowing, with the author of the "Remarks," that the fœtus is sometimes influenced, in its formation, by the imagination of the mother, what possible advantage can there arise from the publication of such rare cases, which are mere exceptions to the general rule? They only show, that in these instances, as in many other circumstances, there are accidents which no human sagacity can avoid. At the present day, no one need be told, that it is the part of humanity, to treat a gravid woman with the greatest tendeness. She has reason enough for anxiety, without being alarmed by the report of every possible contingency. Such information would be of very little more service to obstetrical practitioners.

The case, which is the cause of these desultory strictures, was one belonging to the author's second class—deficiency of developement. As far as the argument is concerned, we may readily allow, that the *nisus formativus* was deranged in its operations, by the fright from the sight of the turtle. Neither arms, legs, nor nose were developed, and the matter which might have formed them, it seems, was supposed to be deposited on the back. It is greatly to be lamented, that in this instance, as in most cases of the kind, the examination appears to have been hurried and superficial, unattended with that minute scrutiny, and that scientific inspection, which are always necessary for the formation of just philosophical principles. Our deductions, therefore, must unfortunately be as loose and indefinite as the *data*. We are still referred back to the question—Was the fright from the sight of the tortoise, allowing that it deranged the *nisus formativus*, any more likely to produce this specific defect, than if it had been occasioned by any other hideous spectacle? If we allow the fancied resemblance to have been ever so perfect, the most that we can make of it, is one of those rare coincidences, which happen so seldom as deservedly to have no weight, when we are reasoning from cause to effect.

I cannot conclude, without reiterating the sense of the obligations, which, in common with the medical public, I am under to the venerable author of the "Remarks," for his discoveries and improvements in one of the most important branches of our art. I should not, probably, have troubled the profession with these crude suggestions, had the original article come from an inexperienced or junior member of the faculty. I by no means feel the less cordial to him, because I apprehend he may possibly have mistaken an occasional coincidence for a case of philosophical causation, it being the common source of all theoretical errors. Instead of being surprised by such solitary, casual concurrences, with me the wonder is, that in the chapter of accidents, they should be so extremely rare.

CELSUS.

At the Annual Convention of the Medical Society of Connecticut, held at New Haven, May 11, 1836, the following were the officers elected for the present year.

Thomas Miner, M. D., *President.*
Silas Fuller, M. D., *Vice-President.*
Elijah Middlebrook, M. D., *Treasurer.*
Charles Hooker, M. D., *Secretary.*

A very able Dissertation was read by Dr. Bishop, "Upon the Effects of Mind upon the Body, both in Disease and in Health."

ADVERTISEMENTS.

TO MANUFACTURERS OF, AND DEALERS IN, ALL KINDS OF ARTICLES PURCHASED BY THE MEDICAL PROFESSION, DRUGGISTS, &c.

JAMES WEBSTER, Publishing Agent of the United States Medical and Surgical Journal, respectfully informs all those whom it may concern, that he is making arrangements to open an office in the City of New-York, to sell on commission, articles generally purchased by medical men, druggists, &c.

J. W. deems it proper to state, that from his extensive personal knowledge and correspondence with the medical profession and druggists in the United States, together with the advantage of advertising in the U. S. Journal, a good opportunity is offered for making sales of the articles immediately under consideration.

Persons disposed to send articles to the proposed establishment, for sale, will please to address (*post paid*) JAMES WEBSTER, Agent for the United States Medical and Surgical Journal New-York.

JAMES WEBSTER takes this opportunity to inform his medical friends, that as soon as the above mentioned establishment goes into operation, notice will be given; when it will afford him pleasure to furnish them with such articles as they may stand in need of, out of the articles he may have for sale. He is now prepared to supply *Surgical Instruments*, of the best quality, and at the manufacturers' prices. He has also for sale *AMESBURY'S APPARATUS*. The following summary, points out some of the advantages attending the use of Mr. A.'s Apparatus:

"1. It fixes the whole limb so as to admit of no motion whose centre is not in the hip joint.

2. It maintains the fractured ends in a natural position, and in perfect coaptation.

3. It lies upon the limb with ease to the patient.

4. It enables the surgeon to place the limb in any position the case may indicate.

5. It allows of the application of extension and counter-extension when the limb is placed in the bent position.

6. It is entirely passive to the motions of the limb.

7. It admits of being adapted to limbs of different lengths and different sizes.

8. It is applicable to fractures in any part of the limb, and of all kinds, whether simple, comminuted, or compound.

9. In all fractures of the thigh, it allows the patient to be placed upon a soft feather bed, and in most cases it enables him to place the limb upon the heel, or upon the side, and to alter it from one to the other at pleasure.

10. When used for simple fractures of the leg, it enables the patient to leave his bed as soon as the inflammation produced by the injury is sufficiently got under; and this too, without any danger of displacing the fractured ends.

11. With all these advantages, it insures to the patient a speedy recovery, and a straight and perfect limb.—*Reflections on the Treatment of Fractures, by J. Amesbury, M. R. C. S., &c.*"

For recommendations of this Apparatus, price, &c., see the cover of the U. S. Medical and Surgical Journal for August, 1835, and January, 1836.

NOTICE TO CORRESPONDENTS.

With a view of laying before our readers, with as little delay as possible, the interesting matter from the late numbers of the *British and Foreign Medical Review*, and the *Dublin Medical Journal*, we have necessarily been obliged to delay the publication of several interesting original papers, reviews, analyses of French Journals, &c. &c. Among the communications on hand are several papers read before Medical Societies, Reviews of Dr. Parish's work on Strangulated Hernia, &c. Dr. John B. Beck on Medical Jurisprudence ; Illustrations of Surgery by Dr. Doane ; M'Intosh on Fevers with additions, by Dr. Morton of Philadelphia, and papers from Dr. Heron, Orange county ; Dr. Fountain, West Chester county ; Dr. Shipman, Courtland county ; Dr. Cornelison, Rockland county ; Dr. Sherrill, Dutchess county ; Dr. Trowbridge, Jefferson county, N. Y. ; Drs. Watson and Shook of the New-York Hospital ; Dr. Roberts and Dr. Griscombe, N. Y. ; Dr. English, Dr. Perrine, Monmouth county ; Dr. Paine of Newark, N. J. and Dr. Gridly, Conn.

We have received a Journal kept by the late Dr. Howell of Princeton, N. J. of interesting cases, and have placed them in the hands of a competent gentlemen to prepare them for the press.

Professor Tully of New Haven, is respectfully informed that the subject on which he proposed to write for this Journal, will be thankfully received ; and we take this opportunity to state, that we feel confident few of the profession are so capable of giving the medical properties, &c. of our indigenous plants as Dr. Tully.

Professor Ives of New-Haven, has our kindest acknowledgements for his promised facts, &c. in relation to intermitting Fevers, and we will thank him to let us have them in time to publish in the Appendix to the prize Essay on that subject. Dr. Smith of Hyde Park, N. Y. is respectfully informed, that we shall be pleased to receive his promised translations from the French.

Prize Dissertations.—We are informed that several intelligent Medical writers, have expressed a willingness to become candidates for premiums, provided they were at liberty to select their own subjects. In consequence of which we deem it advisable to state to the profession generally, that they will be at liberty to select their own subject, on which to write prize dissertations for this Journal. The amount of premiums, general arrangement of matter, examiners, &c. to be the same as those of the prize dissertations on Intermitting Fevers, &c. We trust this additional arrangement will be satisfactory.

We expect to publish the Prize Dissertation on Intermitting Fever, in our August number, therefore we renew our request to Physicians, who are in possession of interesting medical facts in relation to the subject (and who may not be candidates for the premium) to transmit the same without delay, that they may accompany the Prize Essay as an Appendix.

It gives us pleasure to state, that the appeal to the profession, published in our 21st number, has already begun to show its good effects on the medical literature of our country ; many highly intelligent physicians have promised to write and report their interesting cases.

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ERRATA.—In page 423, the credit to the Dublin Med. Journal, should have been given to the British and Foreign Med. Review.

In the eight pages following 424, the folios should be 425 to 432 inclusive, instead of 435 to 442.

THE

UNITED STATES MEDICAL AND SURGICAL JOURNAL.

No. XXIII.

JUNE, 1836.

ART. I.—*Report of the Fourth Meeting of the British Association for the Advancement of Science; held at Edinburgh, in* 1834.—*London*, 1835. 8vo. pp. 700.

The establishment of the British Association is likely to form an important epoch in the history of Science, and, with reference to that part of it in which we are more immediately interested, the most beneficial results may be anticipated. "Sine philosophiâ trunca et debilis foret medicina" was the saying of the great Roman physician; but, though its truth has seldom been called in question, it has been too generally lost sight of; and, even when kept in view, has not always been fortunately applied: witness the many instances in which other branches of philosophy have been made to supplant, rather than illustrate, the principles of medicine; in which physiology, the basis of all medicine, has been resolved into chemical, mechanical, or metaphysical hypotheses, to the exclusion of the actual observation of the laws of life. This has arisen from too partial a recognition of the relations of medicine to other departments of knowledge, each enquirer bringing it into apposition with that branch of science with which he happened to be most familiar, without considering that principles, in themselves true, are not equally applicable to every subject.

The study of every science has its own particular influence on the developement of the mind, and generates peculiar aptitudes for the reception of truth, and peculiar liabilities to error: hence the sciences demand extensive aid of each other. It is not, indeed, either necessary or possible that the professor of one branch should be profoundly versed in all others, but he may nevertheless be sufficiently imbued with the spirit of universal science to exempt him from partial and exclusive habits of thinking. It is obvious that no science stands more in need of collateral aid than medicine, not only from its being one of the most arduous subjects to which the mind can be applied, but from the immense variety of knowledge which it concentrates; thus drawing from every source of observation, and exercising every species of reasoning: the adoption of medical philosophy into the great circle of the sciences, under the auspices of the British Association, is therefore an event to be viewed with much satisfaction by every enlightened cultivator of our art.

Among the papers contained in the volume before us there are two relating to medicine; one on the laws of contagion, the other on animal physiology.

1. *Report on the State of our Knowledge of the Laws of Contagion.* By WILLIAM HENRY, M.D. F.R.S. &c. late Physician to the Manchester Royal Infirmary and Fever Wards.

After some general remarks on the bearings of the subject, and a just animadversion on the controversial and disingenuous spirit by which too many writers have been actuated, Dr. Henry proceeds to illustrate the laws of contagion. The term contagion is used in its more comprehensive sense, without reference to the distinction attempted by some writers between *contagion* and *infection*. It is unnecessary for us to dwell on each of the laws here laid down, because many of them, though properly introduced into a connected survey of the subject, are too well established to admit of any discussion: several of them, however, refer to points of considerable moment which still remain undecided, and these we may notice without adhering precisely to the arrangement of our author.

The Origin of Contagions. It is well known that some contagious diseases, as typhus, frequently originate in the animal body, when subjected to the action of certain external causes, among which the most obvious are confinement in crowded and ill-ventilated places, deficient or unwholesome food, intemperance, excessive fatigue, long-continued exposure to cold and moisture, and depressing passions of the mind. Such diseases are also occasionally observed to arise sporadically, without the intervention of the causes above alluded to, and, to all appearance, independently of contagion. There is, however,

a class of contagious dissases which have never yet been proved to arise sporadically, and are generally believed never to do so: the contagions which produce these are therefore called *specific contagions;* such are those of syphilis, measles, smallpox, cowpox, hooping-cough, scarlatina, &c.

Dr. Henry supports the common doctrine, that contagious diseases of a specific kind never originate spontaneously: this position he conceives to be strengthened by certain facts, which we will consider severally.

1. Specific diseases "have never been met with in any country, when visited for the first time, after having been previously shut out from intercourse with the civilized world."

The argument derived from this fact is somewhat invalidated by the consideration that a rude and scattered people, among whom the intercourse of life is comparatively rare, and whose habits approximate in some degree to those of nature, are less subjected to the causes from which contagious diseases of every kind are most likely to arise, than a people further advanced in the social progress: they are not exposed to the vitiated atmosphere of crowded cities, to the union of intemperance and want which destroys the health of a poor and immoral population, nor to the various anxieties and causes of mental depression with which the advantages of civilization are alloyed.

2. "The historical eras may be fixed when many of these first invaded the countries where they now prevail, and the line of their march may be distinctly traced out."

This is a powerful argument in favor of the propagation of such diseases by contagion, but it is no argument against their occasional origin from other sources.

3. "Specific diseases have been known to become extinct for a time in certain situations, and their revival has been traced unequivocally to a foreign source. Thus, the smallpox disappeared several times from the island of Minorca, apparently from having already attacked all who were liable to it. In one instance the interval extended to seventeen years; in another, after having been absent for three years, its return was clearly traced to the crew of a ship of war which had arrived from the Levant. Seven similar intermissions of the same malady are recorded to have happened at Boston, in New England; in three only of which the channels of its reintroduction could be discovered. But these three instances render it much more probable that the poison causing the disease should, in the remaining four, have been imported anew, than that it again should have been generated. For, though it cannot be denied that a poison may be again elaborated by a concurrence of the same circumstances which originally produced it, yet, in assigning causes, we must be guided by actual observations, and not by possible contingencies."

Here we think our author's reasoning turns against himself. It is admitted, with reference to a specific contagious disease, the smallpox, that it *may* originate independently of contagion: nay, it is certain that, in one instance at least, it must have done so, or it never could have originated at all. Again, it was admitted that it has been known to arise without the possibility of its being actually traced to a foreign source: it is moreover previously allowed by Dr. Henry, that in this country, where the disease is constantly prevalent to a greater or less extent, individuals are often affected with it when no source of contagion can be discovered: "it frequently happens that the most searching and diligent enquiry fails to trace a specific disease to its source. We are told that not one in twenty cases admitted into the Smallpox Hospital in London, could be referred to any immediate original. In a few instances specific diseases have appeared within boundaries which might have been supposed to have perfectly excluded them. In the Penitentiary at Millbank, a prisoner was seized with smallpox, notwithstanding his apparently perfect insulation." Now, although no positive conclusion can be drawn from these premises, we would submit that, adopting our author's principle, and being guided by *actual observation*, we are led to infer that, although the disease in question be generally propagated by contagion, it is by no means improbable that it does occasionally originate in the human body, independently of this cause: the entire possibility of the latter occurence being conceded, every instance in which it *appears* to take place goes so far in favor of the supposition that it *actually* does take place; and, although due allowance must be made for the influence of contagion in in many cases where it cannot be traced, still a large number of cases in which a specific disease arises to all appearance spontaneously affords at least a probability that it really does so arise in *some* of them.

The instance of smallpox, however, is perhaps more favorable to the opinion espoused by our author, than that of several other diseases. With reference to measles, and still more to scarlatina and hooping-cough, every experienced practitioner must have met with instances so apparently sporadic, that, if his mind had not been prepossessed with the idea of contagion, he would never once have thought of attributing them to this source; and he must also have seen a number of cases of each of these diseases occur in a neighbourhood so simultaneously as almost to exclude the supposition of contagion as a probable cause of their appearance.

But, of all known diseases, certain affections resembling the venereal afford most countenance to the opinion that specific contagions do occasionally arise spontaneously.

John Hunter admitted the existence of anomalous animal poisons generated independently of infection, but producing effects sometimes so nearly resembling syphilis as not to be easily distinguished from it, and, like syphilis, communicable from one individual to another. Several very striking cases are given in his work on the Venereal Disease; and he was of opinion "that new poisons are rising up every day, and those very similar to the venereal in many respects, though not in all." (P. 387, 4to. ed.) Mr. Abernethy went so far as to declare that he knew of no criterion by which the spurious disease could in all cases be distinguished from the genuine. "Mr. Hunter," he observes, "seemed to wish the prosecution of this subject, probably from the expectation that some characters appropriate to these diseases might be detected.

I have not, however, been able to discover any: the fictitious disease in appearance so exactly resembles syphilis, that no observations, however acute, seems to be capable of deciding upon its nature." (*Surgical Observations*, 8vo. 1824, p. 134.) We believe that the greater number of surgeons of the present day will be found much more disposed to extend than to dispute the observations of Abernethy on this point. We will not here hazard a suggestion of the possibility that two diseases, which cannot by any means be distinguished, may, in effect, be one and the same disease; and hence that actual syphilis may, even now, occasionally originate spontaneously: it is sufficient for our purpose that specific animal poisons are found, in the present day, to originate in the bodies of certain individuals, and to be communicated from these to others. If such be the fact, and there is little doubt that it is so, there seems no improbability in the supposition that those specific contagions, which have long been abroad among the species, may, under certain circumstances, be generated anew in the system of an individual.

We might strengthen the analogy by the instance of *hydrophobia*, were it not that some writers have doubted (though, as we think, without sufficient reason,) whether this disease ever arises, even in the canine race, independently of infection. It may also be objected, with more validity, that its origin does not come fairly within the limits of human pathology, because there is no ground for believing that it ever originates in man.

After all that has been said, we beg not to be understood as unconditionally adopting either side of this very difficult question: our only object in entering upon it has been to oppose a hasty conclusion, which has a tendency to preclude enquiry. If it be admitted as in any degree probable that specific diseases sometimes arise spontaneously, observation will be kept alive to the causes which may operate in their production; but, if it be too readily taken for granted that they never do originate in this manner, we exclude ourselves from an investigation which, though it appear barren at present, may afford important results in some more advanced era of medical science.

Conversion of Simple into Contagious Fever. "Of the nature of those processes," says Dr. Henry, "by which a simple fever becomes contagious in its progress, we are totally ignorant. The opinion that a contagious poison is, in any case, generated by a change in the animal fluids analogous to fermentation or to putrefaction, (a change veiled by Sydenham under the phrase *commotio Sanguinis*), is inconsistent with general reasoning as well as with observation. The tendency to putrescence in the solids or fluids of the animal body, at temperatures favorable to that process in dead matter, is counteracted by the undefinable principle of life, so long as that principle retains sufficient energy. During a contagious fever, none of those gases are necessarily evolved, which are the constant products of animal putrefaction. A person sick of typhous fever, enjoying all the advantages of cleanliness and fresh air, and emitting no sensible odour, may yet impart a fatal infection. An instance is on record, in which a person under such circumstances was accompanied, for about half a mile, in a coach, by four individuals, none of whom perceived the slightest odour, but all caught the infection, and died in consequence. It may be remarked also, that the odours, which arise from persons labouring under acute specific diseases, are not similar to those of common putrifying matter, but are distinct and peculiar. When we add to these arguments, that the perversion of a vital process, such as that of secretion, occasions, in at least one decided instance (*rabies canina*), the formation of a poison, by an organ which commonly secerns a bland and harmless fluid, the weight of evidence must be allowed greatly to preponderate in favour of the opinion, that all morbid animal poisons are the results of vital operations; and that chemical changes, if concerned at all, are under the control of the vital principle." (P. 72.)

An interesting enquiry here suggests itself, namely, what other diseases are there which, like common fever, may occasionally become contagious, although they are not so under ordinary circumstances?

Erysipelas has sometimes prevailed as a formidable epidemy, and, even when sporadic, frequently assumes a disposition to spread by contagion: nor is this confined to the idiopathic form of the disease; experience sufficiently attests that erysipelas supervening on wounds may also become contagious, especially in hospitals. Catarrh and pneumonia have frequently presented themselves in an epidemic, and probably a contagious form.

It is also worthy of remark, that a vast variety of diseases have at different times occured as complications of contagious fever, and formed characteristic features of particular epidemies: so great indeed has been their number, that we may almost conclude, with Sennert, "nihil fere symptomatum et malorum est quod non cum peste et malignis ac pestilentibus febribus interdum conjungatur." (*De Feb.* lib. iv. c. xviii.) It would seem, therefore, that there is nothing in the nature of such afflictions incompatible with their communication by contagion; since, in the instances alluded to, they are so influenced by the causes of contagion as to become communicable along with the fever they accompany. These considerations point to the possibility that a contagious principle may, under certain circumstances, be superadded to many diseases, and may sometimes operate in determining their frequency when its presence is very little suspected. It must have occurred to every practitioner to see a disease not generally esteemed contagious—as a sore-throat or a diarrhœa—run through a whole family in a manner not easily to be accounted for; and, although "nec dues intersit" be an excellent maxim, it here applies no more to contagion than to a "peculiar constitution of the atmosphere," the operation of unknown local causes;" and other explanations which certainly do not posses the advantage of superior intelligibility: while, therefore, a belief in contagion is not hastily to be adopted in such instan-

ces, there is no reason why it should be absolutely excluded from consideration.

Mode in which Contagions are Communicated. "Among contagious poisons," observes our author, "there are some that exist in a visible and tangible state, generally in that of liquids; others are not at all perceptible by our senses, and are known to us only by their effects. The liquid poisons are efficient, only when applied beneath the cuticle, or to parts where the cuticle is very thin, or to the surfaces of mucous membranes; and if immediately and completely washed off, they inflict no injury. The action of some of those poisons, of syphilis for instance, does not necessarily extend beyond the part to which they are applied. Other poisons, when inserted or inoculated, act locally in the first instance, and afterwards give rise to general febrile excitement, which is necessary to the formation of fresh poison in the inoculated part, or in the system. After inoculation for smallpox, the constitutional disturbance is generally well marked; in cowpox, often so faintly as to be scarcely distinguishable; yet even in the latter, some degree of general fever seems to be essential to the perfect state of the pustule. It is only at this period of full development (called the time of *maturation*) that the fluid contents of the pustule, (which in the cowpox is limpid, in smallpox purulent,) can be depended upon for producing its appropriate effect. Before maturation, the fluid is inert; after that period, it is sometimes effete, and sometimes produces a modified diease. All attempts to excite smallpox or cowpox, by inoculating with the blood or with any other animal fluid, have been unsuccessful.

"XI. When the liquid animal poisons are kept in a moist state, at temperatures not exceeding those of a warm atmosphere, they undergo spontaneous changes which materially affect their specific properties. Variolous matter, thus negligently preserved, has been known to produce a train of symptoms resembling those of smallpox, but yet giving no security against the return of that disease. But the liquid poisons, dried at the lowest temperature adequate to that purpose, may be kept in close vessels unimpaired for an indefinite time, and regain their infectious properties when moistened with very little water. The mixture of them, however, with a large proportion of water, renders them inefficient. Dr. Darwin relates that, in some experiments by Mr. Power, smallpox matter was found to be infectious after diffusion through five times its quantity of water; but that its dilution might be carried so far as to render it inert. This is precisely analogous to what happens with common poisons, the most virulent of which is disarmed of its noxious power when sufficiently diluted.

"XII. Of the chemical constitution of the liquid contagious poisons we are entirely ignorant; nor is it probable that the knowledge, if we possessed it, would throw any light on their mode of action. We are well acquainted with the composition of many poisons (the prussic and arsenious acids, for example), without at all understanding in what way they act so powerfully upon the animal system.

"XIII. Beside the liquid poisons, requiring contact for their operation, there is another class which are independent of that mode of communication, and are transmitted to small distances through the atmosphere. Such are those of scarlatina, measles, hooping-cough, chicken-pox, &c. In a few instances diseases imparted by contact are also caught by emanations or affluvia. The smallpox, it is well known, may be propagated in both ways; and the plague, certainly infectious at small distances, has, of late years, been proved to be communicable by inoculation with the matter of the glandular abscesses. Dr. White, after two unsuccessful attempts to inoculate himself, caught the plague by the third, and died in three days; and Dr. Valli, in 1803, fell a victim to a similarly rash experiment." (P. 73.)

To reason correctly on the subject of inoculation, it is essential that the meaning of this term be exactly defined. In smallpox and cowpox, a virus is elaborated which contains, as it were, the essence of the disease, and which, being inserted beneath the cuticle of a healthy person, excites a local specific action that is afterwards communicated to the system. This is inoculation in the proper sense of the term; but it is conceivable in the instance of a highly contagious malady that the insertion of any fluid derived from the diseased body, or even the application of such fluid to the surface of the cuticle, might excite the disease in a healthy individual. This might also be called inoculation; but it is evidently not so in the same sense as in the former case: it is, in reality, an instance of simple contagion. Now with respect to plague, it is well known that even extraneous substances impregnated in the smallest degree with the fluids or exhalations of the diseased body will readily communicate the disorder: surely, then, there is no improbability in the supposition that a small quantity of purulent matter derived immediately from the body of a patient should impart the disease quite independently of its containing a specific virus elaborated from the general system like that of smallpox. Plague seems to have been much too hastily associated with the exanthemata, from which it differs in the following striking particulars: in all known exanthems the eruption has a uniform character, and is thrown upon the skin or some other extensive membranous surface, while in plague the character of the eruption is various, and its seat irregular; it consists of tumours in the glands, of carbuncles involving both the skin and the subjacent textures, of tubercles situated in the cellular membrane, and other affections of less constant occurrence. The carbuncles have as good a right to be considered a part of the supposed exanthematous eruption as the buboes; and, if so, the plague has a *double eruption*, therein differing from all other exanthematous diseases. Lastly, the pestilential buboes and carbuncles follow no regular course of maturation and decline; they frequently appear several times in succession; nor do they seem like the eruptions of the exanthemata to have any determinate relation to the syptoms or progress of the disorder.

Identity of Smallpox and Cowpox. When speaking of the recurrence of contagious diseases, Dr. Henry remarks, that "smallpox and cowpox act as safeguards against each other; or, when (failing this) the one occurs in a person who has passed through the other, the second in order of sequence, whether smallpox or cowpox, assumes a modified, and generally a much milder form. There can be little doubt, however, that those two diseases are essentially the same. We have no evidence that any one specific disease affords a security against any other which is distinguished from it by marked characters and a different succession of symptoms. Neither smallpox nor cowpox gives a durable protection against measles, hooping-cough, or scarlatina." We are somewhat surprised at the affirmation that there can be little doubt of the identity of smallpox and cowpox. We cannot perceive any valid reason for entertaining such a belief. The alledged results of Sonderland's experiments are indeed striking; but the repetition of these experiments in other quarters has afforded so little countenance to the conclusion he derived from them, that we may be allowed to doubt the accuracy of the statements, although without impugning the veracity of the narrator.

Among the theoretical objections to the identity of the two diseases, there is one which we do not recollect to have seen noticed, but which appears to us to have some force: it is this. On the supposition that smallpox and cowpox are essentially the same, the difference of the phenomena must be ascribed to a modification effected in the action of the same virus, by the respective peculiarities of constitution in the human subject and the cow: if, therefore, the virus could be obtained, *as yet uninfluenced by the constitution of either of these animals*, it might reasonably be expected to produce cowpox in a cow and smallpox in a man. Now the disease called the grease in a third animal, the horse, affords the means of making the experiment: the grease is known to be capable of generating cowpox in the cow, and ought, by hypothesis, to generate smallpox in a man. Such, however, is not found to be the case: the grease produces nothing but *cowpox*, whether in man or in the cow. It is, however, useless to theorize on this subject: we are in want of further experiments; and it is by no means improbable that a very extensive series of inoculations with the virus of smallpox, cowpox, and the whole family of pustular and vesicular ex-anthems, in their more characteristic as well as in their modified forms, with a patient comparison of their effects on man and other animals, might lead to the correction of some erroneous views, and the establishment of some important facts, in pathology.

Fomites. The following is a judicious summary of our knowledge on this subject.

"It has long been known that dry porous bodies, when exposed to the atmosphere, increase in weight by absorbing aqueous vapour. In like manner, there can be no doubt that contagious vapours or emanations are absorbed by porous substances, and are again exhaled in an active state. Boyle remarked that 'amber, musk, and civet perfume some bodies, though not brought into contact with them, as the same determinate disease is communicable to sound persons, not only by the immediate contact of one who is infected, but without it.' Contagious emanations, thus imbibed by porous bodies, have received the name of *fomites*. They are capable of issuing forth with unabated, and, it is even asserted on good authority, augmented activity. It is probable, therefore, that they are emitted in a state of increased concentration, the porous body having imbibed those vapours, in preference to the elastic fluids which constitute the atmosphere. The propagation of contagious poisons, in the state of fomites, is illustrated by the following, among numberless similar instances:—1. the contagion of the plague of 1665 was conveyed in a box of clothes from London to Eyam, a small village in Derbyshire, out of whose scanty population it carried off two hundred and fifty persons. 2. Smallpox infection has been transmitted from London to Liverpool, by means of new apparel made in a room where persons were sick of that malady. 3. Dr. Hildebrant introduced the poison of scarlatina into Podolia, a distance of several hundred miles, by a suit of clothes, which he had worn at Vienna while attending persons sick of that disease, and had lain by for several months. 4. Of the propagation of a fever of the typhoid character by fomites, Sir John Pringle has recorded a striking example. A number of old tents, which had been used as bedding by soldiers sick of low fever, were, on the disembarkation of the troops at Ghent, sent to be repaired. Twenty-three Flemish workmen were employed in the business, out of whom seventeen took the fever and died, though they had no personal communication with the troops.

"XXIII. It has not been ascertained how long fomites may retain their activity: but there is reason to believe that in articles closely packed they may remain unaltered for several years. Sennertus relates an instance in which, after a violent plague at the city of Breslaw, in 1542, the pestilential contagion imbibed by linen cloth which was kept folded up, issued forth fourteen years afterwards in another city, and gave rise to a plague which caused great devastation. In Dr. Parr's *Medical Dictionary* (art. CONTAGION), a fact is stated, which if well authenticated, would indicate a much longer period for the durability of the contagion of plague.

"XXIV. The subject of fomites is well worthy of further investigation. Hitherto we have acquired no information respecting the comparative powers of different porous bodies to absorb contagion. Technical distinctions into 'more or less susceptible articles' are, it is true, recognized by the quarantine laws: but they appear to be founded on loose analogies rather than on careful observations. 1. It is extremely probable that *different* porous bodies vary as to their powers of absorbing the same contagious emanation, as we know that they differ in their powers of imbibing a given elastic fluid. 2. In the same porous body, it is quite conceivable also, that the power of absorbing different contagions may vary with its states of dryness, temperature, mechanical aggregation, and other circumstances. A light and spongy material will probably be found a more active absorbent of contagion, than the same substance when rendered

dense by packing or by manufacturing operations. 3. A low temperature of the porous body will probably cause it to absorb more contagion than an elevated one; the dryness of the solid being supposed equal in both cases. When once impregnated also, an increased temperature will probably act in disengaging fomites, just as odours lurk unperceived in a garment till the wearer enters a warm apartment. It is consistent with this opinion, that clothes, which have been in contact with persons suffering under typhus, sometimes infect those who wash them in hot water. 4. The distance from the source of contagious effluvia, at which porous bodies exert their absorbent power, is undetermined. There is probably a distance at which their elasticity may be so increased by dilution, as to be more than equivalent to the absorbent power of the solid. The more highly the atmosphere surrounding the sick is charged with contagious effluvia, the more abundantly, may it be expected, that those effluvia will be absorbed by solids. 5. The colours of porous bodies have been shown, by the experiments of Dr. Stark, to exert a decided influence over their absorption of odours, the dark colours being most efficient. He has suggested, therefore, by a fair analogy, that colour may modify also the absorption of contagious effluvia.

"XXV. In several well authenticated instances, persons conveying fomites with injurious and even fatal effects to others, have themselves escaped infection. Prisoners discharged in their usual health from Newgate, at the time when that jail was the seat of a contagious fever, have infected the keepers of shops and public-houses in the neighbourhood. The same consequences followed also the liberation of debtors from the jail at Gloucester. In the memorable instance, too, already cited, the criminals who, by the fomites lurking in their clothes, spread so fatal a pestilence through the court of assize, were in their ordinary state of health. Previous ablution of their bodies, and the putting on clean and uninfected clothing, would doubtless have prevented that extensive disaster." (P. 79.)

The conideration of fomites may assist in the solution of a question which has, we think, been rather superfluously agitated—namely, that of the possibility of infection from dead bodies. Let us suppose the case of a person just dead of a highly contagious disorder. No more of the contagious miasm can be formed, because its formation is doubtless the result of disordered vital actions; but are there no *fomites* about this body which may absorb that which has already been formed? Is the cuticle a less porous body than a piece of cloth; or is the hair of a dead man a worse fomes than a bunch of wool? If not, we do not see how the capacity of the dead body to convey contagion can be disputed, unless on the supposition that the body, when dead has an active power of neutralizing the miasmata which it evolved when living; an opinon not likely to be maintained.

If numerous instances be adduced where contact with a dead body has failed to communicate disease, this merely shows, what many other facts tend to demonstrate, that contagion is not so universally active as popular apprehension would imply; and the instances where contact with the dead body has been followed by no bad effects might be confronted with a much greater number where similar impunity has attended contact with the living.

II. *Report on Animal Physiology; comprising a Review of the Progress and State of Theory, and of our Information respecting the Blood and the Powers which circulate it.* By WILLIAM CLARK, M.D. F.R.C., F.G.S. F.C.P.S., late Fellow of Trinity College, and Professor of Anatomy in the University of Cambridge.

This paper contains a philosophical survey of the progress of physiological theory, and a condensed view of the improvements which have been effected of late years in some special departments of the science. We shall take the first part alone as the basis of the present notice, since, with respect to the rest, any attempt to epitomize what is itself an abstract would afford little more than a bare enumeration of facts, uninteresting from their want of connexion. In tracing a slight outline of the progress of general physiology, we shall use the licence of modern critics, to make ourselves in a great measure independent of our author; not failing, however, to draw copiously from the excellent materials he has brought together. We may add, that our observations will have less reference to the chronological order of events, than to their influence on the progress of science; and that we shall advert to the discoveries and opinions of individuals only in as far as they bear upon important generalizations.

Physiology has from its commencement been making a kind of double progess. Certain doctrines have arisen from time to time, which, though held in various degrees of estimation at different periods, and variously modified by the advances of knowledge, have never since their origin been entirely lost sight of, but, acquiring increased influence after each season of temporary neglect, have descended to our own times with every prospect of permanence. Other doctrines, again, originating in the partial bias of men's minds, or the defective state of their knowledge at particular periods, have enjoyed only a fitful ascendency; and, though they have been recalled more than once after their first dismission, they have not returned with augmented strength; they have made no real progress, and are in effect just as far from being verified now as they ever were: but such hypotheses, however erroneous and transitory, have not been without their use, since they have acted as stimulants to industry, and given rise to an immense accumulation of facts, not in themselves the less valuable from having been made subservient to fallacious views, and which, in the gradual progress of science, become involved in just trains of reasoning, and aid in the establishment of true theories. The germ of some of the most important doctrines of physiology is to be found in the writings of the Greeks.

The physiology of Hippocrates was encumbered with the Pythagorean school, in conformity with which he taught that the four elements,

variously combined, formed the four cardinal humours, and these again the solids and fluids of the animal body; but he inculcated two grand truths, of which one has been very generally received by the best physiologists of every succeeding age; and the other, though not sufficiently recognized even at the present time, will, in all probability, exert an extensive influence on the future progress of the science. The father of medicine perceived clearly that the properties of inert matter would not account for the phænomena of life; he therefore asserted the existence of a power in the living body, which he calls *nature*. This he represents as acting instinctively: *Nature finds out ways for herself without counsel. Nature, untaught and without learning, does what is needful. Epidem.*, lib. vi. sect. 5, Ed. Föes.

Hippocrates in effect recognized a vital principle; but he further saw, what it is much to be regretted that so many succeeding physiologists should have lost sight of, that the existence of a living body is one of constant relation to surrounding things; that the vital principle is not self-acting, but a controlling power which regulates the actions excited by the operation of extraneous causes: hence we find throughout his writings the evidence of a constant attention to the effects produced on the animal system by air, moisture, heat, cold, food; in short, by all the external conditions of life which the infant state of natural science at that period offered to his observation.

To Aristotle the science is indebted to an extent which can be appreciated only by those who have made a study of his writings. He cultivated comparative anatomy on a very ample scale, and in a more immediate and comprehensive relation to physiology than any other enquirer till the time of Hunter. He may thus be said to have instituted the true method of studying the vital functions, since there is scarcely an important fact in physiology which has not been either suggested by comparative anatomy or finally established by an appeal to it.

Aristotle laid the foundation of embryology, by a series of observations on the formation of the chick;* he moreover gave considerable attention to the modifications undergone by each of the principal organs of the body, as adapted to the same function in different classes of animals; and, with reference to the lower tribes, noticed the *substitution* of less perfect organs for the performance of similar functions,† so that one might feel inclined to forgive an enthusiastic admirer of the Stagyrite, were he to claim for him the merit of having traced the outline of that great theory of progressive development which has given such an impulse to physiology in the present day.

Aristotle divided the vital powers into the *nutritive*, *sensitive*, *appetitive*, *locomotive*, and *cogitative*.‡ He referred the first four of these to a kind of soul, common to man, animals, and plants, but regarded the reasoning faculty as appertaining to another kind of soul, capable of a separate and independent existence.§

This simple and natural classification, when cleared of the logical and metaphysical subtleties in which Aristotle involved it, will be found little at varience with the physiological notions of the present day. The soul common to all organized beings appears to be no other than the vital principle; the nutritive faculty corresponds with organic life; and the combined, sensitive, appetitive, and motive faculties with animal life: in separating the phenomena of the mind altogether from those of the body, and attributing them to a distinct incorporeal being, Aristotle supports an opinion which has always had the ablest, though not perhaps the most numerous, reasoners on his side, and which, notwithstanding the occasional prevalence of different forms of materialism, is, we think, the one most likely to be finally adopted. It is singular that this philosopher, who instituted a very careful and instructive comparison between the mental faculties of brutes and those of man, should have referred the former to the same source as the common functions of life, while he considered the latter as of a nature altogether distinct. It might have been thought that attention to this subject would have convinced so acute a reasoner that the intellectual powers of the inferior animals differ from those of man, not in kind, but in degree.

Galen, perceiving Aristotle's error in associating the phenomena of consciousness and intelligence with those of mere automatic life, attempted a new classification of the vital powers or faculties: these he subdivided into the *natural*, which is centred in the liver, and presides over nutrition, growth, and generation; the *vital*, which has its citadel in the heart, and communicates life and heat, through the arteries, to all parts of the frame; the *animal*, which is seated in the brain, producing the phænomena of the mind, causing sensation and motion by means of the nerves, and presiding over all the other functions: three kinds of spirits, the natural, animal, and vital, formed by a sort of exhalation from the blood, minister to the respective faculties, and convey their influence through the appropriate channels. Besides the three principal faculties, Galen admitted the existence of certain subordinate faculties which preside over particular organs.

The chief merit of this arrangement is, that it recognizes the distinction between those functions which are essential to the existence of an animal, and those which are only necessary to maintain its conscious relations with external things, and admit of occasional suspension without injury to life.

In his general doctrines, Galen blended the metaphysics of Plato and the logic and natural philosophy of Aristotle, with the physiological principles laid down by Hippocrates; agreeing with the last-mentioned philosopher in deriving the cardinal humours and the various component parts of the animal frame, from the various admixture of the four primary elements. He believed the vegetative or organic faculties to be under the guidance of *nature*, but referred the voluntary to the *soul*. The powerful genius of Galen, aided by a most extensive acquaintance with the philosophy of his age, expanded the science of medicine to an amazing extent, and his vigorous

* Hist. Animalium, lib. vi. c. 2, 3.
† The four books De Partibus Animalium, *passim*.
‡ De Anima, lib. ii. c. 3. § Id. lib. ii. c. 2.

conception brought him to the verge of several important physiological discoveries, which, however, the state of science at that time rendered unattainable. We may, in passing, allude to one point, which has been the subject of some dispute. Galen very decidedly maintained the distinction betwen the nerves of sensation and those of motion, which had indeed been previously hinted at by Aretæus.* Galen believed that the nerves of sensation were derived from the anterior part of the encephalon, and those of motion from the posterior part, and from the spinal cord: but his idea of the difference between them was purely mechanical: he thought that the former class of nerves were adapted to sensation from their being *soft*, and the latter to motion from their being *hard*. That he had no conception of two distinct kinds of nervous power, resident in different portions of the central mass, is evident from his maintaining that a soft sensatory nerve may be condensed at some part of its course, and thus be converted into a nerve of motion.†

We need not make particular allusion to the Greek writers who succeeded Galen, to those of the Arabian school, or to those who lived soon after the revival of letters in Europe As far as physiology is concerned, they were all mere copyists: the commanding spirit of Galen overawed the minds of men through many ages of declining science, during which physiologists relinquished all attempts at original observation, and confined themselves to expounding and commenting upon the doctrines of the ancients.

Early in the sixteenth century, the majestic dream of antiquity was broken in upon by the turbulence of the chemists, who, headed by Paracelus, swore everlasting enmity to the sage of Pergamos, and strove to supplant his specious fallacies by their own less attractive delusions.

In the seventeenth century, a new era dawned upon the science. Harvey's discovery of the circulation of the blood opened a boundless field of enquiry, in which physiologists for some time lost themselves and wandered in devious and unprofitable paths.

The chemical researches of Hooke and Boyle. and the atomic theory of Descartes, became the basis of those doctrines professed by the chemical and mathematical schools, which now for the first time attracted the general attention of the scientific world.

The chemical sect of physiologists had been founded by Paracelsus in the preceding century, but his peculiar tenets, in which some truth and much ingenuity were blended with a conceit and fanaticism bordering on insanity, sunk into neglect very soon after his death. The school of chemical physicians, however, did not become extinct, and even included in the number of its disciples some individuals eminent for learning and science, among whom Van Helmont deserves to be mentioned.

In the seventeenth century, the improvements in chemistry led to a more plausible application of this science to physiology. Sylvius may be considered as the father of the modern chemical physiology, which derived support from the abilities of Willis, John Mayow, Croone, and Helvetius; but was opposed and confuted by Hoffmann, Boerhaave, and Pitcairn.

Although the views of the chemical physiologists were purely hypothetical, and for the most part chimerical, it is not to be forgotten that they paved the way for the study of animal chemistry: and that the writings of Mayow contain the first hint of the true theory of respiration, and of that solution of the phenomena of animal heat which is most generally received at the present day.

"The mathematical school of physiology," says Dr. Clark, "gained a better reception. Its doctrines, recommended by the prevalence of the atomatic theory of Descartes, gave the same direction to physiology and medicine with that in which science was principally advancing under the auspices of the Florentine Academy. The philosophy of Descartes appeared peculiarly applicable to such investigations, since no reason apparently could be assigned which should render that law inapplicable to organic bodies which referred all changes in matter generally to the figure and motion of the ultimate particles of which they were composed. Hence we find the followers of Descartes representing in their works, the mathematical forms of the ultimate particles, of which they supposed the various organs to be composed, as figures for the application of mathamatical reasoning. The most distinguished disciple of this school was Borelli. He united to all the anatomical information of the day a depth of mathamatical knowledge which enabled him, in appearance, to apply its reasonings and its results to explain the action of the organic machine. Thus, he submitted muscular motion to calculation on the principle of the lever; explained the action of the heart and the motion of the blood upon hydraulic principles; and accounted for the secretions from the various diameters of the vessels. The proximate cause of muscular motion he asserted to be the rush of nervous fluid from the brain upon the muscular fibre. Bellini and Baglivi espoused the same theory, and extended its application by their writings; but, as if internally aware of its insufficiency, and proving that they merely reposed in it as that which was least objectionable, they labored to separate the theory from the practice of medicine. Thus Baglivi was in practice a follower of Hippocrates and of Sydenham. John Bernouilli was a celebrated disciple of this school. He considered the elementary geometry of the Italians insufficient in its application to the animal body, inasmuch as this represents neither line nor plane either in itself or in the ultimate particles into which it can be resolved. Hence he had recourse to the calculus lately invented by Newton and Leibnitz and the theory of curves. His theory of muscular motion gained great celebrity, as well as his application of the analysis to determine the decrement of the body in consequence of the various transpirations and secretions. Another branch of the mathematical school was founded on the Newtonian theory of attraction, and had for its supporters in this country Keill, the Robinsons, Wintringham, and Meade." (P. 100.)

* De Causis et Signis Diuternorum Morborum, lib. i. c. 8.
† De Usu Partium, lib. ix, c. 14.

The mathematical doctrine had, if possible, less foundation in nature than the chemical: it led, however, to much minute dissection and numerous microscopical examinations of the intimate structure of parts; so that, in as far as physiology has received illustration from minute anatomy, it may be considered as indirectly indebted to the mathematical school.

A general recognition of the insufficiency of the hypotheses just alluded to gave origin to a new school of physiology, which has been styled the *dynamic*. Before entering on the consideration of this, however, we may remark that, while the attention of many physiologists had been distracted by futile and short-sighted speculations, there were some who profited by the grand example of Harvey, and devoted themselves to the diligent cultivation of anatomy, with an unprejudiced view to the elucidation of functions. The connexions of the nerves, in particular, were carefully unravelled by Willis and Vieussens; and to the former we owe the first correct view of some of the more remarkable phœnomena of sympathy, which had previously been attributed to the continuity of membranes, and other causes inadequate to their production. Willis attributed these phænomena to the agency of the nerves, but erred in supposing that they were referable to their direct communication. The views of Willis, however, (which were also adopted by Vieussens,) prepared the way for the more accurate opinions of Whytt, who showed satisfactorily that nervous sympathies take place through the intervention of the great centres of that system; a most important physiological truth, which he has illustrated more fully, and with greater felicity, than any succeeding writer, notwithstanding the metaphysical hypothesis with which he most unnecessarily embarrassed his reasoning.

The dynamic doctrine is usually attributed to Stahl, according to whom the soul is the prime agent in the formation of the body, and the maintenance of all its functions.

A similar opinion had been previously entertained by Van Helmont, who, though of the chemical school, was not the less a vitalist.

The *anima* of Stahl is nearly related to the *Archeus* of Van Helmont; and the latter, again, derived the name and some of the attributes of his vital agent from Paracelsus. It has been thought by some more probable that Stahl borrowed his notion from Hippocrates than from Van Helmont; but the fact of Stahl's being himself enthusiastically addicted to chemistry renders it nearly certain that he must have been familiar with the writings of Van Helmont. Stahl regarded chemistry, mathematics, and anatomy, as equally insufficient to explain the causes of the vital phenomena. According to him, the soul has no particular seat, but is diffused through the whole frame, endowing every organ and texture with its peculiar vital properties, perceiving in the organs of sense, and causing contraction in the muscles, independently of the influence of the brain. The main error of his system consists in the absurdity of an *unconscious intelligence*—in supposing that the soul can operate and contrive without being aware of it.

In comparing the opinion of Stahl with those of Hippocrates and Hunter, it might at first sight appear that there was little difference among them, except in the name applied to the vital energy: there is, however, this essential difference—that Stahl considers the *anima* as a distinct being; whereas, Hippocrates and Hunter employ their respective terms, φυσις and *vital principle*, merely as the general expression of facts. Stahl's doctrine is based on a false assumption in metaphysics, while Hippocrates and Hunter were content with maintaining that organized bodies present peculiar phænomena which must necessarily have a peculiar cause, without pretending to determine the nature of that cause.

The hypothesis of Stahl received more or less countenance from the writings of Bryan Robinson, Mead, Hartley, Sauvages, Bonnet, and others, who made a partial and restricted use of it; but it found its ablest supporter in Whytt, who fully adopted the tenet that the soul is the cause of all the vital motions. These he divided into *natural*, *involuntary*, and *voluntary*. The natural motions are those which are sustained by the moderate and constant supply of nervous power, uninfluenced by the will or any other stimulus: such are the tension of the sphincters and the general tone of parts; the involuntary are those excited by stimuli applied to the nerves, in all of which the soul acts automatically, and of necessity, but without consciousness—the voluntary motions are the same as those so designated by other authors. With respect to the first class, it may be observed that Whytt, in common with too many other physiologists, lost sight of the great principle that the state of the living body is one of constant relation to external nature; that numerous extraneous causes are continually operating upon it; and that, consequently, the class of vital motions independent of stimuli is, in all probability, purely imaginary. Again, with respect to the class of involuntary motions, or those in which the soul intervenes without consciousness, if Whytt meant the soul, even at the moment of its intervention, is actually unconscious of its own operation, the idea is manifestly absurd; since it is impossible to conceive any operation of an intelligent being but as some *mode* of consciousness: but if he meant (as he probably did,) that the action of the soul is so slight and transitory as to leave no trace in the memory even a moment after, what evidence can we have that it has taken place? James Johnstone, with much greater show of

reason, referred the voluntary motions to the ganglia of the sympathetic nerve, which he regarded as so many minor nervous centres, sustaining the involuntary functions independently of any immediate connexion with the brain; whence the continuance of these functions when the influence of the brain is suspended by sleep or disease. This opinion, which had been previously hinted at by Winslow and Le Cat, gave rise to the hypothesis which regards the ganglial nerves as a separate system, presiding over the functions of organic life; an hypothesis supported by Bichat and Reil, and by no means subverted, though somewhat weakened, by the experiments of Le Gallois, Wilson Philip, and Magendie.

The chemical, mathematical, and dynamic theories were tempered and combined by Hoffmann and Boerhaave, who were rather judicious critics than original thinkers on physiology. They insisted upon the controlling influence of the nervous system over all the organic functions, whether performed chemically or mechanically. They thus substituted the nervous energy of the anima of Stahl, forgetful of those lower animals in which the existence of nervous matter, though probable, is hypothetical; and of plants, in which it does not exist at all, but both of which are nevertheless endowed with life.

We have now to consider the opinions of Haller, the following judicious review of which we quote from Dr. Clark.

"The great object which that eminent person endeavored to achieve, was to discover, experimentally, the conditions and the laws which govern those vital phænomena which the assumption neither of mechanical nor of chemical forces had been able to explain, and thus to render physiology as certain as other physical sciences. For this purpose he excluded those metaphysical subtleties by which his predecessors had so frequently veiled ignorance; excluded also mathematical and chemical science in all cases in which it was impossible to ascertain the elements upon which their application could be founded. He was willing, as he himself says, to confess himself ignorant of the manner in which the soul and body are united, and was content to proceed no further than those discoverable laws which the Creator has himself prescribed, without inventing others unwarranted by experience. On this principle he instituted innumerable experiments to discover and illustrate the properties of the vital powers. He proved the existence of a property in muscle, to which he restricted the term *irritability*, which is only called into action by means of stimuli, which affects a much greater vivacity of motion than mere elasticity (a property of dead matter), the motions also consisting in alternate oscillations, with contraction, swelling, and wrinkling of the fibre, followed by extension, relaxation, and elongation of the same. He further attributed to the muscles a *nervous power*, distributed to them from the brain by means of the nerves, as a necessary condition of their irritability, but which entirely differs from it. He concluded from his experiments, as detailed in his earlier works, that the following parts are destitute of irritability and nervous power: periosteum, peritoneum, pleura, ligament, tendon, articular capsules, the cornea, parenchyma of the viscera. In these tissues he admitted a force analogous to elasticity, inherent in their organic texure, which solicits them to contract slowly when divided, when exposed to cold, &c., and which only abandons them when entirely disorganized. He proved that sensibility is inherent in the nerves, but that they are destitute of irritability. He denied that irritability could be imparted to the muscles by the nerves, because, seeing that a nerve, on being stimulated, may excite motion in the muscle to which it passes, but offers not the slightest motion itself, it is impossible to suppose they should be the source of that to others which they never possessed themselves; and, more particularly, because he perceived that the excitement of muscles through nerves is a phænomenon not true of all, but only of certain muscles.

"He proved, universally, that irritability resides in all parts that have muscular fibre; that this power differs in intensity and permanence in various parts; that these qualities are most observable in the heart, more in the left ventricle than the right; that next in order come the intestines, the diaphragm, the voluntary muscles. From reiterated experiments he concluded that the heart and other involuntary muscles are not excited to contract by stimulating the nerves with which they are supplied, but that they require specific stimuli: thus, that the blood is to the heart what the will is to the voluntary muscles.

"In this way Haller restricted the vital powers to two—sensibility and irritability; the one exhibited in the brain and nerves, the other in muscular fibre. His doctrine was vehemently opposed by Whytt, De Haen, Verschuir; and strenuously defended by himself, by Bonnet, and by Fontana. It was seen that many parts in the animal body to which neither irritability nor sensibility, in Haller's sense, could be extended, were not the less alive. Thus during the numerous controversies which arose, errors on each side were detected; materials for more extended views were accumulated; experiments were infinitely multiplied and eagerly criticised; the excitability of various tissues, to which Haller had denied that quality, because he had not called it into action by an appropriate stimulus, was established on the one hand, and on the other the mistake of confounding nervous influence with sensibility was made apparent. Thus the more probable it became that irritability and innervation are

separate powers, so did it follow the more necessarily that every different part should have its own excitability and its own degree of nervous power, and hence its own peculiar mode of life; an opinion announced by Borden, Barthez, Blumenbach. Independently of these expressions of vital energy in the various tissues, these physiologists admitted a fundamental power, which they termed *vitality*, or *vis vitæ*, of which the different degrees of excitability and sensibility were considered merely as modes, according to the organs in which the vital energy operated. But the analogies thus assumed between the phænomena were not established by any proof; the modifications of the original power were not accounted for; and this theory, apparently philosophic, has no firm foundation when its partisans would represent vitality, or ogygen, or galvanism, as a proximate cause of all the phænomena, residing in living matter as gravity does in dead." (P.103)

Haller, then, established the general proposition that peculiar modifications of vital power are connected with, or inherent in, particular tissues; a principle of the greatest utility, as tending to obviate those attempts at personifying the vital energy which have always distracted the attention of physiologists from the actual phenomena of life.

The study of General Anatomy, commenced by Andrew Bonn, and raised to importance by Bichat, extended the materials for the application of Haller's views. The researches of Bichat, however, have not hitherto exerted the influence on physiology which might have been expected from so fine a generalization. This has probably arisen from two circumstances: first, that the doctrine of the tissues has been incautiously applied, in some instances by Bichat himself, and in others by his successors; mere continuity of surface having been too hastily received as evidence of similar vital endowments, and a number of mixed tissues thus artificially combined into one, supposed to be simple and homogeneous: the mucous membranes may be adduced as an example. Secondly, that the anatomical part of the enquiry has not yet been pushed to the limits which it is evidently capable of attaining:—to this point we shall presently recur. A few years previous to the appearance of Bichat's work on general anatomy, John Hunter had promulgated his grand doctrine of the life of the blood,* which regards this fluid as endowed with vitality, as well as the solid textures: perhaps, indeed, as the original source from which every modification of vital power is derived. For sometime the experiments and reasoning of Hunter appear not to have induced very general conviction: further research and reflection have, however, dispelled the doubts of physiologists, and the vitality of the blood is now almost universally recognized: many even suppose that its red particles are capable of spontaneous motion, an opinion which is probably erroneous.

Physiology had now advanced nearly as far as the paths of enquiry hitherto pursued could be expected to lead it; but, as human knowledge is destined to be progressive, new sources of information quickly suggest themselves when the old ones are exhausted. As yet the vital functions had been considered in their perfect state; the materials for a different method of investigation had, however, long been accumulating, and it now seems to have occurred to physiologists that the facts of embryology might throw light on these functions, by pointing out their simplest, that is, their most essential conditions, and tracing the gradations by which they arrive at greater complexity. Hence arose the theory of *developement*, which, originally hinted at by Harvey, if not by Aristotle, has grown, under the hands of Hunter, Wolff, Prevost, and Dumas, Meckel, Tiedemann, Serres, St. Hilaire, and Von Baer, into a doctrine of the highest interest and importance.

Dr. Clark has given an admirable view of this doctrine, and of the reasoning by which Professor Tiedemann has connected the development of the living organism with the *assimilative process*.

"The earliest examinations that can be made of plants or animals present them as consisting of a minute globule of fluid, or a minute disc of slightly albuminous matter, i.e. under aspects not distinguishable in different future genera or species, as to properties or forms of their matter, by any tests which we possess. In the near neighbourhood of the disc is placed, in animals, a quantity of nutritive substance, by means of which it is destined to work. The effects, when produced, are definite for each species: but none occur except under certain conditions. These conditions are, a due degree of moisture, of air, and of warmth. When they are supplied, the disc is capable of being affected by the matter in its neighborhood. It is *excited*, and it *reacts*. The consequence of the reaction is a gradual expansion of the disc to surround the nutrient matter; a separation of it into different supposed portions, which come into view; and a gradual appropriation of the nutrient matter. Upon the internal portion of the disc, the first trace of the nervous system is observed; upon the internal portion,

* In attributing this doctrine to Hunter, we by no means intend to assert that he was the first who taught that the blood was endowed with life, though the limited extent of his own reading induced him to believe so. This opinion was strongly, nay enthusiastically, maintained by Harvey, who has, however, fallen into so many contradictions and absurdities with regard to it, as to divest it of all consistency and applicability: thus, at one time he considers the blood as the instrument of the soul, and at another as the soul itself; sometimes the soul is merely an act of the blood, at others it is the *calidum innatum*; and at others, again, the soul is held to be pre-existent, and to generate both the blood and the calidum innatum. Hunter's doctrine, on the contrary, is simple and intelligible; he merely contends that the blood is endowed with vitality as well as the solid parts, and supports his position by experiments and observations, which, if maturely considered, leave little room for doubt upon the subject.

that of the intestinal canal; intermediate between them, that of the vascular system. Though at first simple, these objects have still a certain magnitude, and the later more complex formations are seen to arise from them as if by vegetation. 'The first trace of the nervous system is not merely that of the spinal cord of the ganglionic string, but is the potential whole of that system, of the brain and all its appendages. The first trace of the abdominal canal is not merely the rudiment of that canal, but of the whole glandular apparatus also, which may be seen gradually to spring from it.' And thus is the observed process of development altogether contradictory of the theory of Haller and of Bonnet, which represents each organ as absolutely existing in the germ, though in a miniature form. That the power which effects these changes, and thus controls the disposition of organic molecules, resides in the disc, is ascertained from the facts, that ova belonging to species the most different are all developed, according to their kinds, under similar external conditions, and that ova of the same species are true to their kinds under conditions which are not absolutely the same for any two individuals. If we call this power *vitality* with modern writers, or the *anima* with Stahl, these words can teach us nothing physiologically, unless we ascertain the law by which it operates: however we may see that the final cause of its operation is plainly in every case the production of those numerous bodies, definite with respect to families, genera, and species, which it developes for its own manifestations in each. Our eyes inform us that these bodies arise by means of the assimilative process, and that the original power exhibits its faculties by means of the organs which it has produced through this process. Our idea then of the vital power is this: that it is connected with the matter of the germ in the act of its formation, and resides in it as the potential whole, or sufficient cause, of the entire future organism; that in consequence of the excitability of the organic matter of the germ, imparted to it in the same act of its formation, the expansion of the germ into portions or members occurs by the visible process of assimilation or nutrition, each portion thus acquiring its excitability and its own reactive energy, which are but partial manifestations of the original power; and that in proportion as each part is developed, new internal conditons are introduced, in consequence of the new formation, which affect all that previously existed, by modifying the assimilative process in all. The phases of this process are strictly defined for each species, and the subsidiary means necessary for the purposed effect—as in the various forms of the respiratory organ in the fœtal state of the same individual to moderate the condition of external air, are amongst the most beautiful instances of provision for a definite end.

"This formative act, this process of assimilation or nutrition, which is thus performed by animals and plants, and has a relation not only to the present, but the future also, appears to be the determination of a power acting according to Reason; and hence it must have been that Stahl referred it to the rational soul. But, seeing that reason cannot exist without consciousness, a faculty which manifests itself only by means of the brain, a late product of this very power by the act of assimilation; seeing also that the effect may be modified, within limits, (as in cases of monstrosity,) when the conditions are altered, we rather conclude with Harvey that it proceeds from a power acting according to fixed laws. 'Vegetativæ operationes potius videntur arte, electione et providentiâ institui, quam animæ rationalis mentisve actiones; idque etiam in homine perfectissimo.'

"A peculiar matter is necessary for the manifestation of vital phænomena: this matter is called *organic*. It is not the cause of life, but rather is its act, a production by means of the assimilative process, for the exemplification of the allotted faculties. The faculty is imperfectly manifested if the organ be imperfectly formed: the organ and its energy both vary with variations in the nutritive process.

"Hence those subordinate expressions of vital force, called *nervous power, force of secretion*, &c., cannot be considered as distinct and independent powers. They are produced, or evidenced, with their organs, by the force of assimilation, and are maintained by the same. They depend upon it for their manifestation and their due support.

"Vital power imparted to organic matter, (which is itself the product of the living power of the parents), and exemplifying its faculties by means of the organs which it has developed through the force of nutrition, seems to be the last step to which observation and induction has hitherto led us. The induction is verified by observation. If the assimilative process be altered in any organ, the expression of excitability and of vital reaction peculiar to that organ is altered in the same degree.

"There are then in living bodies as many species of excitability and as many modes of reaction as there are tissues. Every one of these has its own mode of both, which is called into action by its own appropriate stimuli. 'Whatever these stimuli may be; whether external, as air, light, warmth, food; or internal stimuli, the blood, nervous influence, the secreted humours; each organ reacts in its own peculiar manner: a manner which supposes a peculiar organic power imparted to it in the act of its formation by the process of nutrition, and sustained by the same.'—'The stimulus may be that of a chemical, or mechanical or organic substance; the reaction, however, is always vital, and indicates the existence of an organic force, of which

it is the effect. The physical properties of the one are in some sort in constant conflict with the vital properties of the other, and living bodies only preserve their character of life so long as they are able to resist the physical impression. When it is said that organic movements are occasioned by incitations, we do not admit that they are the immediate effects of the mechanical or chemical impressions, but assert that they are the effects of powers which the external impression, be it mechanical or be it chemical, has thus solicited to act." (P. 106.)

It may be added, that the younger St. Hilaire has extended the doctrine of developement by some ingenious ideas as to the expansion of some particular organs and systems, which follow a progress of their own, in some degree independent of the entire organism, but having certain determinate relations to its growth. The most remarkable example is to be found in the reproductive system, from the developement of which arise the phenomena of puberty.

The study of comparative anatomy, of which Aristotle was the founder, and which John Hunter and Cuvier have revived on so magnificent a scale, illustrates, throughout living nature, a series of developements analogous, though not parallel, to those of the individual organism. This analogy has been strained by some imaginative physiologists into nothing less than the hypothesis that the fœtus of the higher animals passes in succession through all those states of organization in which the inferior tribes permanently exist; the human fœtus thus presenting a kind of historical summary of the progress of life and organization, from the beginning of all things; an hypothesis in which it is too evident that the generalization has preceded the full investigation of the facts, since these, though tortured into a partial conformity in some instances, offer a decided and conclusive opposition in others.

Comparative anatomy, when aided by geology, becomes retrospective, and exhibits a vast series of living things adapted to the condition of the earth's surface at the several periods of their existence, and gradually advancing from simpler to more complex forms of organization: hence some physiologists have surmised that all the varieties of organic structure may be mere modifications of a simple and primary form; an hypothesis commending itself to the imagination by the grandeur of a conception which regards the organic kingdom as one colossal system of developement, wherein the earliest form of life is the embryo, and the human frame its full evolution. On this subject Dr. Clark has the folowing just observation:

"The undoubted fact that existing species have been perpetuated unchanged for several thousands of years, would have rendered such an opinion in the highest degree improbable, but for the observations relative to the apparently spontaneous production of animals and of plants from organic matter in solution —the apparent changes of species from simpler to more complex under favorable external circumstances—and the interchange of animal and vegetable form. If the facts were really thus, then might the objection to the hypothesis of metamorphosis founded on the permanence of existing forms be encountered. It might be averred that, notwithstanding our ignorance of the means, the necessary conditions for such successive changes may have been supplied in the earlier periods of the world, at epochs so far removed, that the few thousands of years which have passed away since the appearance of man upon the globe bear no proportion to their immense distance, and only show that the rate according to which the conditions of change are produced is a very slow one." (P. 110.)

The belief in equivocal generation, universally adopted by the ancients, was thrown into discredit by the experiments of Redi and Valisnieri; it derived new support from those of Tuberville, Needham, Müller, and Wrisberg: it was controverted by Spallanzani, and since his time has been the subject of divided opinions. Priestley observed that the green matter produced in organic infusions by exposure to light was at first a mass of animalcules; that it was then resolved into green globules, which concreted into confervæ; and lastly, after the solution of these, that it was again converted into infusory animals and vegetables. The organic particles thus appeared common to animals and vegetables, entering into the formation of either according to circumstances, and retaining their own independent vitality when the organisms they had formed were disolved. These observations have been confirmed by Ingenhouz and Treviranus; but the recent researches of Ehrenberg are opposed both to the spontaneous origin of infusory animals and the convertibility of animal and vegetable life. The two points, therefore, on which the hypothesis of developement from one primary form mainly depends, are still disputed: the hypothesis, however, though on the whole improbable, deserves to be kept in view.

Comparative anatomy, like other great sources of physiological truth, must be expected, in the earlier periods of its application, to give rise to some chimerical views; but, when placed in its true relations to the science of life, by the exercise of a cautious philosophy, is likely not only to afford the most ample materials for the investigation of the vital phenomena, but the most effectual safeguard against partial views and hasty conclusions. It must henceforth be considered as the grand basis of physiology: human anatomy has long been acknowledged as such; comparative anatomy is merely its extension, on which a larger and more durable superstructure is to be reared.

The doctrine of peculiar vital powers resident in particular textures has been applied to the nervous system only of late years: indeed, the apparent homogeneity of the nervous substance afforded little ground for suspecting a difference of intimate organization and of vital power in the several parts which compose this system.

Bichat recognized two nervous tissues, appropriated respectively to animal and organic life; but it is to Sir C. Bell that physiology is indebted for the idea that each variety of nervous power has its origin in some defined portion of the central mass; and his own researches, with others to which they have given rise, have established those important facts which are too familiar to require explanation here. The separate functions of the anterior and posterior columns of the spinal cord are now universally admitted, and Sir C. Bell's views of the respiratory system of nerves, though less evidently demonstrated, are pretty generally received by physiologists. An attempt has been made by Dr. W. Philip, (though, as we think, very unsuccessfully,) to prove that respiration is a purely voluntary function. This eminent physiologist seems here to have fallen into the same error as Whytt; he has made his hypothesis hinge on a point in metaphysics that can never be settled.

The relation of the nervous to the vascular system has received illustration from the experiments of Le Gallois, W. Philip, Flourens, Marshall Hall, and others. The most important conclusions to be derived from these researches are thus luminously stated by Dr. Clark.

"Haller, from observing that the heart continues to beat for a considerable time even when removed from the body; and that its contractions, in the body, may be affected by the direct application of mechanical and chemical stimuli to its fibres, whilst he could not influence them by irritation of the cardiac nerves, concluded that its power of contraction is inherent, and totally independent of the nervous system. His theory was afterwards fortified by the dissections of Sœmmerring and Behrends, which appeared to show that the cardiac nerves are distributed to the vessels of the heart alone. And even after Fowler, Humboldt, and others, had stated that the heart may be stimulated by galvanizing its nerves, and Scarpa had demonstrated that these are distributed to its substance as in other muscles, Haller's theory, though vehemently opposed at first, came to be very generally received. It, however, met a formidable opponent in Le Gallois, who published, in 1812, an essay, containing results of numerous experiments, from which it appeared that the heart's power is altogether derived from the spinal cord. He found, that if a rabbit be decapitated, the heart's action is continued, artificial respiration being performed; that if a portion of the cord be destroyed, as in the lumbar region, the heart is unable to support the circulation, in a rabbit twenty days old, longer than four minutes, whilst it is continued in one two days old; and that the destruction of the cervical and dorsal portions of the cord are still more suddenly fatal to the heart's action. He observed, on destroying successive portions of the cord, that even when the circulation is suddenly arrested, life ceases, on the instant, only in those parts which derive their nerves from that portion of the cord which has been destroyed, continuing for a time in the rest of the body; that this time is greater the nearer the animal is to the epoch of its birth, and is determinate for each species. He concluded that those parts which die last, on partial mutilation of the cord, die because the power of the heart has been so much weakened that the circulation through the entire arteries cannot be maintained. He hence inferred, that if the work to be performed by the heart were diminished in proportion as its power was lost, the circulation might be supported. He found accordingly, that if the aorta was tied opposite to the part of the cord to be destroyed, the circulation was continued through the remaining portion of the trunk in connexion with the heart. His general conclusions were, that the heart has no intrinsic power, but that it derives its power from every part of the spinal cord; that each part of the body is animated by that part of the cord from which its nerves arise; that the sympathetic system of nerves has its origin in the spinal cord, and not in the ganglia, its office being to bring the parts to which it is distributed within the influence of the whole nervous power of the cord; that the motions of the heart which are visible after excision from the body, are similar to those which may be excited in other muscles after they have been for some time dead, and are merely cadaveric phænomena." (P. 137.)

These conclusions are strengthened by a reference to comparative anatomy, which teaches us that the vascular and nervous system advance together towards perfection, arguing an intimate relation between them; but that the former exists earlier in the scale of organization than the latter, thus demonstrating the independence of its vital endowments.

The hasty glance that has been thrown over the progress of physiology is sufficient to afford some useful inferences as to its leading principles, and the direction in which further research may be most profitably pursued.

1. The manifest insufficiency of chemistry and mechanical philosophy to account for the phenomena of life, has led to a general recognition of a power in living animals, acting according to laws different from those of inert matter. Whenever physiologists have

lost sight of this truth, they have been led into inane and even ridiculous speculations. On the other hand, all attempts to define the nature of this power,—whether it reside in one agent or in many,—whether it be a property of some particular kind of matter, or something superadded to common matter,—have led to hypotheses perhaps only less repugnant to common sense from coming less under its cognizance, and certainly not approximating at all more closely to the truth.

All that we know of vitality is, that it exists and manifests itself by phenomena differing in each variety of organic texture. Our actual acquaintance with the extent and connexions of the animal tissues is extremely limited, and physiology here calls for the aid of minute anatomy, which, if assiduously cultivated, will probably give increased applicability to Haller's doctrine.

The tissues have hitherto been considered chiefly in their expansion over large surfaces: it seems to have been forgotten that the parenchyma of the viscera most essential to life is entirely composed of an involution of these tissues, and, till the structure of every organ has been developed by the careful unravelling of the tissues that enter into its formation, physiologists must not expect that general anatomy can be brought into any very instructive relation to their science. The enquiry above proposed has been lately commenced by Mr. Kiernan, whose investigation of the intimate structure of the liver has been conducted on the strict principles of general anatomy: the perusal of his admirable memoir has suggested the preceding observations, and we hope to see the anatomy of many other organs investigated by him in the same masterly manner.

2. The vital principle is not self-acting, but is excited into activity by an immense number of extraneous causes, of which the operation on the organism is so controlled and modified by the presiding power, as to produce those phenomena the aggregate of which is called life.

We have remarked that this important consideration appears to have been more present to the mind of Hippocrates than of many physiologists of modern times; in fact, it seems to have been nearly lost sight of till brought into notice by the theory of developement, by Tiedemann's ideas on assimilation, and by the highly philosophical attempts of De Blainville to establish valid distinctions between organized and inorganic bodies: it could never have been disputed, (for its truth is at once obvious,) but it was not taken into account, and its absence from the speculations of physiologists may have been one cause of the disposition to personify the vital principle, to endow it with reason, and to invent divers idle hypotheses of life instead of investigating its declared laws, and the conditions under which it is found to exist.

The relation between life and its external conditions, once placed in a prominent point of view, cannot fail to engage a large share of the future attention of physiologists. The advanced state of the natural sciences affords a considerable store of materials for the prosecution of this subject, which has already been partially illustrated by writers on the natural history of man and animals, and on medical topography and statistics: such researches, though hitherto conducted without reference to their most important tendency, have pointed out many striking examples of the influence of external causes in diversifying the phenomena of life, and in modifying, nay almost metamorphosing, the forms of organization.

The living body, thus inseparably connected with external nature, is not stationary, but passes through successive stages of growth, maturity, and decline. In these stages, its relations to surrounding things undergo a gradual change: the fœtus, the growing child, the youth, the adult, and the aged man, have each their peculiar conditions of life; some of which it would not be difficult to enumerate, and all of which, as far as they can be observed, should be subjected to a much more careful consideration than they have yet obtained.

3. Not only is the entire organism kept in a state of constant relation to external nature, but the several systems which compose it maintain a relation among themselves, which varies at different periods of existence: thus, the vascular and nervous systems preserve a balance essential to the continuance of life, and the reproductive organs acquire, at a particular epoch, a preponderance of action which modifies to a greater or less extent the whole range of its phenomena.

The influence of particular systems and organs on the vital manifestations of the entire organism have hitherto been chiefly investigated by the mutilation of animals; a mode of enquiry which can never lead to satisfactory results. Such experiments rather demonstrate how the phenomena of life are enfeebled or annihilated by the abrogation of a function, than how they are sustained by its exercise. Death, not life, becomes the subject of observation.

The anatomical comparison of organized beings affords a more promising method of enquiry: it presents us with subjects deprived of certain organs and functions, without detriment to life; it disjoints systems, and reunites them in different degrees of perfection, thus supplying us with data for synthetical as well as analytical observations.

(Dublin Med. Journal, Sept. 1835.

ART. II.—*Practical Observations on Diseases of the Heart, Lungs, Stomach, Liver, &c. occasioned by Spinal Irritation; and on the Nervous System in general as a Source of Organic Disease.* By JOHN MARSHALL, M. D.—8vo. pp. 172. London, 1835.

The subject discussed in this work has often been brought before the public, but without attracting a large or permanent share of its attention. Very many years ago, Dr. Sanders, of Edinburgh, taught his pupils (and perhaps still continues to teach them,) to seek the sources of diseases at the origin of the spinal nerves, and, if we understood right, applied this doctrine in practice; but, so far as we know, never presented it to the world in a formal treatise. Since the commencement, at least, of Dr. Sanders' labors, the Messrs. Griffin, of Limerick, Mr. Tate, Mr. Teale, and others, have written works on affections of the sensitive and motive systems, in which a similar doctrine is advocated, if not with demonstrative proof, certainly with great plausibility; while various writers in periodical journals have followed on the same side: among these, Dr. Brown, of Glasgow, published some very valuable observations in the Glasgow Journal; and Mr. Torbet, of Paisley, still more recently has given some elaborate cases in evidence of the same principle, in the Edinburgh Medical and Surgical Journal for October of last year.

That a doctrine so numerously and ably advocated should have exerted but little influence over the opinions and practice of the medical public, may excite surprise; but a little reflection on the nature of the theory, and the evidence on which it reposes, will, we think, shew why it has failed to impress a very thinking and practical body of men with a conviction of its truth.

In the first place, not only is the nature of what is thought to be the primary pathological condition—the affection designated by the term Spinal Irritation—shadowy and indistinct, but the texture or part in which it resides, is unknown. Pain is felt in the neighbourhood of the vertebral column. Whence arises this pain? Is it from neuralgia, congestion, inflammation, or something different from all? These questions are unanswered. When we examine its seat, we find it vehemently excited by the slightest touch. This leads inevitably to the conclusion that the situation of the pain thus excited (the spinal marrow may or may not be consentaneously affected,) is external to the vertebral canal: it may be in the ligamentous structure; in the nerves after their exit from the osseous cylinder; or even in the common integument. In a case of the kind we heard of, on undoubted authority, the act of passing the fingers lightly over the fine hairs covering the nape of the neck threw the patient (a lady) into an agony. Here the pain must have been in the skin or the subcutaneous cellular substance.

When we pass to other sources of evidence, we find room for doubt. We admit that the phænomena of the affections ascribed to this irritation are *frequently* of the kind which physiological reasoning would lead us to suppose disease seated at the origin of the spinal nerves calculated to produce. This, however, is not sufficient: we expect some evidence besides those supposed secondary phænomena, of the actual existence of such disease; but this, in most of the cases reported, has been sought in the statements of patients, generally females, labouring under that mixed affection called nervous. In this very sensitive state of the system, we ought certainly to be cautious in drawing inferences regarding pain from the statements of patients, especially if our questions have been put in a leading form. Frequently in such affections, on pressing the spine, the patient will shrink, or even shriek; but when the hand is transferred to another and remote part of the surface, the same indications of uneasiness or suffering will be repeated. No conclusion should be formed as to the existence of spinal irritation, without examining the degree of sensibility in various parts, and comparing it with that over the vertebral column.

Evidence from morbid anatomy, to confirm or refute that deduced from symptoms, is but rarely obtained; cases of this sort being very seldom fatal: but, when death occurs, the author immediately before us declares that no structural change is discernible in the part suposed to be the seat of disease. We admit that symptoms, if clear and unequivocal, are sufficient to establish the existence of a disease; and that, if thus established, it could not be disproved by the absence of perceptible structural change after death; remarking (merely to avoid misconception,) that to suppose a disease, the very essence of which is manifest structural change,—such as phthisis pulmonalis,—to be proved by symptoms to exist, and after death that no such change should be discerned, is to suppose an impossibility. We cannot, however, discover that the evidence, from symptoms, of affection of the spinal marrow, or of the nerves at their origin, is, in the generality of cases, of that conclusive nature to dispense with extrinsic confirmation.

This confirmation has been sought in the result of the treatment adopted: local bleeding, counter-irritation, or both conjointly, directed to the vicinity of the spine. But, in the nervous class (by far the most common) of these affections, it is often so difficult to distinguish between physical amelioration and mental impression, that evidence in favor of the doctrine from this source is, to say the least, of very doubtful validity. Dr.

Marshall, who advocates his theory so warmly, that, if we understand him right, he would make it almost universally applicable, says, in reference to such measures employed in hysteria, "I have always found it a great matter in such cases to give the patient something to *think about*." Now, it is precisely this "something to think about" which throws such obscurity over our reasonings from the therapeutic measures adopted. When we reflect, moreover, that other remedies, and those such as have been deemed most efficacious in these cases from the days of Sydenham to the present time,—chalybeates and other tonics, for example,—and, above all, change of air and scene, are associated with the local measures, the darkness becomes impenetrable, or the little light perceived shines on the side of the question most remote from the doctrine we are considering. Besides that innumerable cases referred to this class recover without any remedies directed to the supposed seat of the primary affection, the local means, even on the shewing of the warmest advocates of spinal irritation, absolutely require such auxiliaries as change of air and scene for the accomplishment of their object. In one of the cases so instructively reported in the Edinburgh Medical and Surgical Journal, by Mr. Torbet, leeches, blisters, and issues were employed, as some readers will think profusely; but no material improvement took place till the patient was conveyed into Renfrewshire. In another case it is explicitly stated that the complaint was aggravated by an issue in the back; and recovery took place on its healing, the patient being then *in the country*.

It is but justice to the author before us, to state, that he does not ask us to accompany him on a voyage solely to this land of shadows: he deals rather in the palpable and distinct: indeed, many of his cases would find a more suitable place in "a Treatise on the Influence of Spinal Distortion on certain Functions of Animal and Organic Life."

The cases, which constitute the great bulk of the volume, are such as the author thinks calculated to illustrate his opinion that various diseases are frequently not idiopathic, but consequent on spinal or ganglionic irritation, or indeed purely indicative of one or the other of these indications. This distinction, however, between disease of an organ caused by spinal irritation, and the mere appearance of such disease indicating irritation of the nervous centre, does not seem to be always kept in view, and the want of its observance is productive of some confusion. The diseases, apparent or real, supposed to be thus induced, are, disease of the heart, phthisis, asthma, diseased liver, dyspepsia, cramp in the stomach, diabetes, tabes mesenterica, chorea, and certain non-classified cases.

The very first case does not fall under any of these heads, but, as it shews strongly that however implicitly we may adopt the facts of an author prepossessed by a theory, the reasoning from them should be our own, we shall give an abstract of it.

"A gentleman, while skating, fell upon the ice, and received a contusion in the lumbar region, from which he did not at first perceive any great inconvenience. He shortly afterwards, however, began to find himself affected with alarming weakness of the lower extremities, and with retention of urine. The weakness rapidly increasing almost to paralysis, the back was examined, and tenderness to touch being found present, the case was treated as a spinal one." (P. 11.) The remedial treatment is not *condescended upon*, (*sic* in Marshall,) but it is said that considerable amendment in the weakness of the lower extremities took place, but not in the functions of the bladder. In six weeks after the patient came under medical treatment he expired. On examination after death, all the viscera were found healthy, except the kidneys, which were gorged with very dark blood, and contained several small abscesses. No morbid appearance could be detected in the spinal column.

The author's comment on this case is as follows:

"I conceive the *ratio symptomatum* in this case to be, that, at the period the patient fell upon the ice, the renal nerves received an injury or concussion so severe as shortly afterwards to produce paralysis of them. The blood vessels of the kidneys, and those organs themselves, being thus deprived of nervous energy, became incapable of duly performing their functions. Hence the engorgement of dark blood and breach of structure found after death." (P. 12.)

A more reasonable view of the case would seem to be, that the fall, which produced the injury of the spine, or nerves, indicated by the paralysis, likewise injured the kidneys. The assumption that the change discovered in the latter organs was merely an effect of the lesion of the renal nerves, is purely gratuitous.

The cases of pseudo-disease of the heart are of a miscellaneous character, consisting of affections of various kinds, with only *this* in common, that the medical attendents who preceded Dr. M. had fallen into error in ascribing the symptoms to a disease of the organ itself; whilst, on the other hand, Dr. Marshall has failed, in many of the cases, to adduce adequate proof that the disturbance of the heart's action arose from spinal irritation. Some of the cases, however, in this section shew us the kind and degree of such disturbance, and the disorder in various functions connected with the spinal irritation arising from *deformity*. We select very much abridged, a few of the cases, both of those which present the strongest evidence of overstrained theory, and those which teach the

more valuable lesson, that of endeavouring to discriminate correctly between primary and sympathetic disorder.

"W. E., æt. 12. This case had been pronounced one of disease of the heart, by the ordinary medical attendant and two physicians. His original complaints were weakness, palpitation of the heart, and loss of appetite. He had been for two summers carried to the sea-side, where he uniformly recovered flesh and vigour; but immediately on his return fell off, and experienced a recurrence of all the painful symptoms. Mrs. E. added that he was now worse than he had ever been, and was in fact in so alarming a state as to cause the greatest apprehension of immediate danger. On enquiring what mode of treatment had been pursued I found that the medical gentleman had most rigidly pursued the starving system of Valsalva for the cure of aneurism; but, instead of Valsalva's bleedings, the boy's bowels had been kept in a constant state of purgation with calomel, jalap, and castor-oil, daily repeated. I could scarcely have believed that the spectre before me was the once blooming, vigorous boy I recollected. He lay in bed emaciated in the extreme, his eyes glistening and restless, moving constantly, with an uneasy rapidity, as if he was unable to fix them for any length of time on the same object. The pulse was sharp, and remarkably quick, 140; the tongue moist, apex florid, but yellow towards the root. The respiration was hurried. The heat of skin rather more than natural. The voice strikingly weak. The expression of the countenance most deplorably anxious. On raising him upon his breech in bed, with a view to examine the chest and spine, I found that the slightest motion increased the rapidity of action of the heart to a most extraordinary degree; and it seemed to beat in every part of the thorax at the same moment. On turning to the spine, *I was disappointed* to find much less irritation or tenderness to the touch than I had anticipated. Drawing the hand down the column gave little or no pain, but caused a thrilling sensation to pass through and over the thorax; this particularly occurred when the hand was passed rapidly down the curvical and dorsal portion of the spine; and at the same time the velocity of the heart's motion was increased far beyond counting; and the patient panted like one who has *ran* (*sic* in original) beyond his strength.

"I used the liberty of altering the treatment completely. I ordered a light, but nutritious diet, to be cautiously substituted for the starving system. The daily purgation to be given up; the bowels to be regulated by a compound rhubarb pill, given at bedtime, *only when required*. The gastric irritation, from which he had suffered so severely to be treated by the use of bitters and alkalies. Friction along the whole course of the spine and over the thorax with a strong stimulating liniment. In the course of a very few days I had the satisfaction to see a marked improvement arise from this mode of treatment. The friction very soon produced inflammation on the surface; which was quickly followed by a copious eruption; but exactly in proportion as the external irritation along the spine and intercostal nerves increased, the morbid action of the heart and arteries subsided; and the restlessness of the eye, and anxious expression of the countenance, disappeared. By a well-regulated diet, and by the use of the sulphate of iron and quinine, "the bare bones" became quickly covered with a moist comfortable quantity of flesh, his strength and spirits returned, and every symptom of enlarged heart completely vanished." (P. 40.)

The majority of readers will, we think, be disposed to attribute the improvement in this case to the judicious internal remedial and dietetic measures adopted, rather than to the outward application. Simultaneously with this application, it will be observed, improved diet and tonic medicines were in operation, matters of the greatest moment under the deplorable circumstances to which mismanagement had reduced the patient. Disorder of the heart's action arises from sympathy with various parts of the system; but more frequently with the digestive canal than any other. The author acknowledges that, in the present instance, what he calls gastric irritation existed, and disorder of the first passages furnishes a sufficient explanation of all that occurred: the amelioration at the sea-side; the recurrence of distress on quitting it; the pernicious effect of starving and a course of drastic purgatives; and the benefit derived from tonics, a properly regulated diet, and reasonable attention to the bowels, without any reference to the spinal thrill and the spinal friction. So far as the recovery of the patient was concerned, Dr. M. acted the part of a judicious physician, but his doctrine can derive no support from a complication of measures, intended, one would suppose, to bewilder the student, as to what was the essential, what the merely accidental part of the treatment.

The fifth case, one of lateral curvature of the spine, judiciously and successfully treated, is placed among the cases of simulated disease of the heart, for no reason that we can discover, but because palpitation of the organ took place on exertion, an ordinary occurrence in all diseases of debility. With equal propriety it might have been styled simulated dyspepsia or chlorosis, and with much greater curvature of the spine. Indeed we are much struck by the extreme slightness of the connexion between the symptoms of his simulated diseases and their designation and position in his book. The sixth case we transcribe, not because we think it rare, but as furnishing a good exam-

ple of the disturbance of various organs connected with spinal deformity.

"James Baillie, aged fourteen. Is reported to have been a very stout child till his fifth year when he had hooping-cough. From this period he never recovered his health or strength. Was afflicted with breathlessness, palpitation of the heart, and general debility, particularly in the lower extremities; is very small of his age, and has a vacant expression of countenance.

"I found the chest gibbous and ill-developed, the spine forming a posterior curve from the cervical to the bottom of the dorsal vertebræ; the whole length of the column slightly painful to touch. The poor boy is extremely asthmatic, and the palpitation of the heart on taking exercise becomes so violent as to make the head vibrate in unison with its throbbing: bowels torpid; appetite poor; is neither emaciated nor sallow. I suggested that a blister should be put upon the back, and kept open as an issue for a length of time. This was done, and the issue continued for five months: it was then healed, and again in two months was renewed, as his general health seems to have derived some slight advantage from the former one, and he had grown considerably in the interval. It was kept open for four or five months, but no attention was paid to the other and more important part of the treatment, that of keeping the patient in a recumbent attitude, and preventing any undue exertion. At the end of a year I could not observe any change *to the better upon him* (sic), except that he walked with less difficulty. The irritability of the heart was in no way abated, neither was the asthma. His death was sudden, and appeared to have taken place in a convulsion." (P. 49.)

Dr. Marshall introduces his cases of supposed phthisis by some prefatory remarks, illustrative of his views regarding the pathology of the disease, the original seat of which, he says, is in the nervous system; and certainly, if we admit his reasoning in all its parts, not only is this true of consumption, but of every other disease. He assumes as an undeniable fact, "that it is from the nervous system alone the vascular derives the vital energy by which it performs its functions; and that hence debility or irritation at the root, or in the course of a nerve or set of nerves, must inevitably produce morbid action in the tissues on which they are ramified; whether that be the heart and blood vessels, the lymphatics, absorbents, or any of the viscera, the effect will be the same, though the particular character of the disease developed will depend upon the seat of it, as well as upon many collateral circumstances." (P. 55.)

Assertions of this kind, which, aiming to illuminate too much, throw a useful light on nothing, are but little to the taste of the present day, essentially utilitarian in character, disposed in some cases to dive deep into science, but according to a precise method and for a practical purpose. The slight and overstrained evidence by which the author attempts to support this theory as applied to phthisis is not more calculated, than its own inherent usefulness, to win for it any share of public approbation. "Neglected catarrh," he says, "usually denominated 'a slight cold,' sudden alternations of temperature; grief, disappointment, and anxiety of mind, especially when preying on it in secret, imprudent over exertion of either the bodily or mental powers, are among the principal causes to which we generally hear consumptive patients or their friends ascribe the commencement of their complaints. I do not at this moment recollect a single instance in which the patient did not mention or readily admit that, among the first unpleasant sensatians he could recollect, was that of coldness over the whole body, but *more particularly down the back.*" (P. 56.) The italics are the author's own; and the application he intends to be made of the passage thus distinguished is too obvious to require to be indicated,

On examining the cases reported, we find that, by treatment directed to the spine, change of air, &c. five recovered, which were designated phthisis, because cough was associated with vertebral affection; but that the only two really meriting the name were fatal.

In the only case of asthma successfully treated, the evidence of spinal affection is slight, consisting, on the application of the hand to the dorsal vertebræ, in a gasp, like that caused by a sudden plunge into cold water, the whole column being apparently healthy, and the same pressure that caused the gasping causing no pain; whilst little or no confirmation is derived, as it appears to us, from the remedial measures adopted. These consisted in the application of two dozen leeches to the second, third and fourth dorsal vertebræ, to be repeated every few days, and subsequently blisters in the same situation to be kept open as an issue. Those who are aware how generally asthma has its source in bronchial inflammation, and reflect that these powerful antiphlogistic and derivative remedies were directed to the vicinity of the root of the lungs, will have little difficulty in perceiving how feebly the therapeutic measures tend to supply the defective evidence from other sources. The other case is more important, there being actual distortion, and, moreover, the paroxysms occurring generally when the patient "was pulling on his coat in the morning." This latter circumstance is, however, explicable on another principle than that of the exertion described increasing the spinal irritation. The case was fatal "by the bursting of a blood-vessel in the lungs, causing instant suffocation;" a circumstance which certainly tends to show that there was either disease of the heart, or some hyperemia or other morbid condition of the respiratory organs themselves, and to render in no small degree equivocal the spinal origin of the asthmatic attacks.

Passing over the chapters on dyspepsia and liver disease, but referring our readers to them for cases not always conclusive with regard to the purpose for which they are quoted, yet valuable on account of the general therapeutic treatment with which the more favored measures are associated, and which in Dr. M's. hands is always very judicious, we pause upon a solitary case of diabetes.

The circumstances of the case, when first

brought under treatment are thus detailed by the author.

"He was brought from his own house to mine, a distance of about seven miles, seated on horseback, where he was held by one of his brothers, his debility being so great as to disable him from otherwise retaining his seat. His appearance truly deplorable; the athletic form wasted to a skeleton; the skin dry and harshy, sallow, almost approaching to a brownish hue. The voice feeble, the respiration hurried; the pulse quick and thready; tongue foul and slimy. Bowels torpid; the eyes sunk in their sockets; the appetite voracious; thirst urgent. Generally voids from four to five gallons of urine during twelve hours, at least during the night; has never exactly ascertained the quantity during the day; but thinks it less than at night. The urine limpid and sweetish-tasted. Thinks himself a dying man." (P. 91.)

After trying, to no beneficial purpose, the tincture of muriate of iron, our author, impressed with the idea "that diabetes originated in irritation or debility of the nerves supplying the stomach and renal apparatus," resorted to frictions of the spine with ointment of emetic tartar. The effect is thus described.

"A copious crop of pustules was produced along the whole length of the back, from the cervix to the sacrum, and shortly after their appearance the symptoms began to subside. The quantity of urine gradually diminished, and became saltish instead of sweet; the appetite became natural in the same proportion; the thirst abated, and the flesh and strength augmented so rapidly, that in a few weeks he walked from his own house a distance of seven miles to visit me, and returned the same day with little fatigue. By the middle of May he was completely out of my hands, and had returned to his ordinary avocations as a farmer." (P. 92.)

This is a result infinitely more favorable than we should have expected from this, or any plan of treatment, unassociated with those dietetic arrangements which are notoriously so important in diabetes. Regarding the adoption or neglect of such arrangements, Dr. M. is totally silent. It is but a solitary case, and the only reasonable inference from it is, that the practice is entitled to a further trial. It may be said, that the ointment acted by establishing a counter-irritation in the vicinity of the kidneys; but our experience of the unsatisfactory result of such derivation in the disease in question forbids our acquiescing in the explanation.

Did our limits permit, it would be easy to show that our author applies his very partial pathology to various diseases, which we have not named, on very slight grounds, and to phlegmasia dolens, which "he is decidedly convinced is of purely nervous origin," for no reason that we can discover. But it is an ungracious task to point out the errors into which an all-engrossing theory has led a man of information and talent. We think it quite supposable that a very refined aalysis might discover, at the commencement of nalmost all diseases, an impression on the sentient part of the frame; but as the majority of the phænomena with which we are practically conversant spring from either a simultaneous or secondary affection of other systems, especially the vascular and secernent, we cannot help regarding an exclusively nervous pathology as of very trifling value. We should indeed regard it as a great misfortune to be obliged in the treatment of disease to direct our attention exclusively to a system with the morbid conditions of which we are so imperfectly acquainted, and over which we have so little control.

Dr. Marshall confidently anticipates "that the time is at hand, when all the rubbish of "anomalous cases," and "intractable and *mysterious* diseases," will be swept from our periodical literature; and when "systems of nosology" only calculated to obscure the subject they pretend to illustrate, will be left to rot unnoticed and undisturbed on the most inaccessible shelves of our libraries." We cannot refrain from the suggestion that it might hasten the advent of this *millennium*, if Dr. Marshall would endeavour to give a more logical form to his own investigations. In the best part of his work, that in which he relates the effects of visible deformity on various functions, we are often left in the dark as to the share which the dislocation of organs or the pressure upon them has in producing the symptoms; and what should be ascribed to the influence of the osseous deformity on the spinal marrow or the nerves as they issue from it. In the other branch of his subject, which he found obscure and has left so, in which spinal irritation is inferred from *supposed* secondary phænomena, and not from manifest disease of the vertebral column, he has erred either in not limiting his measures to the assumed great original of all the symptoms, and thus proving the doctrine; or, by not omitting these local measures, and, if successful, thus aiding to disprove it. This polypharmacy evidently the result of the latent want of confidence in his own theory, has deprived the cases relating to this branch of the subject of much of their values; which is the more to be regretted, because the public may be said to have returned the Scotch verdict "not proven" on the evidence furnished by Dr. Marshall's predecessors, and to regard the case as still open, and requiring additional and well-sifted testimony for its final settlement.

Art. IV.—*Ueber den Markschwamm der Hoden.* Vom. Dr. Otto Baring, practischem Arzte und Wundarzte, in Hanover. Göttingin, 1833. 8vo. pp. 237.

A Treatise on the Medullary Fungus of the Testicle. By Otto Baring, Doctor of Medicine and Surgery.

Patient industry, indefatigable research, and voluminous results have long characterized the labours of the German writers, and the author of this work has omitted nothing which could tend to establish his nationality. We have here above two hundred octavo pages, devoted to the description of one particular disease in one particular organ of the body: and yet every page bears the stamp of much patient investigation and careful diligence bestowed upon the composition before it was committed to the press. Dr.

Baring has dived deeply into the writings of his predecessors, and his contemporaries, and, with one or two slight exceptions, we believe there is not an author who has published on the subject of fungus during the last five and thirty years whose opinions are not collected and arranged in the work before us. Not only have the well known treatises on this subject by English, French, German, and Italian surgeons been analyzed and compared, but monographs, papers, and single cases have been hunted out from the different journals in which they first saw this light, and where they might have slumbered for ever, had they not been discovered and seized upon by this indefatigable inquisitor.

It is much to be regretted that many of the German authors, who raise such vast monuments of their industry and patience, never arrive at what would be the most useful results of their labour and ingenuity; that, notwithstanding the mass of information which they love to collect, embracing every thing which is, or ever has been known on the subject, they do not always avail themselves of the opportunity which such an intimate knowledge, so much accumulated evidence must afford them, or giving to the world those rational and sound deductions, and inferences from the experience of our predecessors, which alone can render that experience beneficial to others. It is only the zealous collector of scattered observations, and the judicious collator of discordant opinions, who can be considered as properly fitted to weigh, and pronounce judgment on their accuracy and importance. No second person can thoroughly enter into the author's ideas; and the conclusions arrived at by him who has carefully waded through the mass of evidence, must necessarily be sounder, and more valuable than those of the mere reader, who finds the detail ready furnished for his hasty perusal. The learned and industrious author of the present treatise is not entirely free from the charge implied in these remarks; still it will be found that his labors are far from being unproductive of important practical fruits.

The first two chapters of Dr. Baring's work contain a literary, historical, and chronological account of the fungous disease in general, as it shows itself in the various tissues of the body. In these the author has collected and compared the different notices which have been furnished from time to time by the English, French, German, and Italian surgeons, respecting this malady; and with considerable ability has succeeded in clearing away the obscurity which enveloped it, and reconciling the discrepancies, which in great measure were rather apparent than real, and resulted chiefly from the endless variety of names adopted by different writers to signify one and the same affection of the body.

It is flattering to our national vanity to be assured by so competent an authority, that the English medical writers were the first to point out and described clearly the fungous disease as distinguished from other malignant disorders.

The French surgeons seem to have entirely misapprehended the nature of the disease as described by Hey and Burns, probably owing to the somewhat inappropriate name of fungus-hæmatodes given to it by those authors. To this name they attached the idea of varicose tumours, nævi, aneurisms by anastomosis, and in fact every thing but that of the disease which was intended to be described; and whilst they identified the fungus-hæmatodes with a morbid and dilated condition of the blood-vessels, they naturally missed the true character of the disease which the English had designated by the above appellation. Thus it happened that Roux, in the year 1814, on being shown a case of fungus testicle, which was extirpated in his presence by Sir Astley Cooper at Guy's Hospital, expressed his astonishment, and confessed that he as well as his countrymen had entirely mistaken the descriptions of the English authors on this subject: at the same time stating that the disease in question was that variety of scirrhus which the French had long known under the name of soft cancer, remarkable for its rapid progress, soft and pulpy texture, &c. Indeed, most of the French authors, including Dupuytren, Delpech, Cruveilhier, and Breschet, who have accurately described this malady under a variety of names, most of which have reference to its cerebriform structure, insist upon its being a variety of scirrhus, frequently forming the last stage or termination of true cancerous affections. It is right however to observe that Laennec appears to have distinguished the disease, as early as 1805, by the name of Dégénérescence Cérébriforme, and subsequently in his article on Pathologicol Anatomy in the Dict. des Sc. Méd., he gives a masterly description of it under the name of "Matière Encéphaloide ou Cérébriforme."

Among the Italian surgeons, Scarpa appears to have devoted considerable attention to this disease; but maintains that it only occurs in the cellular tissue under the skin, and the insterstices of the muscles, and, somewhat unaccounably, denies its existence as attacking the substance of the different viscera. The medullary fungus of the testicle and the mamma, he seems to consider as a strumous affection of those organs. It is unnecessary to say how much he erred in this opinion.

It may be readily imagined that amongst the German writers, there were more than one who endeavored to reconcile the discrepancies of other medical historians, and to form some more distinct arrangement of those diseases which were known under the general cognomen malignant. Accordingly we find that Meckel, Caspar, Langenbeck, Walther, Otto, and many others have contributed largely on this subject. They appear by common consent to have given the name of medullary fungus to the disease in question, and the result of their researches has an evident tendency to distinguish it from cancer, although it must be allowed that the two morbid affections become occasionally combined in the same individual. There exists a remarkable coincidence, in many points, between these authors and the English writers on the same subject. Dr. Baring has adopted the term medullary fungus as being most characteristic of the nature of the disease, and generally used by his countrymen.

After the literary and historical account of the medullary fungus as a distinct disease, the author enters upon a general description of it.

noticing its origin, developement, and termination, as it occurs in the different tissues and regions of the human body. As, however, he does not pretend to have made any discoveries with respect to the anatomical texture of the disease, we must pass over this part of the work, valuable as it is, as a compendium of all that is known on the subject.

Having at length arrived at the proper subject of his book, the medullary fungus of the testicle, the author presents us with a very full, clear, and satisfactory account of the disease, from its commencement as indicated by a slight enlargement and hardness of the organ, to its termination in the death of the patient, if not previously arrested by the operation of extirpation. We shall forbear to make any extracts, as the history corresponds in a remarkable degree, not only as regards the leading points, but in most of the minuter particulars, with the description given of the fungoid disease by Sir A. Cooper, in his splendid work on the testis. Indeed, it throws if possible additional value on the evidence of our distinguished countryman, and confirms the accuracy of his observation, when we find the same conclusions are arrived at by such different methods. Sir Astley has given us a vivid and graphic account of this disease from his own long and most extensive experience. Dr. Baring has added to his own personal observations a patient investigation of the same disease, as detailed by the most eminent surgeons of all countries. He has weighed the force of their evidence, tested their accuracy by comparing them against each other, and by a judicious selection of facts has arrived at conclusions differing but slightly from those of his illustrious predecessors.

Sir Astley Cooper's experience has taught him that the fungoid disease always commences in the body of the testis. From the researches of Dr. Baring we learn, that the epidydimis is occasionally the primary seat of the affection. The personal observation of Sir A. Cooper, and the collected experience of Dr. Baring are also at variance, respecting the ulceration of the scrotum in the latter stages of the disease, and the formation of granulations bearing the true medullary fungoid character. Sir Astley appears to consider this as not a very unfrequent termination of the complaint, while our author arms himself with the authority of a host of continental surgeons, and decides that it is of extremely rare occurrence. He seems to consider the tardy ulceration, or rather the non-ulceration of the scrotum a phenomenon, for which he confesses that he is utterly unable to account, and expends much labor and considerable ingenuity in endeavoring to prove that there is a disinclination for the disease to reach the surface, which is peculiar to the fungoid affection of the testicle.

It has indeed always struck us, that in portraying the termination of this disease in its worst and most loathsome form, Sir A. Cooper has unintentionally given the reader to understand that such a termination is more frequent than common experience would induce us to suppose, and he subsequently remarks, that the patient will often sink under symptoms of general cachexia before the skin has given way. There can be no doubt, that medullary fungus of the testicle has not the same tendency to produce ulceration of the skin, as a similar affection of any other part of the body, equally superficial in situation, and this peculiarity, which is so puzzling to Dr. Baring, admits we conceive of an easy explanation on rational grounds. The extreme capability of extension which the scrotum possesses, as evinced in hydrocele, and more especially in large irreducible herniæ, readily allows the testicle to acquire an enormous size, before any great degree of tension or discoloration of the skin takes place: the disease thus becomes fully developed, not only in the original seat, but frequently in other more vital organs of the body, and the patient sinks from constitutional symptoms, while the only visible local affection is yet in progress towards what we are led to consider the climax of the disorder. We may also add, that, owing to the free communication between the testicle and the belly, the disease is rapidly extended along the absorbent vessels of the cord; and the entire lymphatic system of the abdominal cavity may become extensively affected, long before there is any tendency to ulceration on the surface of the scrotum.

We must be allowed to express a doubt as to the correctness of Dr. Baring's opinions respecting the duration of the fungous disease, which, he says, is frequently seven years: fourteen years is his maximum. We are well aware that the complaint often supervenes upon chronic enlargement of the testicle, injuries of the organ, or other exciting causes, but our own experience has taught us that when the true fungoid character is once established, its progress is much more rapid than is here described, generally terminating the life of the patient within a twelvemonth from the commencement.

Dr. Baring also refers to the secondary enlargement of the inguinal glands as a usual accompaniment of fungoid testicle, and places it among the early symptoms; at the same time saying that the period of its appearance is very uncertain, as it sometimes comes on at the commencement, sometimes only at the latter stages of the disease. This, according to our experience, is hardly correct. The inguinal glands do not commonly participate in the complaint; and never until the skin of the scrotum, or the cellular membrane immediately subjacent, has become affected. The lumbar glands within the abdomen take on the morbid action much more readily, because they receive the absorbents direct from the testicle; whereas, the inguinal glands which communicate only with the scrotum, do not sympathise until ulceration is about to take place.

Our limits will not allow us to follow Dr. Baring through the long train of constitutional symptoms which characterize the progress of this disease, and the miserable state of cachexia which at length terminates the life of the sufferer; neither can we give even a mere outline of the vast number of cases, accompanied by post mortem examinations, which are brought

forward to illustrate the pathology of medullary fungus, as first developed in the testicle, and subsequently extending to nearly all the viscera and tissues of the body. These are extended through a space of more than sixty pages, and contain the history of dissections made by all the most eminent surgeons and pathologists in Europe, including some interesting cases in which fungoid tubercles had become developed on the surface of the arachnoid tunic and within the substance of the brain. The following are the author's conclusions respecting the nature and mode of propagation of the fungoid disease from its original seat in the testicle to the other textures of the body:—

"1. It is not the primary fungoid disease of the testicle itself, but the subsequent degeneration taking place in the abdominal and thoracic cavities, which terminates the life of the patient.

"2. These abdominal and thoracic degenerations are either fungoid or closely allied to fungus in all their physical qualities.

"3. A careful dissection will enable us to demonstrate the progress of the fungoid disease, step by step, as it becomes extended (through the absorbents of the cord) from the testicle to the more distant organs of the body.

"4. Although the medullary fungus is found to attack almost every organ as a primary disease, yet in the cases above alluded to, it must be regarded, as well as in the larger parenchymatous viscera as in the lymphatic system itself as a secondary and consecutive, and not as a primary affection." (P. 108.)

These views, as the author justly remarks, involve a most important principle as regards the prognosis to be given in incipient cases of fungoid testicle, and the hopes which may be afforded by an early extirpation of the original seat of the disease.

The fourth chapter, which contains the diagnosis of fungoid testicle, constitutes, in our opinion, the most useful portion of Dr. Baring's work. In this the author gives us a minute, faithful, and perspicuous comparison, between the disease in question and every other affection of the testicle with which it can possibly be confounded. The symptoms that distinguish fungus from scirrhus disease are thus arranged:

"(*a*). True scirrhus of the testicle is a very rare complaint in advanced age: fungus, on the other hand, is by no means uncommon; but more frequently occurs at a much earlier period of life.

"(*b*.) Scirrhus is much less rapid in its progress than fungus. Meckel judiciously observes that fungus destroys life in as many months as cancer requires years. At the same time it cannot be denied that occasionally fungus is also tardy in its course.*

"(*c*). The external form of the testicle differs in each affection. The cartilaginous stony hardness; the uneven tuberculated surface, conveying a sense of solidity but not the slightest elasticity to the touch; the irregularity of shape assumed as the oval figure becomes lost; all of which characterize scirrhus from its commencement, are wanting in fungus. This latter is soft and elastic to the touch, conveys a deceptive feeling of fluctuation, and always attains its natural oval form. Scirrhus never reaches the size which medullary fungus attains in the last stage of its development.

"(*d*). In scirrhus, the cord presents the same knotty hardness as the testicle, so that it often enlarges to more than three times its natural volume. This is not the case in fungus, where the cord seldom or never undergoes any very important change; it never becomes very hard, but on the contrary is yielding and elastic to the touch; and this condition, as we have mentioned above, is produced merely by the distension and varicose state of its lymyphatic vesssls.*

"(*e*.) When scirrhus is allowed to run its course, the testicle almost invariably contracts adhesions to the dartos, followed by ulceration of the skin and the protrusion of fungoid excrescences. This seldom or never takes place in the medullary fungus.

"(*f*.) The absorbent glands which become enlarged during the progress of scirrhus disease never attain that size or present such frightful masses as we find supervening upon the fungoid affection.

"The anatomical structure of the two morbid affections is no less different. The scirrhus testicle presents a hard white compact mass, resembling bacon, and intersected with fibres of a cartilaginous consistence: it feels like gristle, and is of a laminated texture furnished with divergent white striæ. Fungoid testicle, on the other hand, is characterized by the softness and sponginess of its texture, the varying nature of which has already been described.

There is one circumstance which might occasionally mislead us in our investigation. It sometimes happens that during the development of medullary fungus in its advanced stage, particularly during the softening down of the encephaloid structure, isolated hard spots become apparent to the touch. These, however, are by no means essential to the fungoid structure, but depend upon small osseous or cartilaginous deposits, which now and then would seem to be accidentally produced in the last stage of this disease of the testicle. Scirrhus is, from the commencement, hard over the whole surface of the tumour, while the soft spongy nature of the swelling form the chief characteristic of fungus. (P. 113.)

We may here observe that the fungoid testicle in its incipient stage presents an almost scirrhus hardness, so as to render a correct diagnosis at this period extremely difficult. A section of the part will however shew, that this solidity of texture is more apparent than real, and depends mainly on the unyielding nature of the tunica albuginea, which for a time masks the character of the softening mass contained within it. It is not until this tunic gives way under the pres-

*We have already had occasiou to notice what we considered an erroneous opinion of Dr. Baring respecting the occasional slow progress of the fungous disease.

*Sir Astley Cooper entertains a different opinion, as he says the cord frequently presents an immense enlargement, accompanied with induration.

sure, that the elastic pulpy structure of the disease becomes clearly developed to the touch.

But it is the differences which distinguish the fungous from the non-malignant diseases of the testicle, that are of the highest importance to the surgeon, since a mistaken view may. in one case, involve the life of the patient, which might have been saved, or at any rate prolonged, by an early operation: or, on the other hand, may occasion the loss of an important organ where no necessity existed for its removal.

It is not the broad and well marked symptoms which accompany the full development of disease, but the more delicate and minuter shades of difference characterizing the first appearance of deviation from the normal structure, which should be carefully studied by the surgeon to enable him to draw a distinction between the malignant affections and those of a milder character. His opinion will be of little value unless it be given before the cachectic state and failing powers of the patient, and the extension of the disease to the lymphatic system, have stamped in too fatal characters the nature of the malady. How often does it happen that the opinion of the surgeon becomes decided only by those symptoms, which at the same time declare that the period is already gone by when the antidote might have been applied!

The pages devoted by Dr. Baring to this subject, in which he treats of the diagnosis of fungus from hydrocele, hydatids, chronic enlargement, and other non-malignant affections, will not admit of condensation, but contain much valuable information carefully selected and judiciously arranged. The author has hardly laid sufficient stress on the general aspect of the patient, as a valuable portion of our diagnosis, in the early stage of the disease. Neither should the use of mercury be lost sight of as a means of determining the nature of the swelling. Sir Astley Cooper strongly advises that in all doubtful cases the patient should be put fairly under its influence. If the enlargement be of a non-malignant character, such a plan, combined with local treatment, will rarely fail of producing some impression; if, on the other hand, we find that instead of affording relief, the symptoms become aggravated under the medicine employed, then our worst suspicions will become confirmed.

Amongst the many diseases enumerated by Dr. Baring as liable to be mistaken for fungus, he has omitted to mention hæmatocele; which is sometimes produced in so insiduous a manner as to render its character a matter of considerable doubt even to the most experienced judges. It is true that in the majority of cases of hæmatocele, the nature of the disease is rendered manifest by the history of its formation: the receipt of a severe blow on the part, and the swelling rapidly succeeding to the injury, will generally afford sufficient evidence that blood has become extravasated into the cavity of the tunica vaginalis. But it sometimes happens that the symptoms of this complaint are particularly obscure, and that the effusion occurs without any previous injury. Sir Astley Cooper has recorded a case where the testicle was removed in a perfectly healthy state, together with a large quantity of coagulated blood, which filled up the cavity of the tunica vaginalis and stimulated the appearance of medullary fungus. Two instances have come under our observation, in which the symptoms were so nicely balanced, that the patient was placed on the operating table in order that an explorative incision might be made into the scrotum, to be followed by the removal of the testicle, or the coagulum, according as the case should turn out to be fungus or hæmatocele: in the one, the incision exposed a mass of coagulated blood; in the other, a true malignant enlargement of the gland itself. The cachectic habit of the body and the general want of tone, which would be likely to produce, or at any rate to accompany, the spontaneous effusion of blood, tends to throw additional obscurity over the distinguishing symptoms of these two diseases, and whether hæmatocele be mistaken for fungus, or fungus for hæmatocele, the result may be equally disastrous to the welfare of the patient and to the reputation of the surgeon.

The fifth chapter contains Dr. Baring's observations on the etiology of the fungous disease, or the causes which are supposed to produce it; and he freely confesses his inability to explain away the obscurity in which this subject is involved. The proximate causes may frequently be traced to a blow or squeeze, or some mechanical injury offered to the part, which excites an inflammation more or less acute, or very often of an inappreciable character, but producing a gradual change in the structure and organization of the testicle.

Although such a consequence resulting from a simple injury, clearly evinces a state of system favorable to the formation of malignant disease, Dr. Baring deprecates the opinion that the appearance of fungus in one particular organ (whether supervening after violence or arising spontaneously) is to be considered as the indication, or rather as the decided proof, of a fungoid tendency pervading the whole body. He contends that the subsequent degeneration of structure which takes place in the various viscera of the body, is, in the majority of cases, the direct consequence and result of the primary affection of the testicle; and brings forward the appearance presented by post-mortem examinations, to prove that a chain of morbid communication will be found to exist between that organ and the internal structures which subsequently become diseased. The testicle he considers as the starting point, and the lym-

phatic system the vehicle by which the fungus degeneration is propagated, as he affirms, by gradual, successive and regular steps; first to the neighboring organs, and lastly to the more remote tissues.

We fear that the favorable opinions which Dr. Baring entertains respecting the local nature of the disease, are more calculated to encourage the hope and allay the apprehension of patients, than to relieve medical readers from the apprehension of the existence of a fungous diathesis. We think it would not be difficult to prove that in very many cases, where an operation had been performed, the disease had been found to return in situations which had noapparent connexion with the original seat of the malady. The error, however, if error it be, is certainly on the safe side, as it will have the effect of inducing us to watch the first appearance of the complaint, carefully to study the diagnostic symptoms in its incipient stage, and to give the patient the only chance that can be afforded him, by an early removal of the diseased organ.

In respect to the prognosis to be given in this disease, it is hardly necessary to say that Dr. Baring anticipates a more favorable and permanently successful result from an early operation, than the majority of his professional brethren would feel themselves justified in entertaining. But it is right to mention that he corroborates his opinion by the history of four cases, in which the operation of castration was performed by Rust of Berlin, by Langenbeck of Göttingen, and by Hagedorn of Stade. In two of these cases, a period of five years, in another of three years, and in the fourth of two years, had elapsed since the removal of the testicle; and the patients were still in the enjoyment of perfect health, and had not experienced the slightest return of the complaint.

We shall conclude our review of Dr. Baring's work by quoting, in his own words, certain rules laid down, by which our opinion is to be guided, when called upon to decide on the propriety of performing an operation; and by which we may in some measure estimate the prospect of permanent relief afforded to our patient by the removal of the testicle.

"The operation of castration is contraindicated in those cases where both testicles have become affected at the same time, or where the disease of these organs is either preceded or accompanied, or becomes shortly followed by other swellings of a similar nature on the different parts of the body; more especially when internal tuberculous enlargements can be felt through the abdominal parietes. Any existing derangement of the respiratory and digestive functions should always excite our suspicion, more particularly if these untoward symptoms refuse to yield under the exhibition of appropriate internal remedies. In all such cases, we shall feel ourselves not only authorized, but compelled to declare our opinion, that the local disease of the testicle is indeed the symptom of a disposition to fungoid degeneration pervading the whole system; of a state of which no operation can remedy. Again the spontaneous occurrence of fungus in the testicle, unpreceded by any mechanical injury or lesion of the part, must always be regarded with a suspicious eye; as it indicates a constitutional tendency to the disease, and requires a more than usually careful investigation into the general health and condition of the patient before an operation is decided upon.

"It is worthy of remark, that although the secondary enlargement of the inguinal glands, supervening upon fungoid affections of the testicle, undoubtedly indicates the absorption of the poison; yet, such enlargement affords by no means so unfavorable a prognosis as those appearances which evince the extension of the disease through the agency of the spermatic cord: in the former case the absorption has taken place by means of the lymphatics of the scrotum only, and under such circumstances, should the cord still remain healthy, should the pelvis and belly be still free from disease, the chance of an operation is not altogether to be rejected; although it presents a much less encouraging prospect than might be entertained if the glands of the groin still preserved their natural condition.

"On the other hand we may consider that the operation of castration should be had recourse to in all those cases where the ordinary health of the patient remains undisturbed during the developement of the disease in the testicle, and especially where the fungoid enlargement appears to result from some external cause or mechanical injury: in short, wherever, after a careful investigation into the constitutional symptoms, we feel justified in considering the disease as a local affection, unaccompanied by any of those contraindications which have already been detailed."—(P. 195.)

While prosecuting our analysis of Dr. Baring's work, we have occasionally compared his voluminous details with the concise and graphic description of Sir Astley Cooper; and while we eagerly render to our German brother all the praise which he has so justly earned by his indefatigable research and industry; we cannot withhold the expression of our gratitude towards our own illustrious countryman for having compressed the result of so much experience into so small a space. Dr. Baring has furnished us with a book of reference, in which the inquiring student will find all that has ever been written or known on the subject; Sir Astley Cooper has presented us with a practical manual, invaluable to the surgeon from its conciseness and accuracy. Drawing a comparison between the two authors, we may indeed say, that, to the one, little could be added to render it more useful; from the other nothing could be taken away without detracting from its worth.

ANALECTA.

Observations on the principal Medical Institutions and Practice of France, Italy, and Germany, with Notices of the Universities, and Cases from Hospital Practice. To which is added an Appendix, on Animal Magnetism and Homœopathy. By Edwin Lee, Member of Roy. Coll. of Surgeons, formerly House Surgeon to St. George's Hospital. London, 1835. 8vo. pp. 216.

1. French Medical Institutions.—A clear and good account of the Parisian hospitals is given (in pages 2 and 3); we think, however, that it is not correctly stated that *all* the hospitals are attended by the *sœurs de la charité* as nurses: this, however, is of small importance: the question of their efficiency is more material. Few students see the wards of foreign hospitals except during the visit of the physicians or surgeons. In the absence of these, the general service of some of the French hospitals is, we know, performed in a very slovenly manner. We have been surprised to see the house-pupils performing all the minor operations, including venesection, unattended by any nurse, even in the women's wards; and in case a patient fainted, it was sometimes necessary to summon the aid of the man who was polishing the floor by rubbing a cloth over it with his foot. Not a sœur de charité was then to be seen. Neither did it appear to us that these sisters were remarkable for the gentleness of their manners. We made these observations with regret, and in opposition to all previous impressions; and the conclusion to which we came was, that ordinary nurses, with all their defects, were more efficient hospital attendants, such offices "pour l"amour de Dieu" being little better than certain tonsorial services recorded among authentic facetiæ as performed for a like consideration.

The following is the prescribed course of study for those who take the diploma of Doctor in medicine or surgery in Paris;

"Candidates for the diploma of Doctor in Medicne or Surgery, are required to have studied four years, during which period they have to take out an inscription every three months for attendance on the lecture and hospitals. Members of foreign colleges and universities may, however, present themselves for examination after two years' study in Paris. The scholar year begins on the 1st of November, and terminates on the 31st of August. The expense of the course of study required for taking a degree does not exceed a thousand francs (£40).

"The following is the prescribed order of study:

1st half year. Anatomy, Physiology, Chemistry.
2d ditto. Medical Physics, Hygiène, Medical Natural History.
3d ditto. Anatomy, Physiology, Operative Surgery.
4th ditto. Hygiène, Medical Pathology, Pharmacy.
5th ditto. Operative Surgery, Medical and Sugical Pathology.
6th ditto. Clinical Medicine, Clinical Surgery, Materia Medica.
7th ditto. Clinical Medicine, Clinical Surgery, Medical Pathology.
8th ditto. Medical Jurisprudence, Therapeutics, Obstetricity.

"The examinations for the diploma are five in number. The first takes place after the fourth inscription has been taken out, the second after the twelfth inscription: the three remaining examinations take place at the termination of the course of study.

"The subjects of the first examination are, natural history, physics, medical chemistry, pharmacology; 2d, anatomy and physiology; 3d, general pathology, medical and surgical pathology; 4th, medical jurisprudence, hygiène, materia medica, and therapeutics; 5th, clinical medicine and surgery, operative surgery, and obstetricity.

"Each examination last two hours, during which four candidates are questioned by three examiners.

"For the anatomical examination the candidate is required to make a preparation from a part of the body, which is indicated to him on the same morning, and to answer questions proposed to him relative to the preparation. Candidates have also to write and defend a thesis on some point relative to medicine or surgery. The clinical examinations take place in the clinical hospital at the bed-side of patients. The examination fees amount to one hnndred and fifty francs." (P. 4.)

The examinations, we may add, are public, and searching and efficient, but conducted with politeness.

In France the profession is divided into physicians, surgeons, and a lower rank of practitioners called officers of health (officiers de santé), the practice of the latter being nominally restricted to cases of minor importance: we say nominally, for the restriction is plainly impracticable. Midwifery is chiefly in the hands of women, and although they are regularly educated, we think that a suspicion expressed by Mr. Lee, that this circumstance has some connexion with the great frequency of uterine diseases in France, is not quite unfounded. There are lying-in charities in our own country in which, from a spurious delicacy, women only are employed as midwives, and we have seen much of the bad effects of this regulation: it is, however, to be considered, that our English midwives are uneducated persons. "Apothecaries," says Mr. Lee, "are not allowed to prescribe, their business being confined to the selling of drugs, and the preparation of prescriptions, *as with chemists and druggists in England*:" who, it may be added, do not confine themselves at all, but practise very extensively.

Mr. Lee's account of the state of medical practice in France is succinct and interesting: it is evident that French physicians are becoming less governed by theory, and more guided by symptoms; or, in other words, that the practice among them is becoming more rational. Since the publication of the opinions of M. Broussais, bleeding has been more boldly resorted to; but the French seem negligent of following up bleeding by medicines calculated to amend the secretions, or even to remove vitiated accumulations; the consequence of which is that symptoms arise which appear to call for the repetition of the bleeding, and patients are sometimes bled and starved to death. We believe this even not to be very unfrequent in fever cases, and Mr. Lee gives a striking case of typhus in illustration of it (p. 58, see also p. 26). M. Louis and M. Andral should be mentioned, however, and are so, by Mr. Lee, as exceptions to this practice; both of them employ saline purgatives and other medicines in such cases. The more frequent and varied employment of baths in chronic diseases appears to be advantageous in French practice, and is, we think, beginning to be attended to in this country. Mr. Lee very properly thinks that "the practice of abstracting blood and applying irritants at a considerable distance from the seat of the disease, on the principle of revulsion, might be more frequently adopted with advantage in England, especially in affections connected with cerebral irritation or congestion." A small bleeding from the ancle, a few leeches applied to the thighs or arms, especially to the latter, blisters to the legs, sinapisms to the feet, &c., are often singularly useful; and it is certainly to be regretted that English practitioners are often so inclined to condemn measures of this kind as trifling; we mean, of course, only in chronic cases.

In the treatment of burns and scalds, stimulating applications are less used on the continent than in England: bleeding, opium, cataplasms, or emollient dressings, being the usual means employed. Whatever is the seat of the injury, the application of ice to the head for an hour or two is strongly recommended; its effect being to cause a cessation of pain, and to prevent cerebral symptoms.

Under the head of each Parisian hospital, a concise account is given of the practice of the medical officers, and this is illustrated by occasional cases. We can only find space for a few brief extracts from this interesting part of the work.

The hospital of La Pitié has the advantage of the services of some of the greatest men in Paris, MM. Louis and Andral being the physicians; and MM. Lisfranc and Blandin the surgeons. M. Lisfranc is well known to English students for the boldness and dexterity of his practice, especially in cases of diseased uterus.

"M. Lisfranc has charge of two men's and a women's ward, most of the cases in the latter being marked as disease of the uterus; many of these patients are, however, young women affected with superficial erosion of the cervix uteri, and are cured by a few days' rest and appropriate treatment; the means resorted to in these cases, as well as in ulceration of this part, being chiefly confinement to the recumbent position, occasional venesection to three or four ounces, on the principle of revulsion, small doses of cicuta, and cauterization with a solution of murcury in nitric acid every six or eight days: when the ulceration is of a cancerous nature and too deep to be removed by cauterization, M. Lisfranc has recourse to excision of the cervix uteri; this part being exposed by the speculum, and firmly seized by *pinces de museaux*, is brought down below the orifice of the vagina and excised with a knife, as in cases of polypus. M. Lisfranc has not met with more than four or five cases of dangerous hæmorrhage after this operation, the symptoms which supervene being mostly of a nervous character and sometimes alarming, but mostly yield (yielding) to sedatives. Of ninety-nine cases in which he operated, eighty-four recovered: many of these patients became subsequently pregnant, and experienced no particular inconvenience in parturition."—(P. 64.)

Mr. Lee adds, what few will doubt, that the operation has been performed in many cases in which it might have been avoided. M. Lisfranc treats *phlebitis* (supervening on venesection) by emollient fomentations and cataplasms on the inflamed part, with the repeated application of leeches between the point where the inflammation terminates and the heart; and he states, that since he adopt-

ed this practice, he has not lost a single patient from this disease; whereas when he employed other means, and applied leeches near the wound or over the inflamed vein, the majority of cases terminate unfavorably.

MM. Alibert and Biett, the physicians to the hospital of St. Louis, are also well known to English practitioners; the first by a splendid publication on diseases of the skin, the second by his enlightened practice in cutaneous, scrofulous, and malignant affections. The opinions of M. Biett on the use of baths in cutaneous diseases, may be useful to the English reader.

"Simple tepid baths are most beneficial in the dry scaly forms, though only as an accessory means; their efficacy is less marked in the pustular varieties: they are serviceable in vesicular affections when the inflammation begins to decrease, and may be used with advantage in impetiginous affections where incrustations have succeeded to the pustules.

"Alkaline baths are efficacious in the papular and dry scaly forms, and in the impetiginous and tubercular varieties. An alkaline bath may be formed by dissolving in a simple bath from half a pound to a pound of carbonate of soda.

"Sulphur baths are most useful in the decline of vesicular affections; they are less useful than alkaline baths in the chronic stage of psora, and if used in the inflammatory stage the symptoms are aggravated. Sulphurous baths are composed of two ounces of diluted sulphuric acid and eight ounces of hydro-sulphuret of potass added to each bath.

"Acid baths may be made by adding to each from four to eight ounces of hydrochloric acid; they are mostly applicable in dry scaly eruptions." (P. 69.)

In the account of the Hôpital des Enfans Malades (p. 75), we perceive that the mortality among the unfortunate children is stated to be one in four, which we believe to be rather under than over the truth. According to our own painful observation, this horrible mortality is to be ascribed, in a great measure, to the *expectant* system of medicine; to starvation and gum-water, conjoined with the too free use of leeches.

M. Civiale, whose name is familiar to us in connexion with lithotrity, has a small ward in the Necker hospital, and the following is mentioned in the account of his practice:

"The paralysis of the bladder, and vesical catarrh, in elderly people, are treated in the following manner:—a stream of cold water flows from a reservoir fixed near the ceiling, through an elastic gum tube, having stopcocks, and terminating in a silver catheter formed into a double tube by a centralpartition. The patient being in the recumbent position and the catheter introduced, the water passes into the bladder by one side and out by the other. A continued stream of water through the bladder is thus kept up for about ten minutes, and repeated every second or third day: the quantity of water passing into the bladder may be regulated by the stopcock, so as to prevent undue distention. The beneficial effects of the method are attributed to the clearing away of the accumulated mucus, and to the tonic action of the cold water upon the bladder." (P. 79.)

2. Italian Medical Institutions.—Mr. Lee's observations under this head are somewhat brief. The different states and cities of Italy, as marked in our notice of the Foreign Reviews and Journals, in our first Number, are like so many different countries; and we accordingly find that the general state of medical, as of all other knowledge, is unequal. At Florence and Rome the Broussaian doctrine prevails; but it is in less repute at Milan and at Naples. The Rosarian doctrine, and the practice of administering large doses of antimony instead of bleeding, are on the decline. Mr. Lee tells us that not only lithotrity, but auscultation and percussion meet with no advocates among the Italians, who seem averse to every innovation. In some parts of Italy, surgeons are only permitted to apply local remedies, and perform operations, physicians being called in to prescribe for the constituion, even in surgical cases. Perhaps it is the consequence of this division of labor, that the surgeons generally manage their cases without any medicine, by which plan many patients sink under constitutional irritation, or internal inflammations. These circumstances do not prepare us to find much that is interesting, under the head of the different hospitals. In some of them, indeed, Mr. Lee seems to have made few personal observations: and neither Foreign nor English readers can be much satisfied with such a remark, applied to the principal hospital at Geneva, as, "I did not see much of the practice, but believe it to be very inferior."

Several interesting statements are given, relative to the management of the insane in the different institutions. In some of them, as in the Hospital of Incurables at Geneva, it is still exceedingly defective. About 250 patients are confined to ill-ventilated wards, wihch they never leave until they die, or are dismissed. There is no classification of the cases, and except occasional depletion, curative measures seem little attended to. Mr. Lee was not allowed to see the women's wards; the probable condition of which, therefore, is not better than when described by M. Brière de Beaumont, at which time the women were shut up in dirty and ill-lighted wards, one of which was large, cold, and damp; and many of the patients were chained by the hands and feet, so that "their howlings, their accessions of fury, and the clanking of their chains, gave to this horri-

ble place the appearance of the infernal regions." From the end of 1828 to the end of 1829,

	Men.	Women.
The admissions were -	90	84
There were dismissed -	40	32
Died - - -	32	32

The proportion of deaths to the number of inmates (about 250,) is, Mr. Lee remarks, enormous. (P. 93.) The treatment of this unfortunate class of patients can hardly be said to be in any degree better in the Hospital for the Insane, at Rome. (P. 123.) At Bologna it is much better; (p. 100,) and also at the Spedale di Bonifacio, at Florence, (p. 105,) where each patient has a separate cell, and is allowed to walk about in the day time: new patients are kept in separate rooms for a few days, that the peculiarities of their insanity may be observed; and the greatest attention is paid to cleanliness throughout the establishment. Furious patients are consigned to darkened rooms, with well-padded walls; and the darkness is said to have the effect of making a great number of them tractable. Many of the patients are employed in mechanical operations, gardening, knitting, spinning, &c.; and in this hospital the ancient custom of bleeding all the patients in summer, is discontinued. The superiority of the establishment for the insane at Aversa, near Naples, seems to have been exaggerated; but some of the arrangements, and the general order and regularity of the institution, are excellent.

The school of Bologna boasts of having produced Valsalva, Malpighi, and Galvani: the population of the place is, even now, only 75,000; so that we may not unreasonably expect similar advantages from some of our own provincial schools, for the production of which it is evident that the air of a large capital is not indispensable. The order of study, and the mode of examination, are worthy of quotation.

"Medical students are obliged to attend the classes during four years in the following order:—first year, Natural History, Botany, Chemistry, Anatomy; second year, Anatomy, Physiology, Comparative Anatomy, Institutes of Surgery; third year, Pathology, Clinical Medicine, Materia Medica, Chemistry; fourth year, Pathology, Clinical Medicine, Medical Jurisprudence, and Midwifery. During the last year of study, a certain number of patients are placed under the care of each pupil, who, previous to his examination, has to give an account of the cases, and of the treatment he has adopted. Surgical students attend, during the first and second years, the same courses of lectures as the medical pupils; third year, Institutes of Surgery, Clinical Surgery, Anatomy, and Dissections; fourth year, Medical Jurisprudence, Midwifery, Dissections, Clinical Surgery, and the performance of operations on patients, under the guidance of the professor. At the termination of the first year, students take the degree of bachelor; at the end of the second year, of licentiate; and at the end of the fourth year, of doctor of medicine and surgery.

"The mode of examination of candidates is as follows:—five professors of the different branches of education submit each to the candidate twenty different subjects, taken from his own course of instruction; the pupil draws one of these by lot, and is examined on that subject. Thus the candidate is examined on five subjects connected with medicine. When the examination is finished, each of the professors gives his vote separately, as to the fitness of the candidates; those who are considered not sufficiently qualified, have to study another year.—(P. 102.)

3. German Medical Institutions.—As we are enabled to refer to the Fourth Part of this Journal, for authentic details respecting the state of medicine and medical institutions in Germany, we shall pass over many interesting observations in this part of Mr. Lee's work. The general system of medical practice approaches much more nearly to that of England than in France and Italy; bleeding is less frequently had recourse to, but active internal medicines are employed, as well as enemata and baths, whilst tisanes, and infusions of herbs, are now but little prescribed.

When speaking of the hospital at Stuttgard, Mr. Lee mentions that sciatica is treated, in that institution, not by blisters applied over the trunk of the sciatic nerve, but below the knee, so as to encircle the leg; a method which is said to produce a speedy cure in most cases. In the general hospital at Prague, rheumatism is treated by the administration of large quantities of warm water: both acute and chronic cases appear to be treated in this manner, and it is said with success. In a work by Dr. Brandis, published at Berlin in 1833, that physician recommends cold bathing, and even cold effusions, in rheumatism: a curious instance of the uncertain state of physic!

One of the best establishments on the Continent, for the reception of insane patients, is that of Sonnenstein, about four leagues from Dresden, of which a very good account is given by Mr. Lee, (p. 151.) It consists of an ancient castle, seated on a hill, and having extensive grounds. The number of patients, at the time of Mr. Lee's visit, was 200, of whom 120 were men. The house is extremely clean, and contains workshops, a saloon of amusement, with books, a piano, draught-boards, and a billiard room. In fine weather the men are employed out of doors, and the women amuse themselves with a flower-garden. The furious patients are not, as in the Italian institutions, confined to dark rooms, "but are allowed to walk about with the rest, their hands being confined. They also

wear a cloak, in order that the apparatus for confining the hands may not be observed by others. This method is found to have greater effect in tranquilizing them, than if isolated, and forcibly confined to bed." (P. 153.)

The cures at Sonnenstein are reported to be one in three among women, and one in four among the men. Paralysis is observed less frequently to supervene on insanity than in France. As a melancholy contrast to Sonnenstein, we may take the insane wards in the Kranken-Haus, at Berlin; where 150 patients are kept entirely in the house, having no ground for exercise; and where the general treatment appears to be quite neglected. Yet the other departments of this hospital are well regulated. The treatment in the syphilitic wards consists, chiefly, in rigid abstinence; bread, soup, and milk only being allowed, and even of these only a quarter of the ordinary allowance of other patients. Mercury is never employed: the usual medicines given are the neutral salts, especially the sulphate of magnesia, and sarsaparilla. The applications to sores are emollient, slightly stimulating, or caustic; and the usual duration of the treatment is three or four weeks. Secondary symptoms seldom occur, and are not of a serious nature.

Professor Langenbeck, "one of the most distinguished anatomists and surgeons of Germany," resides at Gottingen, the university of which little town was founded in 1734, by Geo. the Second. At this famous university, in a town containing only about 10,000 inhabitants, there are no fewer than 1,500 students, and *eighty* professors. Until lately, the celebrated Blumenbach, who is still living, was professor of physiology; and his rich collection of crania, and fossil remains, including precious specimens from the Hartz mountains, give value to the museum. Gottingen has also the great advantage of possessing a library of great extent, admirably arranged; a celebrated observatory; and one of the best botanical gardens in Germany. When will any of our moderate sized English country-towns possess such advantages?

Mr. Lee has appended to his work some account of animal magnetism and homœopathy, on which we do not think it necessary, on the present occasion, to make any comments; our principal object in this notice having been to show the student the kind of information contained in Mr. Lee's book. Altogether, it is certainly a publication which we would recommend every student about to proceed to the Continent to put into his portmanteau. There is still, we think, a book wanting for students, containing a well arranged view of the advantages peculiar to each of the continental schools; the time of the year when the lectures are given; the best mode of living to be adopted in the several towns, and the expenses likely to be incurred; with partiular references to the character of the different anatomical collections, or parts of such collections. Even a medical map would be a useful accompaniment to such a work. A plan should also be given for six months', or a year's, or two years' travel and medical study on the Continent. Such a book, however, could not be written by a mere tourist, or without devoting a longer period to observation of the state of the different continental schools than we could expect any single observer to have time and opportunities for. But materials for it might be contributed by different observers, each taking for the subject of his remarks, the country or the school with which he possessed the means of becoming the most intimately acquainted. We may add, that the Fourth department of our Journal will always be open to contributions conveying this very useful kind of intelligence.

Even more generally useful, perhaps, to English students, would be a work containing clear directions how to pass the months of a single winter profitably in the Parisian schools. It often happens that our young countrymen, on arriving in Paris, being imperfectly acquainted with the French language, and unprovided with useful introductions, lose some time in making preliminary arrangements, and make them injudiciously. The distance of the hospitals from each other, or their relative position; their respective merits; the choice of a residence during attendance upon some of them part of the time, and then upon others; are all points of great consequence to a student whose time and whose resources happen to be limited. In every student's life, too, however busy, there are unemployed hours, and in no city may these be more advantageously passed than in Paris, either in the public resorts of men of science, or in improving private society, to which respectability of character, and a love of knowledge, furnish there a sufficient introduction. Pursuing the same idea, we should be glad to see directions for passing nine months in Germany, and three months in Italy. Above all things, the English student should prepare himself, by a competent knowledge of the language of the country he means to visit, without which he cannot but be exposed to continual mortifications, and serious disappointment.

4. *Commentatio Medico-Practica de Morbis Intestini Cæci, et de dignitate hujus Viscera Pathologica in dijudicanda Passione Colica et Iliaca.* Auctore Lud. Herm. Unger, Med. et Chir. Doct. &c.—*Lipsiæ*, 1828. 8vo. pp. 69.

5. *On Phlegmonous Tumours in the Right Iliac Region.* By J. M. Ferrall, Esq., Member of the Royal College of Surgeons in Ireland, Surgeon to the Mansion de Santé and the Institution for the Treatment of Scrofulous Complaints.—*Edinburgh*, 1831. 8vo. pp. 24.

6. *Observations upon a peculiar Disease of the Cæcum, or Caput Coli; contained in a Letter to* Dr. Crampton, *from* Francis W. Smith, M.D., one of the Physicians in Ordinary to his Excellency the Lord Lieutenant: Fellow of the College of Physicians (in Ireland), &c. &c. &c.—Dublin, 1835. 12mo. pp. 47.

We have no desire to conceal the fact that it was the appearance on our table, among other new publications, of the work of which the title stands last in the above list, which made us refer to our shelves for the two which precede it, and which, it will be observed, are of considerably older date; and, as it was the nature of the

contents of the more recent work which induced us to recur to the others, we shall, in the following remarks, give it our chief attention, and refer to them only for incidental illustrations of the subjects we may have to consider.

In noticing the little work of Dr. Smith, it is impossible to be honest without finding fault; and if in so doing we should offend the author, he may rest assured that it is a sense of duty only and the consciousness of the high responsibility of our office, and no pleasure in finding fault, that guides our pen. And, indeed, if ever any man was bound to put up patiently with the critic's award, whatever that might be, surely Dr. Francis Smith is the man, for nothing can be more evident than that his appearance as an author—at least as the author of a separate work—is perfectly uncalled for. Had, indeed, the scanty series of observations contained in this diminutive volume appeared as a communication to a medical journal, or had they obtained a place in the Transactions of the respectable Association* before the members of which they appear to have been originally read, they might have escaped without censure, if they had obtained no commendation. But when they come forth to the public in the shape they now possess, as a distinct volume, brief indeed, yet formally divided into chapters (actually twelve chapters in forty pages!) and with no slight pretensions on the part of the author to originality of views and improvements in practice, it is not possible to overlook them, more especially as they relate to a subject of high pathological interest and practical importance.

It is now many years since our attention was first called to the particular disease noticed in the present pamphlet, by the occurrence of several cases in our own practice; and while we were hesitating whether we should make them the subject of a brief communication to some of our journals, we were fortunately anticipated, by the notice of the same affection by some of the most distinguished French pathologists, who gave to the profession a much fuller account of it than our limited experience could have supplied; and, as they took the same view of it which had occurred to ourselves, we had nothing to regret, but every ground for satisfaction, that the subject had fallen into other hands.†

Nearly about the same time the little work, the first on our list, appeared at Leipsig, although we were not aware of its existence till some time afterwards. In it the author gives a complete but brief view of all the principal affections to which the cæcum is liable, and notices in a particular manner its local inflammatory states, less fully indeed than the French authors, but infinitely more so than Dr. Francis Smith.

Some years after this, the very excellent paper on the same subject, the second on our list, was published by Mr. Ferrall, of Dublin, first in the Edinburgh Journal for July 1331; afterwards separately. The substance of this we are told by its author, "was prepared before the Memoir from M. Dupuytren's *Clinique* appeared," and some of the cases in which bear date as far back as the year 1823. We are thus particular in referring to dates, because Dr. Smith, in the pamphlet before us, the whole of which is devoted to the consideration of the early stages of the same identical affection, has thought proper to represent it as having "met with the most extraordinary neglect on the part of medical authors," (p. 8,) and of having been "most unaccountably doomed to comparative obscurity."—(Introd. p. vi.) If one were, indeed, to judge of the acquaintance of the members of the profession, generally, with this affection, from that which seems to be possessed by this author, we should certainly regard it as most limited, seeing that he does not once refer to the French authorities, and never alludes to Mr. Ferrall's Memoir, until towards the close of his own essay, when he refers to it for a description of some "cases of the disease in a more aggravated and lethal form." (P. 37.) It is singular, also, that, with the account of the disease by the French authors, to which we have referred as existing in the pages of an English journal in every body's hands, he should have added, in reference to this Memoir of Mr. Ferrall, "there is not, I believe, in our language, any other printed account of the disease." (P. 37.) And it is, certainly, equally singular, that acquainted as he here acknowledges himself to be with Mr. Ferrall's paper, he should have preserved an utter silence respecting it while discussing the pathology, diagnosis, and treatment of the complaint, all of which points Mr. Ferrall discusses, and should have only incidentally noticed it when about to close his work, by the detail of his own few trifling cases. Dr. Smith may, possibly, shelter himself under the plea, that his observations apply, and were only intended to apply, to the incipient or chronic form of the disease described by the French writers and Mr. Ferrall; but, admitting that such is the object of his Essay, we hold him not the less bound to have made himself acquainted with their writings and opinions, before he put himself forward as a teacher of others. And even this excuse will not serve in the case of Dr. Unger, since his remarks apply both to the chronic and acute form of the disease, and indeed do not include the extreme forms of it described by Dupuytren and Mr. Ferrall. It is hardly a satisfactory excuse for Dr. F. Smith's ignorance of Dr. Unger's book, that it might be known only to few persons in this country. He might have become acquainted with it without any difficulty, as it was announced in all the foreign catalogues for some years, and as it was written in a language with which all physicians are presumed to be acquainted. At least, we think it would be prudent in writers to take some pains to acquire a knowledge of the literary history of the subjects on which they write, before they publish their writings; more particularly if they make any pretensions to novelty.

After all that has been said, and although we may have yet further fault to find with Dr. F. Smith on other grounds, we believe that his little pamphlet will be of use, by calling anew the attention of the younger members of the profes-

* Association of Physicians in Dublin.

† See a Memoir on Phlegmonous Tumours of the right Iliac fossa (from the Clinical Lectures of Dupuytren), by P. Meniere, M. D., Archiv. Gen. t. xvii., republished in Dr. Johnson's Med. Chir. Rev. Nov. 1828.

sion to this interesting form of abdominal disease, and by soliciting the notice of all to its earlier stages. Regarded as a chapter in the more important memoirs of MM. Dupuytren, Unger, Husson, Dance, Meniere, and Ferrall, it is not without its value; and had the author been content with claiming for his observations the meed to which they are entitled, and extended a common measure of justice to his fellow-labourers in the same field of enquiry, he would have received from us nothing but commendation.

For the benefit of such of our readers as may not be acquainted with the memoirs referred to, it may be useful here to state, that the affection under consideration, and which we think very improperly designated by M. Dupuytren, and Mr. Ferrall by the name of "Phlegmonous Tumour," is a local disease of the cæcum, and although, perhaps, not in all cases essentially and primarily inflammatory, yet hardly ever attracting the attention of the physician, or even of the patient, until exhibiting evident signs of phlogosis of that bowel, or, still more commonly, of that and the tissues exterior to it and immediately surrounding it. "Herbam crevisse apparet," says Dr. Unger, "non apparet crescere." (P. 38.) In certain cases (and Mr. Ferrall's first case appears to have been of this kind,) the local affection seems to consist simply of a painful over-distention of the bowel from fæcal accumulation, arising from some of the various causes of disease to which this portion of the intestinal canal is from its peculiar functions, liable. Dr. Unger considers fæcal accumulation, from neglect in yielding to the natural stimulus to empty the bowels, as the most common cause. (P. 42.) In general, however, the disease is of an inflammatory character from the beginning, consisting essentially of a slight chronic inflammation of the mucous membrane of the *caput cæcum*, producing a stoppage of its peristaltic action, and consequently an accumulation of its contents, with perceptible tumour of the part, and, eventually, the extension of the inflammation to the exterior of the bowel, with all the ordinary accompaniments of a local and superficial phlegmonous inflammation superadded to the internal intestinal diease. The cause of this peculiarity of the cæcal inflammation extending to the adjoining tissues is found in the fixedness of this bowel, and in the peculiar functions it has to perform, and the consequent disarrangements to which it is liable. This inflammatory affection of the cæcum may be divided into three stages or degrees, first, when the inflammation is slight, and almost or altogether confined to the coats of the intestine; secondly, when it involves the surrounding parts, and presents the characters of a local phlegmon, seated more or less deeply; and thirdly, when suppuration has supervened in the cellular tissue, and the escape of the pus by the surface, or by perforation of the bowel, has produced a disease of a complex character and of a very dangerous nature. Of these three forms of the disease, the first and second are, fortunately, by much the most common; and the second is probably that which is most commonly met with in practice, owing to the preliminary stage being often overlooked, or not sufficiently attended to, to be the subject of the physician's or surgeon's care. The last is extremely rare.

The only part of Dr. Smith's account of the disease that possesses the least interest, is his description of the early stage; but this is so overloaded with minutæ which have no essential connexion with the particular pathological state in question, that no distinct picture is left on the reader's mind. Positive and negative symptoms are jumbled together in the strangest confusion; many are noticed as present which have nothing to do with the disease, and many are recorded as absent which the disease can never have any thing to do with. We therefore prefer to extract a brief account of it from the work of Dr. Unger.

"The invasion of this affection is very insidious, as its early progress is accompanied by little inconvenience, hardly calls the attention of the patient to it, or, at least, is not deemed deserving of medical aid. Step by step however it advances, silently undermines the health, and finally gives rise to imminent danger. No single symptom is of sufficient weight or constancy to indicate the presence of this affection: all must be viewed in connexion, and carefully, in order to establish the diagnosis. In the more simple cases the following are the ordinary marks of the disease: the patient does not lose his strength, but abates somewhat in his wonted activity, and he looks ill. Pains in the iliac and colic ergions, somewhat of a periodical character, go and come; sometimes they extend over the whole abdomen, and are felt most during the period of digestion, when the peristaltic action is at its height. There are few signs of any gastric affection, except a reddish tongue and some thirst; and the appetite is not quite gone. The patient becomes low-spirited, seeks for ease on the couch, where he prefers to lie on the right side with the thighs drawn up; he soon wearies, gets up discontented, but shortly lies down again.—The pulse is small. The alvine excretions are unhealthy; the bowels are at one time confined, at another relaxed, the stools being neither large nor figured, but loose and mucous, and passed without producing the expected alleviation of the previous pains. If at this stage we examine the abdomen, we find it in general of the natural form, soft and not tender as in the case of ordinary inflammmation, but if we press forcibly in the right iliac region so as to depress the integuments to a considerable depth, we produce a feeling of pain." (P. 41.)

The following is an extract from Dr Smith's work, descriptive of the same stage of the disease, purged however, (a liberty which we hope the author will excuse,) from not a little of the extraneous matter and repetitions by which the original is disfigured.

This extract will, we hope, satisfy our readers that the English author has less cause than he imagines for pluming himself on his originality.

"The first symptoms complained of by the patient are, dull pain of the right side, which can be increased by pressure; an inability, or more properly speaking, a disinclination to go to sleep on the left side; the bowels present a great degree of irregularity in their action, the stools being for the most part dry, scanty, and unfrequent, and not unusually clayey in colour, and imperfect in consistency; slight diarrhœa, generally appearing from time to time at intervals of uncertain duration; the urine is in most cases high-colored, and abounding in animal salts; occasionally, however, it is natural in its appearance and qualities. The appetite, generally, is undisturbed; the tongue sometimes slightly furred, and of a whitish or yellowish color in the mornings, but is as frequently of a healthy color and appearance; the pulse is slower and more languid than in health; the countenance begins to assume an unearthly, yellowish appearance; the individual loses flesh. As the disease advances the pain becomes more distressing, and the region in which it makes itself felt, more extensive; from having at first been felt as a dull, undefined pain in the right side, the patient now feels it in the whole region lying between the cartilages of the false ribs on the right side, and the crest and spine of the ilium. The stomach still continues to perform its functions, but nutrition does not take place in a sufficient degree to repair the waste of the body; the liver begins to become irregular in its action; flatulency of the bowels becomes a distressing symptom. The skin now acquires a preternatural dryness, and the patient altogether acquires a sunk and marasmatic appearance. If at this period we subject the patient to a suitable examination, we shall find that, if we make pressure downwards and to the right side, we shall very considerably increase the sufferings of the patient; and, if we commence our pressure from a point midway between the navel and the superior anterior spinous process of the ilium, and carry it in a direction downwards, outwards, and to the right side, we shall soon arrive at a point where the pain reaches its maximum. The pain is frequently described as shooting and radiating in all directions from under the finger, but principally in an upward direction. I have in a few instances known the pain to extend, under those circumstances, even up to the point of the shoulder; we shall, at the same time, in general be able to discover a tumour of a pretty considerable size, hard consistency, and irregular figure, occupying and swelling upwards from the iliac fossa." (P. 12.)

The only defective point in the description of Dr. Unger, is his omission of the *tumour* as well as tenderness in the right iliac region. Indeed this author, although possessing a far superior knowledge of the disease to Dr. Smith, appears still to have had only a very imperfect acquaintance with it, especially in its latter stages. For an account of these we must, therefore, refer our readers to the excellent paper of Mr. Ferrall, in the Edinburgh Journal, and that of M. Méniere in the Medico-Chirurgical Journal; and we must add, that it is to these also, and not the pamphlet of Dr. Smith, that they must look for rational views of pathology and grounds of diagnosis, although the last-named writer has bestowed a whole chapter on the latter point.

Too much, however, even as to physical extent of matter, must not be supposed to be implied, in the case of Dr. Smith's book, by the title of *chapter*, as the reader will be ready to allow on perusing the one (Chap. iv.) which we shall here transcribe *entire;* partly on this account, and partly because we do not quite agree with Dr. Smith as to the statements contained even in it.

"Chap. iv. To the disease, as I have described it, I should be disposed to assign the name of *cæconitis;* and as such a term would be in strict accordance with the rules which guided those who have bestowed names on the morbid affections of the other portions of the intestinal canal, I do not foresee any objection to its being adopted." (P. 25.)

Now we rather think that Dr. Smith may find persons disposed to object to this term, and even to question whether it is "in strict accordance with the rules" to which he refers. We, for our parts at least, are altogether ignorant of their being such a word as *cæcon;* but, even if it were justifiable, for the sake of euphony, to read *cæconitis* in place of *cæcumitis* (and we really see no great difference between them,) Dr. Smith ought to know that the rules which should guide the formation of such terms—broken, occasionally, we admit—forbid the addition of the Greek particle *itis* to a strictly *Latin* word like *cæcum.*

The treatment of this complaint, in the early stage of it under consideration, is sufficiently obvious. The principal indications are to subdue the inflammation by the local application of leeches and fomentations, and to remove the accumulation of fæces by the most effectual yet mildest means. After the removal of the pain, Dr. Smith's favorite practice is to give a well-known pill, consisting of a grain and a half of aloes, rubbed up with gum mastick, ipecacuan and soda, twice a day, combined with a mild bitter infusion; and the practice is very judicious, so long as there is no inflammatory state present, and

the pills have the effect of keeping up a moderate and steady action on the large intestine.

"In general (says Dr. S.) a few weeks of well directed care will free the individual from the disease; and it will then be only requisite, that by an occasional dose of the pills he should guard against allowing the cœcum to again become over-distended. Occasionally, however, [and we ought to apprize the reader that the last sentence terminated CHAP. VI. while this begins CHAP. VII.] we meet with cases which do not so easily yield, even to the most admirably directed treatment.—In these cases, *I am in the habit of making use of an invention of my own*, which has the effect of keeping up the evacuations from the bowels, and stimulating powerfully, and in a healthy and tonic manner, all the abdominal viscera, including, of course [*of course*], the cæcum and colon." (P. 29.)

The invention is thus announced:—

"I am in the habit of ordering the patient, on rising in the morning from bed, to have a *douche of cold water* of about half an inch in diameter, and of a very moderate force, (never exceeding a pound or a pound and a half at the commencement,) to be made to play for a period, varying from a few seconds to a couple of minutes, upon the abdomen, and to let the stream be principally directed towards the seat of the disease. Even common dashing of the abdomen from a large sponge, or a stream directed from a moderate height, by means of a watering-pot, divested of its rose, may be made to answer; but a douche from a leathern *hydraulic* tube, having a height of water of three or four feet to supply the force, and a diameter of half an inch, is the most certain and complete manner in which it can be applied.—Now the effects of this affusion are very remarkable; the bowels are stimulated to action in a very decided and very satisfactory manner.—If made use of as the patient rises from bed, by the time the toilette and breakfast have been gone through, the bowels will be ready to act with certainty and with success, and the stools will be both copious and of a satisfactory consistency." (P. 31.)

How far this practice is altogether an invention of Dr. Smith's,—how far it is likely to be admissible in many cases,—what proportion of patients are likely to submit to it,—and whether the practical consequences are fairly and logically deduced from the premises, we have not time to enquire; as we have already bestowed more space on this pamphlet than we can well spare. We may, however, just suggest a doubt whether two subsequent statements made by the author, viz. that he "*always associates* with its use the soothing influence of the warm bath," (p. 32,) and that "after some time it will *in most cases be found requisite* to return to the use of the aloetic medicines, (p. 33,) may not be supposed by some to weaken the force, if not the legitimacy, of his deductions.

In his CHAP. XII. the author says that, "some general statistical observations have suggested themselves to his mind, but that he prefers passing that part of the subject over in silence; only remarking that individuals of all ages between twenty and sixty are alike liable to the disease." "That it occasionally proves fatal *is quite certain;* the daughter of an eminent legal character in this city [Dublin], as also the child of a French nobleman, both, to my knowledge, succumbed under incurable cæconitis." (P. 46.) When it is observed that several of the very cases referred to by Dr. Smith himself, in Mr. Ferrall's paper, were *fatal* cases, the *possibility* or certainty of such an event seemed hardly to require to be established by the cases of the children of the eminent and noble personages 'within his own knowledge.'

In addition to what may be called the technical or medical blemishes in Dr. Smith's work, we cannot lay down our pen without entering our protest against his avowed design of writing it for *the public*, as well as the members of the profession. "I have been at length induced (he says) to give to the public, *medical and otherwise*, the fruits of my experience." "Pathological details, (he says in another place) I have as much as possible avoided, as they would be wholly unintelligible to the popular reader." [P. 46.] Now, we ask, what have the non-professional public to do with such a subject as that which forms the whole of Dr. Smith's work? One more strictly medical and professional, it would not be easy to point out; and when we see these avowed appeals to those who cannot profit by its details, coupled with the very unusual and minute mode of designating the author's locality, in the Introduction, we cannot but doubt whether, in committing his observations to the press, he was not partly influenced by motives which, in the ancient days of physic at least, would have been deemed hardly becoming in a member of its highest order.

7. *Observations on the Climate, Soil, and Productions of British Guiana, &c., with Remarks on the Diseases, their Treatment and Prevention, founded on a long experience within the Tropics.* By JOHN HANCOCK, M.D. —London, 1835, pp. 89.

There is only a very small portion of this small work which comes properly within our domain, and we are bound in justice to say that we are pleased that it is no greater. We have rarely met with a piece of medical writing more defective both in a literary and scientific point of view, than the ten pages devot-

ed to an account of the "climate and diseases of the country;" and our regret at such a lamentable failure is enhanced by the consideration of how much might have been done by a scientific and diligent observer, with the opportunities possessed by the author. He informs us, in his preface, that "he sojourned from the year 1804 to 1828 inclusive, in South America, and chiefly in British Guiana, where he followed his professional pursuits; and with the view of acquiring some knowledge of the botany of a country most rich in medical plants, and of some peculiar practices followed with great success by the inland tribes, he frequently visited the interior," &c. Were it not that we find appended to this pamphlet the announcement of "A Treatise on Inflammation and Fever, founded on the more successful methods pursued by certain aboriginal natives of North and South America, in the Cure of Diseases," in which it is to be presumed much of his acquired information is to be produced, we should be disposed to think, judging from the present work, that he had journeyed to little purpose, as far as medicine is concerned. He, however, makes some statements of facts which are deserving of notice, and which cannot be affected by illogical explanations, or obsolete pathology. He says "Tubercular consumption is unknown on the coast, and extremely rare in the mountain regions, though not unfrequent on the *Llanos*. The writer can say that he has never met with an instance of genuine tubercular phthisis on the coast of Guiana, nor a single case of calculus or stone in the bladder generated there." Dr. Hancock would seem in part to account for this exemption from such diseases, by the remarkable equability of the climate. He says "there is probably no country on the globe where the temperature is more uniform than in Guiana." He maintains that the climate is not only prophylactic, but curative of phthisis; and it is no wonder, with such opinions, that he recommends European physicians to send their consumptive patients there, in lieu of Montpelier, Naples, Rome, or Madeira.

This is certainly a matter well deserving our gravest consideration; and here again we cannot but regret that the author should have contented himself with the simple announcement of so momentous a proposition, without adducing one single fact in its support, and without supplying us with one meteorological observation illustrative of a climate capable of working such wonders. To be sure he tells us that he has "long been of opinion that the exemption from phthisis on the coast of Guiana is partly owing to the gaseous emanations from the soil, but that the main cause, as he believes, is referable to the free perspiration experienced here, together with the almost total absence of those chilling blasts which are common in other tropical regions." He gives us no insight into the nature of those "gaseous exhalations," nor does he explain why Guiana, of all the vast regions of the earth situated within the tropics, should exclusively possess this happy immunity from "chilling blasts;" nevertheless, when we recollect that, according to the statement of Dr. Clark, phthisis is most prevalent among that race (the African) of men who must constitute a large proportion of the population of Guiana, we cannot but regard the fact, announced by Dr. Hancock, of the absence, or the comparative absence, of this disease from that country, as one of singular importance, and meriting the strictest examination. It is impossible for a man to be mistaken as to the existence or non-existence of such a disease as tuberculous phthisis: were the fact one of such obscurity as many pathological processes, the following statement of our author, with which we shall conclude this notice, might make us hesitate before we admitted his testimony as conclusive.

"When matter from extensive ulceration and abscess (as in the lungs) has not a free discharge, it becomes absorbed into the mass of circulating fluids, and produces an irritative fever, termed hectic. By repose, and warmth of the bed at night, the patient sweats, by which the fever abates. The sweating is an effort of nature to relieve the system of the offending humour; which is evident from this that *if we collect the clammy transudation, we find it to possess most of the properties of pus.*" [P. 37.]

We should like to know by what chemical or other means it can be proved, and by whom it has been proved, that the perspirations of hectic patients are purulent. Ib.

8. *Manual of Practical Midwifery; containing a Description of Natural and Difficult Labours, with their Management. Intended chiefly as a book of reference for Students and Junior Practitioners. Illustrated by fifteen engravings.* By James Reid, M.D., &c. London, 1836. 12mo., pp. 246.

Dr. Reid tells us in his preface that he has frequently heard students, and those just entering on the arduous practical duties of the accoucheur, complain of the want of a work, which, while it should include all the information that might be necessary in the moment of doubt and difficulty, could still, from its size, be portable, and easily referred to at the precise time when assistance is so anxiously required, and delay might be so perilous. To supply this assumed deficiency in our medical catalogue, the little volume before us is offered to students and junior practitioners. This announcement of the object the author had in view led us to expect he would pursue a totally different plan from that which he has adopted. We expected that the book would contain a series of aphorisms [like

Denman's on the Forceps,] describing the nature of the difficulties that are most likely to perplex a practitioner of midwifery, who is to carry his 12mo. guide in his pocket, with general rules as to the treatment required in such cases. Dr. Reid runs slightly and superficially through the anatomy of the pelvis; precursory symptoms of labour; duties of the accoucheur, and most of the subjects connected with parturition which are to be found in elementary treatises on midwifery; but we look in vain, and so will the practitioner, "at the precise time when assistance is so anxiously required, and delay might be so perilous," for brief and clear directions as to the management of doubtful and dangerous cases. The student who wishes, before he commences his obstetrical studies, to run over the enumeration of the leading facts connected with them, may, without much loss of time, look over this little volume.—With every disposition to be indulgent, we cannot conscientiously say more in its praise, or recommend it to any other class of readers. We must suggest to Dr. Reid the general propriety of referring to English works when they are quoted by foreign writers. If he had consulted Dr. Merriman, he would have found that 48 cases of convulsions are *not* stated as having occurred in 2000 labours.—In 2947 cases attended by Dr. Merriman, only five were complicated with convulsions. The remaining 43 were *consultation* cases; and, consequently, no average of the general frequency of the disease could be drawn from them. In order to correct M. Velpeau's mistake, of which, indeed, Dr. Reid hints his suspicion, Dr. Merriman published a letter in the Edinb. Med. and Surg. Journal for January, 1835.

We admit that elementary works, when well compiled, are in general useful. They prepare a student for his studies; and serve as references or synopses for him to look over, for the purpose of recalling and impressing upon his memory the more elaborate statements of his lecturer; but this we regard as the extent of their utility; and we altogether disapprove of them as pocket guides for ignorant students or inefficient practitioners in the moment of peril: from such assistance an ignorant man may, indeed, be made bolder, but therefore more dangerous; for he may be tempted to rely upon himself and his horn-book, when without this imaginary help, a consciousness of his own deficiency would prompt him to seek counsel and aid from another and more trustworthy practitioner.

[The preceding Articles are selected from the "British and Foreign Med. Review, April, 1836.]

9. *Proceedings of the Medical Section of the British Association at Dublin in August,* 1835.

Dr. Robert Graves read a paper on the internal use of chloride of sodium in fever. The treatment of fever said Dr. Graves, is a subject of such acknowledged importance, that I shall offer no apology for introducing to the notice of the Medical Section of the British Association, a remedy calculated to produce much benefit in certain stages and forms of that disease. The remedy of which I speak is the chloride of sodium, a substance first recommended in fever in 1827, by Dr. Robert Reid of this city, but which was never adopted by the profession generally, or exhibited internally in any of our hospitals, or in private practice, when I commenced a series of chemical experiments on its efficacy, in 1832. Since that time I have employed it in many hundred cases of fever, and, on the whole, with satisfactory results. Many persons also, who have used it in the manner recommended, have expressed themselves in high terms of its utility.

With regard to the time for its exhibition, and the species of fever in which it may be employed with advantage, I have never given it except when the first stage is speedily followed by debility, and most commonly at a later period, when a depraved state of the secretions, petechiæ, or maculæ on the skin, and the well known group of symptoms are present, to which was formerly given the name of putrid fever, but which is now more generally called typhus. In inflammatory fever, in simple, continued, or in nervous fever, I have never ordered this remedy; nor do I believe it to be of the least use in controlling the febrile excitement of ague or of hectic. Again, where fever is the consequence of some local inflammation, whether arising spontaneously, or from an injury, the chloride of sodium is quite inapplicable.

Though the arguments proving that fever may exist independently of inflammation do not come within the scope of this paper, I may be permitted to point out, *en passant*, some of the analogies which attest the existence of diseases implicating all organs and tissues of the body in their progress, and consequently entitled to the appellation of general diseases. Scrofula, when intensely developed, spares no tissue. The skin, glands, bones, muscles, cellular membrane, and parenchymatous substance of organs, are all liable to its ravages. What organ or tissue escapes the destructive influence of the syphilitic taint? What part enjoys immunity when the body is deeply infected with scurvy? What is true of chronic is also true of some acute diseases, as, for instance, fever, in which we find every organ and tissue laboring under the influence of the disease. But it is unnecessary for me to dwell on this point. Every accurate observer must be convinced that the effects of fever are disseminated through the whole system, recognizable in some parts by phenomena more or less distinct, in others exhibiting scarcely any thing appreciable by our senses, but in most cases, at certain periods, pervading every tissue of the body. It is equally true, that we

are, and I fear shall ever remain, ignorant of the nature of this poison. We know just as much of the nature of the febrile miasm, or the virus of syphilis, as was known in the very infancy of medical science: the mode in which either acts still continues among the impenetrable arcana of nature. All we can do is to observe their effects, and from them to draw practical conclusions which may be rendered available to treatment; to study their phenomena with attention, and to employ such remedies as observation and experience have proved to be most applicable, without expecting to be able to explain their effects in the majority of instances. We know that it is not increased action of the heart and arteries which gives rise to fever, for we find some of the worst cases with slow pulse, and but slight elevation of the temperature of the skin. The same thing may be said of any other symptom or organ. Fever is, in the strict sense of the word, a general disease, and there is, in the case of a fever patient, no one point on which the physician can lay his hand and say—"here is the local habitation of the disease; if I can succeed in removing this, I am certain of success." Observe here, I speak of fever generally.—When topical inflammation arises during the course of fever, and is accompanied by increased vascular action, by diminishing this, and removing local inflammation, you can effect a great deal of good; you extinguish a train of morbid phenomena which react injuriously on this system; you simplify the process of treatment, and, by rendering the fever uncomplicated, you increase the chances of a favorable termination. I allude here only to that state of fever in which the disease may be termed simple, and where there are no local complications; for it is only in such cases that general remedial agents, such as the chloride of sodium, can be employed. From these observations it will be perceived, that I am no advocate of the doctrine that attributes all fevers to the existence of local inflammation, latent or evident; and indeed I do not think there is a single physician of experience in Dublin, who is not convinced of the groundless and untenable character of such an hypothesis. I am the more particular in dwelling on this point, as my friend Dr. Horn, in his account of the medical institutions of Great Britain, has misrepresented some of my colleagues, and described them as disciples of Broussais.

Dr. Graves next referred to the discovery of chlorine, by the late Sir H. Davy, its employment as a disinfecting agent, and the subsequent use of its combinations with soda and lime, in consequence of the disadvantages attendant on using it in its gaseous or uncombined state. He alluded to the experiments of Dr. Reid, who was the first to exhibit the chloride of lime internally, during the epidemic of 1826–7, in cases of fever and typhoid dysentery, but stated that he did not intend to go into the detail of these experiments, as they were already before the public in a paper published in the Transactions of the King and Queen's College of Physicians, for the year 1827. He stated that he was first induced to try the chloride of sodium internally on an extensive scale, by the perusal of a very interesting pamphlet, written by Dr. Lawrence, the present Archbishop of Cashel, a celebrated oriental scholar and an excellent chemist, and published by Messrs. Hodges and Smith, about three years ago.—He would not take up the time of the meeting by reading the valuable information communicated in that pamphlet, but would strongly recommend it to the notice of the profession.

With respect (said Dr. G.) to the time for its exhibition, and the cases to which it is adapted, the following remarks may be made: When the early stage of fever is past—when all general and local indications have been fulfilled, when there is no complication with local disease, when the patient lies sunk and prostrated, when restlessness, low delirium, and more or less derangement of sensibility is present, when the body is covered with maculæ, and when the secretions from the skin and mucous membranes give evidence of a depraved state of the fluids, it is then that the chloride of sodium may be prescribed with the most decided advantage. The mode in which I prescribe it is in doses of from fifteen to twenty drops every fourth hour, in an ounce of water or camphor mixture. How it acts I will not pretend to explain; it is sufficient to say, that there is no remedy from which, in such cases, such unequivocal benefit is derived. It operates energetically, though not very rapidly, in controlling many of those symptoms which create most alarm. It seems to counteract the tendency to tympanitis, to correct the fœtor of the excretions, to prevent collapse, to promote a return to a healthy state of the functions of the skin, bowels, and kidneys; in fact, it appears admirably calculated to meet most of the bad effects of low putrid fever. To those who have witnessed its efficacy, it is unnecessary for me to say any thing. Of course it will fail, like all other remedies, when the disease has reached a certain point of intensity in individual cases. There is scarcely any acute disease, to which the human body is liable, which may not in some particular persons assume an intensity capable of baffling all the effort of medical skill. This, however, is no argument against the employment of a remedy of extensive utility and unquestionable value.

Although it is not my intention to give an account of what has been done in France with respect to the exhibition of this remedy, yet I may mention, that it has been extensively tried in fever by Chomel, and as I have learned with great success. This ex-

cellent physician is still, I believe, engaged in making further clinical experiments on the subject. In the *Gazette Medicale de Paris*, published on the 28th of last February, we have an account by Doctor Dor, of Marseilles, of several cases of typhus, in which the chloride of sodium was found beneficial in 1833. He attributes a more rapid amendment to the use of this remedy than I have ever seen follow from its exhibition, and he also asserts, that if not given with great caution, it produces a very tedious convalescence. In the latter remark, especially, I cannot concur; for all who witnessed this mode of treatment here, were struck with the security and quickness of recovery which ensued in those cases where it had been employed. Perhaps, the precaution we adopted of always diminishing, as soon as possible, the strength and frequency of the doses, rendered the results in our hands more satisfactory than those obtained by Dr. Dor.

Dr. Graves concluded his observations by reading a letter from his colleague Dr. William Stokes, in which the use of this remedy is stated to have been followed by the most satisfactory results. It gradually but steadily removed all the bad symptoms, and in all cases the patients had most favourable convalescences. Dr. Stokes remarks, that all these cases recovered without any evident crisis.

Mr. F. White asked, what was the quantity usually given at a time, and whether the dose was gradually increased?

Dr. Graves said, that the quantity given at a time was from fifteen to twenty drops, and that the dose was never increased beyond this quantity, which was given every fourth hour. In all cases it had a fair trial, but was never continued longer than six or seven days.

In answer to a question from a member, Dr. Graves stated, that the solution which he used, was that which is sold at the Apothecaries' Hall, and which is generally considered to be a saturated solution.

Dr. Alison inquired, whether wine and stimulants were used during the time of its exhibition?

Dr. Graves replied in the affirmative, wine, stimulants, and nutriment were given with it, according to the exigencies of the case.

Dub. Med. Jour. Sept. 1835.

10. *The Report of the Dublin Committee, on the motions and sounds of the heart.*

"The Committee having met several times, and having considered the different opinions hitherto advanced on the subject of the motions and sounds of the heart, proceeded to institute a series of experiments, the subjects of which were generally young calves; in which animals the heart is sufficiently large to admit of the motions and sounds being accurately observed, while their early age is favorable to the prolongation of the experiment, as it has been ascertained that the vitality of the different organs is more enduring, and less influenced by injuries to the individual, in animals at a very early age, than in those of a maturer growth. The pulse varied in the subjects for experiments from 76 to 80.

"The animals were prepared in the following manner:—a tube connected with a pair of bellows was inserted into the trachea, and the sensibility of the animals having been destroyed by a blow on the forehead, artificial respiration was commenced, by means of which the heart was enabled to continue its pulsations for a period varying in different subjects from one hour to two. The Committee had been disappointed in their endeavors to procure some of the woorara poison, which has been used in similar experiments in London; and found, that the employment of prussic acid, in a quantity sufficient to suspend the sensibility of the animal, destroyed, in a few minutes, the power of motion in the heart.

"Section I.—*Experiments on the Motions of the Heart.—Experiment* 1.—A calf, two days old, having been secured on its back, and prepared as above described, the sternum and a portion of the ribs on both sides were removed, and the following motions were observed. The heart was beating strongly, at the rate of 144 pulsations in the minute, but in a short time fell to 80. While still enclosed in the pericardium, the heart was observed to have a slight libratory motion on its longitudinal axis, which motion, it may here be remarked, may assist in explaining the phenomenon of *frottement* in disease. On cutting open the pericardium, and turning it aside, both the auricular appendices were seen to project with a rapid motion upwards, or towards the place of the sternum, and immediately afterwards to recede. When coming forwards, they were swollen and soft to the touch; when receding they became hard to the touch, were diminished in size, and flattened. Immediately after the recession of the auricular appendices, the ventricles with a rapid motion assumed a somewhat globular form in their middle part, which projected towards their sternum, and their apex at the same time was pushed considerably in the same direction. During their continuance in this state, the ventricles were hard to the touch, and if grasped by the hand, at the commencement of the movement, they communicated a shock or impulse, and separated the fingers. When the ventricles had remained for a short time in the state just described, they suddenly sank downwards or towards the spine, and became elongated, broad and flat, and soft to the touch.

"This succession of motions having been observed for some time, a small glass tube was introduced through a puncture into the left auricular appendix, and the blood was

seen to rise in the tube during the recession of the appendix, and to subside during its upward movement. A similar tube was introduced through a puncture in the right ventricle, and a jet of dark colored blood was thrown forth during the globular and hardened state of the ventricles, and subsided when they became flattened and soft. A puncture was made in the pulmonary artery, close to the ventricle from which it arises, and through it a stream of blood issued synchronously with the jet from the tube in the right ventricle. A tube having been introduced through a puncture in the left ventricle, and one of the mesenteric arteries having been exposed and opened, the jet from the ventricles was observed to precede the jet from the arteries, by an interval easily appreciable. The femoral artery was opened, and a similar observation was made as to the interval between the jet from the left ventricle and the jet from that artery. Previously to opening the chest, the committee had satisfied themselves, that the beat of the heart, felt through the sternum and cartilages of the ribs, preceded the pulse, felt in arteries at different distances from the heart, by intervals of time which were proportioned to those distances: and they were also satisfied, that the jets of blood from the mesenteric and femoral arteries were synchronous with the pulses felt in those arteries.

"*Experiment* 2.—In a calf, prepared as the former had been, and placed on its right side, a portion of the ribs on the left side was removed, the sternum and part of the cartilages on that side being left in their natural position, and the pericardium was opened. It was now seen that when the ventricles, assumed their hardened state, their apex, and a considerable portion of their anterior surface were closely applied to the sternum, and when the hand was interposed between the latter and the surface of the ventricles; a strong compression was exercised on the fingers during each approach of the ventricles to the front of the chest. When the ventricles were in their softened state, their anterior surface, by which is meant the one corresponding to that called anterior in the human heart, was sometimes in contact with the sternum, and sometimes removed to a little distance from it, and from the contemplation of this, and the preceding experiment, the committee were satisfied, that the situation of the heart in the thorax is affected by the position of the body, as has been observed by others; for instance, that in the recumbent state, on the back, the heart recedes somewhat from the sternum: if the individual lie upon the face, the anterior surface of the ventricles is in constant apposition with the front of the chest, the pericardium of course being interposed. The yielding texture of the lungs, and the mode of attachment to the pericardium and the great vessels, are such, as to allow the gravitation of the heart to influence its position in different postures of the body. These experiments were repeated on different subjects, and the observations recorded above were confirmed.

Experiment 3.—A rabbit was stunned, and its heart immediately taken out of the body and placed on the hand, with the anterior surface of the ventricles upwards. The ventricles continued to beat for some time, and assumed alternately the forms which have been described in the first experiment. During the continuance of the globular form, the body of the ventricles was protruded upwards, and their apex was considerably elevated from the hand: and while in this state, it was ascertained by measurement, with a pair of compasses, that the length and the breadth of the ventricles were diminished. On the collapse, or softened state of the ventricles, taking place, they became longer and flatter, and their apex sank towards the hand. The heart was now placed with the posterior surface of the ventricles upwards, and the globular swelling, in their middle part was observed to alternate with the flattened form on this surface also; but the apex was not elevated as in the preceding part of the experiment.

"*Experiment* 4.—The sternum of a frog having been removed, the following appearances were observed. The ventricle having become swollen, soft, and red colored, sank and diminished in size, and became pale and hard; alternating in these qualities with similar qualities in the auricle. It was manifest from the color of both ventricle and auricle in their swollen state, that they were then full of blood; and from their softness, that they were in their diastole.—When they became pale and diminished in size, they were in their systole. During the diastole of the ventricle, its anterior surface was protuberant and approached the sternum, whilst its apex drooped towards the spine. In its systole, the anterior surface receded from the sternum, and its apex was slightly turned upwards towards the sternum. The finger being applied to the ventricle during its systole, a slight shock or impulse was felt. In this experiment the relations between the sternum and the ventricle, during the diastole and systole of the latter, are nearly the reverse of those observed in the hearts of quadrupeds in the foregoing experiments. In these the ventricles approach the sternum, during the hardened state of systole, and recede from it in the softened state of diastole. This difference depends on the dissimilarity of the heart in warm and cold-blooded animals, and will be adverted to again.

"Section II.—*On the Sounds of the Heart.—Experiment* 5.—A stethoscope was applied on the sternum, over the heart, in a calf in which artificial respiration had been established, and both sounds of the heart

were distinctly heard; the first prolonged and dull, the second abrupt and clear. The sternum and ribs were removed, so that the heart beat free from the contact of any part of the thorax, and a stethoscope, connected with a flexible tube and ear-piece, having been placed on the pericardium, over the ventricles, both sounds were distinctly heard. In the experiments on the sounds of the heart, with the sternum removed, the flexible ear-tube was found to be serviceable in preventing the transmission of the shock or impulse, which was felt when the common stethoscope was used, and which embarrassed the observation. The ear was now applied very near to, but not touching the heart, and both sounds were distinguishable, but feeble. A small piece of board was placed over the surface of the ventricles, and kept in contact with the pericardium, and the common stethescope having been applied to the surface of the board, both sounds were heard as distinctly, and very nearly as strongly, as when heard through the sternum. The ear-tube was placed on the ventricles, near their apex, and in this condition, the first sound was very distinctly heard; the second sound indistinctly. When the tube was placed over the origins of the large arteries, both sounds were heard distinctly, particularly the second sound. The pericardium was distended with tepid water, and in that state, both sounds were heard, but not so clearly as before the injection of the water.

"*Experiment* 6.—In a calf, prepared as before, the sternum and ribs having been removed as in the last experiment, and the pericardium having been cut away, both sounds were listened to with the ear-tube applied to the different parts of the ventricles, with the same result as in the last experiment. The great arteries were compressed close to the heart, and the character of the second sound was altered; and at times it seemed to some of the Committee that the second sound was lost, the first sound remaining unchanged. A fine curved needle was passed into the aorta, and another into the pulmonary artery, beneath the line of attachment of one of the semilunar valves in each vessel, and the needles were passed about half an inch upwards, and out again through the respective vessels, so as to confine a valve in each, between the needle and the side of the artery: upon applying the ear tube over the origins of the arteries, it was found that the second sound had ceased, and that a sound resembling the first in character, and coinciding with the systole of the ventricle, was still audible. Some of the members of the committee thought that the sound just mentioned was prolonged beyond the usual duration of the first sound, as heard before the introduction of the needles; and towards the termination of the experiment, it was observed by some of the committee, that there seemed to be a repetition of the first sound, or two prolonged sounds similar in character, and which might be called rushing sounds.

"When the heart was removed from the body, and the semilunar valves examined, it was found that one valve in each artery had been confined against the side of the vessel, so as completely to prevent its descent. It may be remarked, that this operation may be performed with great ease, and almost with certainty of success.

"*Experiment* 7.—The foregoing experiment was repeated on another calf, and with the same result, the cessation of the second sound. During the experiment, the second sound, somewhat modified, was heard to recur; and upon examination it was found, that the needle, which had been passed into the aorta, had slipped out. On its being replaced, the second sound again ceased. On taking out this heart also, the valves were found to have been confined, as stated in the last experiment.

"*Experiment* 8.—A calf having been stunned, the heart was taken out immediately, and placed on the table. The ear-tube was applied to the surface of the ventricles whilst they were still beating, and at each systole a sound was heard resembling that called the first sound; no second sound was audible. When the heart had ceased to beat, the semilunar valves were destroyed, the ventricles were filled with water, and the heart being held upright, the ear tube applied to the ventricles, and these compressed by the hand, so as to cause a rush of water through the arterial trunks, a sound resembling the first sound was heard; also, when the grasp of the hand was suddenly relaxed, a sound was heard of the same character as the preceding. The ear-tube having been applied to the ventricles in the dead empty heart, and their internal surfaces being caused to rub against each other, a sound somewhat resembling the first sound was heard. The finger having been introduced into the left ventricle through the auriculo-ventricular opening, and gently rubbed against the internal surface, a sound was produced resembling the first sound, and heard by the ear-tube applied externally to the ventricles. A glass tube, allowed to drop from a small height on the semilunar valves of the aorta, before they had been destroyed, caused a sound having the character of the second sound; and when the tube was introduced between the valves, and gently rubbed up and down, a sound resembling the *bruit de rape* was heard.

[To be continued.]

ADVERTISEMENTS.

TO MANUFACTURERS OF, AND DEALERS IN, ALL KINDS OF ARTICLES PURCHASED BY THE MEDICAL PROFESSION, DRUGGISTS, &c.

JAMES WEBSTER, Publishing Agent of the United States Medical and Surgical Journal, respectfully informs all those whom it may concern, that he is making arrangements to open an office in the City of New-York, to sell on commission, articles generally purchased by medical men, druggists, &c.

J. W. deems it proper to state, that from his extensive personal knowledge and correspondence with the medical profession and druggists in the United States, together with the advantage of advertising in the U. S. Journal, a good opportunity is offered for making sales of the articles immediately under consideration.

Persons disposed to send articles to the proposed establishment, for sale, will please to address (*post paid*) JAMES WEBSTER, Agent for the United States Medical and Surgical Journal New-York.

JAMES WEBSTER takes this opportunity to inform his medical friends, that as soon as the above mentioned establishment goes into operation, notice will be given; when it will afford him pleasure to furnish them with such articles as they may stand in need of, out of the articles he may have for sale. He is now prepared to supply *Surgical Instruments*, of the best quality, and at the manufacturers' prices. He has also for sale *AMESBURY'S APPARATUS*. The following summary, points out some of the advantages attending the use of Mr. A.'s Apparatus:

"1. It fixes the whole limb so as to admit of no motion whose centre is not in the hip joint.

2. It maintains the fractured ends in a natural position, and in perfect coaptation.

3. It lies upon the limb with ease to the patient.

4. It enables the surgeon to place the limb in any position the case may indicate.

5. It allows of the application of extension and counter-extension when the limb is placed in the bent position.

6. It is entirely passive to the motions of the limb.

7. It admits of being adapted to limbs of different lengths and different sizes.

8. It is applicable to fractures in any part of the limb, and of all kinds, whether simple, comminuted, or compound.

9. In all fractures of the thigh, it allows the patient to be placed upon a soft feather bed, and in most cases it enables him to place the limb upon the heel, or upon the side, and to alter it from one to the other at pleasure.

10. When used for simple fractures of the leg, it enables the patient to leave his bed as soon as the inflammation produced by the injury is sufficiently got under; and this too, without any danger of displacing the fractured ends.

11. With all these advantages, it insures to the patient a speedy recovery, and a straight and perfect limb.—*Reflections on the Treatment of Fractures, by J. Amesbury, M. R. C. S., &c.*"

For recommendations of this Apparatus, price, &c., see the cover of the U. S. Medical and Surgical Journal for August, 1835, and January, 1836.

NOTICE TO CORRESPONDENTS.

Prize Dissertations.—We are informed that several intelligent Medical writers, have expressed a willingness to become candidates for premiums, provided they were at liberty to select their own subjects. In consequence of which we deem it advisable to state to the profession generally, that they will be at liberty to select their own subject, on which to write prize dissertations for this Journal. The amount of premiums, general arrangement of matter, examiners, &c. to be the same as those of the prize dissertations on Intermitting Fevers, &c. We trust this additional arrangement will be satisfactory.

We shall publish the Prize Dissertation on Intermitting Fever, in our next number, therefore we renew our request to Physicians, who are in possession of interesting medical facts in relation to the subject (and who may not be candidates for the premium) to transmit the same without delay, that they may accompany the Prize Essay as an Appendix.

It gives us pleasure to state, that the appeal to the profession, published in our 21st number, has already begun to show its good effects on the medical literature of our country; many highly intelligent physicians have promised to write and report their interesting cases.

Professor Ives of New-Haven, has our kindest acknowledgements for his promised facts, &c. in relation to intermitting Fevers, and we will thank him to let us have them in time to publish in the Appendix to the prize Essay on that subject. Dr. Smith of Hyde Park, N. Y. is respectfully informed, that we shall be pleased to receive his promised translations from the French.

Professor Tully of New Haven, is respectfully informed that the subject on which he proposed to write for this Journal, will be thankfully received; and we take this opportunity to state, that we feel confident few of the profession are so capable of giving the medical properties, &c. of our indigenous plants as Dr. Tully.

We have received a Journal kept by the late Dr. Howell of Princeton, N. J. of interesting cases, and have placed them in the hands of a competent gentlemen to prepare them for the press.

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THE

UNITED STATES MEDICAL AND SURGICAL JOURNAL.

No. XXIV.

JULY, 1836.

Art. I.—*Report of Medical Cases in the New-York Hospital.* By N. Shook, M.D. Resident Physician.

From the 1st of April to the 1st of June, 1836, there have been received in the New-York Hospital, on the Medical side of the house, fifteen cases of pneumonitis, not complicated with any other disease—six cases of pleuritis—eight cases of bronchitis—eight cases of pneumonitis, complicated with pleuritis—four cases of pneumonitis, complicated with bronchitis; one case with hepatitis, and one case with arachnitis. There have been also a few slight cases of pneumonitis consequent to fevers.

The following is a report of the cases of pure pneumonitis, as taken from my case-book. Of those fifteen cases of simple pneumonitis, two proved fatal, ten were discharged cured, and three remain convalescent in the hospital on the 1st of June:—

Samuel White, aged 30, seaman, admitted in the New-York Hospital May 5th, 1836, for a slight pain about the inferior dorsal vertebræ, caused by lifting too heavy a weight. Is of a strong, robust constitution, and says he has been rather intemperate lately: has a slight cough, but complains of no pain whatever about the chest. His bowels not having been moved in two days, I gave an eccoprotic, and left him.

6th. *A. M.*—Found the patient laboring under symptoms of acute pneumonitis.

Symptoms.—Breathing hurried and laborious; some cough, with expectoration of bloody, frothy, tenacious mucus; pulse full and slow, 75 in a minute, having some force, but not sufficient to warrant bleeding, taking into the account his previous habits; tongue covered with a thick, dirty, white fur; temperature of the skin a little increased; bowels moved freely by the medicine last evening.

Physical Symptoms.—Crepitous rhoncus can be heard distinctly by the ear or stethescope, in the inferior dorsal region of the left side, which region is also somewhat dull upon percussion; the healthy respiratory murmur can be heard clearly throughout the remainder of the lung, as can also that of the right lung.

Treatment.—℞ Tart. Ant. gr.vi. Aq. Puræ ℥ viij. M. coch. mag. sum. quaq. hora.

7th.—Crepitous rhoncus can be heard over a greater extent of surface, showing that the inflammation is extending; pulse has become more hard and frequent, 100 in a minute.—v. s. ℥ xvi. which caused syncope.

P. M.—Patient somewhat easier; pulse soft and 95. ℞ Tart. Ant. gr. xiij. Aq. Puræ ℥ viij. M. coch. mag. sum. q. hora.

8*th.*—Symptoms the same as last evening. ℞ Tart. Ant. gr. xij. Aq. Puræ ℥ viij.: M. same directions.

9*th.*—The whole left lung exhibits the crepitous rhoncus; the right also in the inferior dorsal region; dulness upon percussion increased upon the left side; symptoms otherwise the same as yesterday; continues the antimony, one grain every hour; bowels not moved since the 7th, when the antimony acted freely upon them. ℞ sulph. mag. ℥ i. Appli. C. C. ad thoracem ℥ iv.

10*th.*—Patient worse; dyspnœa increased; mouth and tongue dry; teeth covered with a brown sordes; pulse feeble, 75 in a minute, and irregular; not much pain in the chest, but feels very distressed. Bleeding was now out of the question, as the small quantity taken yesterday by cups caused fainting, and the debility would not warrant the farther use of antimony. Finding the inflammation still on the increase, having gone even to hepatization in the inferior dorsal region of the left lung, (the part first inflamed,) as was indicated by broncophony, I resolved upon calomel and opium. ℞ Submur. Hyd. gr. xx.

Pulv. Opii: gr. vi. M. ft. in pil. vi. un. sum quaq. secunda hora.

11*th.*—Passed a very restless night, but is a little quieter this morning: continues the pills of calomel and opium.

12*th.*—Patient has had repeated attacks of vomiting, during the night and yesterday, of green bilious matter, with purging; mouth is slightly affected with the mercury, which was now discontinued. ℞ mist. cretæ aromat. ℥ ij. for the purpose of allaying the irritability of the stomach and bowels.

P. M.—Patient much more comfortable; vomiting and diarrhœa have ceased; respiration not so laborious; tongue has become moist.

13*th.*—Slept most of the night, the first time he has had any sleep for three days; pulse regular, and the patient may be considered convalescent.

14*th.*—Right lung less crepitous,—no change in the left; breathes freely and with ease; mouth still sore.

20*th.*—The healthy respiratory sound can be heard throughout both lungs, except in the inferior dorsal region of the left side.

22*d.*—Discharged cured.

Robert Robinson, aged 43, seaman, admitted May 9th, 1836, with the following

Symptoms.—Obtuse pain about the left side of the chest, increased in taking a full inspiration; pulse full, but easily compressed, about 90 in a minute; tongue covered with a thick, dirty yellow fur; dyspnœa; cough painful, with an expectoration of white, transparent viscid mucus.

Physical Symptoms.—Crepitous rhoncus distinct throughout most of the left lung; the healthy respiratory murmur can only be heard by means of the stethescope, in the subclavicular region; the parts of the chest where the crepitous rhoncus can be heard, are dull upon percussion; the right lung exhibits the healthy respiratory sound throughout.

History.—Says three days ago he was taken sick with fever, pain in the head and back, with looseness of the bowels, which symptoms disappeared yesterday; this morning, for the first time, had a cough, with pain in the chest, and when he arrived at the hospital I found him laboring under symptoms as before described. The cause he attributes to sitting up late at night, for several nights in succession, exposed to the damp night air, as late as one o'clock.

9th. *A. M. Treatment.*—Not knowing how much of the symptoms might depend upon his removal to the hospital, I did not bleed him at first. ℞ Tart. Ant. gr. vi. Aq. Puræ ℥ viij. M. coch. mag. sum. q. hora.

P.M—Found all the symptoms increased: v. s. ℥ xvi. which caused fainting; pulse, from 110, became 90, slow and full, with less difficulty of breathing, and slight perspiration. ℞ pulv. opii gr. ij. and the dose to be repeated in an hour, if sleep be not induced.

10*th.*—found the patient more comfortable, though the opium had not induced more than four hours' sleep. ℞ Tart. Ant. gr. viij. Aq. Puræ ℥ viij. M. with the same directions.

11*th.*—Patient worse; dyspnœa increased; tongue dry and harsh; complains of great feebleness, and is restless; vesicular respiration has disappeared upon the left side of the chest, and crepitous rhoncus taken its place; dull upon percussion. ℞ Tart. Ant. gr. xij. Aq. Puræ ℥ viij. with the same directions;—M. appli. C C. ad thoracem ℥ v.

12*th.*—Patient worse; tongue dry and cracked, like leather; sordes about the teeth; is very restless, and complains of great distress; pulse rapid, feeble, and irregular;—broncophony can be heard this morning in the inferior dorsal region, where the crepitous rhoncus existed yesterday, showing that hepatization has commenced; dull and flat upon percussion; crepitous rhoncus can now be heard through most of the right lung; symptoms very unfavorable to a recovery. ℞ submur. hyd. gr. xx. pulv. opii gr. vi. ft. in pil. vi. M cap. un. quaque secunda hora.

13*th*—Patient is somewhat better this morning; had three large bilious stools during the night; pulse has become soft; tongue a little moist at the edges. The calomel and opium were now discontinued. ℞ Tinct. Sang. ℥ i. Aq glycyrrh. ℥ vi. coch. mag. sum. q. secunda hora.

14*th.*—Patient much better; mouth sore; breathes more easily; slept most of the night, may be considered convalescent.

15*th*—Still continues to improve; crepitous rhoncus not so loud in the left lung, and scarcely to be heard in the right; the mucous rhoncus can be heard in the axillary region of the left lung, all of which mark the stage of resolution: continues the prescription of the 13th.

18*th*—The respiratory murmur distinct throughout both lungs, except in the inferior dorsal region of the left lung, the part which was hepatized on the 12th.

24*th*—Patient is convalescent.

June 6th.—Discharged cured.

Samuel A. Anson, aged 28, merchant, admitted April 9th, 1836, with the following

Symptoms—Respiration difficult and hurried; dull pain about the left side of the chest; countenance expressive of deep pain; is very feeble; pulse full, but soft; tongue covered with a thick, yellowish white fur; bowels costive; skin hot and dry.

Physical Symptoms.—Respiration performed by the ribs; crepitous rhoncus can be heard throughout the whole left lung; the right side of the chest has a healthy resonance upon percussion, and the stethescope elicits a healthy respiratory sound.

History.—Says that two days ago he was

exposed to the cold and rain; the following day had a cough, and pain in the left side of the chest, which have gradually increased, though depletion had been freely resorted to.

9th. *P. M Treatment*—Appli C C ad thoracem ℥ vi statim. ℞ sulph. mag ℥ i

10*th*—Respiration still more laborious; pulse slow and feeble; bowels freely moved. ℞ Tart. Ant. gr. vi. Aq Puræ ℥ viij. cap. coch. mag. q hora. M—appli. emp. ves. 6 x 8 ad. part. sinist. thoracis.

11*th*—Patient something easier this morning. ℞ Tart. Ant. gr. viij. Aq. Puræ ℥ viij. The same directions.

12*th*.—Has some febrile excitement this morning. ℞ Tart. Ant. gr. xij. Tinct. Sang. ℥ i. Aq. Glycey. ℥ vi. cap. coch. mag. q. hora.

13*th*.—Patient better, though he has some heat of skin again this morning, breathes easily, crepitous rhoncus has disappeared in the clavicular region, and the healthy vesicular respiration in its place. Rep. Mist. of the 12th.

14*th*.—Symptoms the same as yesterday. ℞ Tart. Ant. gr. xiv. Tinct. Sang. ℥ i. Aq. Glycey. ℥ vi. M. coch. mag. sum. q. hora.

15*th*.—Has an increase of the febrile excitement this morning, and complains of pain in the left axillary region. Applic. C. C. ad thoracem ℥ v.

16*th*.—Patient is free from pain, and says he feels perfectly well. Rep. Mist. of the 14th.

17*th*.—The crepitous rhoncus has disappeared, except in the inferior dorsal region of the left side, the whole chest has a healthy resonance upon percussion.

18*th*. Patient much improved. From this time, under small doses of the Tincture of Sanguinaria, convalescence advanced more rapidly, and on the 24th, crepitous rhoncus could not be heard at all.

May 4th.—Discharged cured.

John Phillips, aged 40, seaman, admitted April 21st, 1836, for Pneumonitis, complicated with Del. Tremens.

Symptoms.—Obtuse pain throughout the left side of the chest, great dyspnœa, cough strong and frequent with an increase of the pain; expectoration of frothy bloody tenacious mucus, so characteristic of pneumonia, pulse full and hard, 100 in a minute, tongue coated with a dense yellow fur, skin hot and dry, some delirium with tremor of the hands and tongue.

Physical Symptoms.—Great oppression in breathing with heaving of the chest. Percussion affords a healthy resonance throughout the whole chest, but upon examining the left side (the seat of pain) with the stethescope, crepitous and subcrepitous rhonci can be heard, marking the first stage of inflammation.

History.—Phillips has been in a constant debauch for the last three weeks, having been on the Mediterranean Sea, three years, in the United States service he returned home, received his wages and commenced cruising, drinking good health to his shipmates, most of the time intoxicated, with little or no sleep at night. Says he saw the "Devils" after him, and other strange sights the last two nights. Cough, and pain in the chest, came on four days ago, and have gradually increased in severity to the present

Treatment.—The symptoms strongly indicate venesection, but the history of the case equally contra indicates it. Appli. C. C. ad thoracem ℥ vi. statim The cupping afforded great relief. ℞ Tart. Ant. gr. vi. Aq. Puræ viij. cap. coch. mag. q. hora.

21*st*.—Patient expresses himself relieved; the cupping and antimony, have reduced the force and frequency of the pulse. ℞ Tart. Ant. gr. viij. Aq. Puræ ℥ viij. with the same directions.

22*d*.—Passed a restless night, saw the "Devils" after him again, but feels much more comfortable this morning, bowels acted upon freely by the antimony, cough less painful, expectoration increased in quantity, having the same appearance. ℞ Tart. Ant. gr. viij. Tinct. Sang. ℥ i. Aq. glycyrrh. ℥ vi. cap. coch mag. q. hora.

23*d*.—Patient better, slept most of the night, has no pain of the chest, no tremor, pulse slow and full. Rep. Mist. of the 22d.

24*th*:—Expectoration has become thick and opaque, not bloody, less in quantity, crepitous rhoncus can be heard over a less extent of surface. Patient evidently convalescing. Apply C. C. ad thoracem ℥ iv. ℞ Tart. Ant. gr. xij. Tinct. Sang. ℥ i. Aq. glycyrrh. ℥ vi. cap. coch. mag. q. hora. Apply Emp. ves. 4 x. 8. From this time under small doses of antimony and sanguinaria, the patient gradually recovered, and was discharged, cured, May 12th.

Smith Ward, aged 34, seaman, was admitted April 12th, 1836, with the following

Symptoms.—Great oppression of the chest, breathing hurried and laborious, forty respirations in a minute, pulse rapid and feeble, 120; is incapable of walking, countenance anxious, has very little cough, with a small quantity of purulent expectoration, has no pain in the chest, and says he is not conscious of breathing faster than natural.

Physical Symptoms.—Upon examination, both lungs were found to be equally involved in disease. Respiration was effected by only a portion of the upper lobes of the lungs, as was indicated by the respiratory murmur in the subclaricular regions. No respiration could be detected in any other portion of the lungs, broncophony can be heard at the roots of the lungs, both sides of the chest are dull upon percussion.

History.—The 8th of January last, he fell overboard, and was floating upon pieces of ice for an hour, when taken on board was insensible, recovered in twenty four hours, and from his statement of the symptoms that ensued, I inferred he had acute pneumonitis of both lungs, comes to the hospital in the condition before described.

This patient died six days after admission. The following were the appearances of the lungs eighteen hours after death.

Complete hepatization of the lower half of both lungs, a portion of the upper lobes was crepitous to the feel, and when cut into there issued from it a frothy bloody mucus. Purulent infiltration had also commenced in the left lung, and when pulled asunder showed the granular appearance of the lungs, breaking down with purulent infiltration, indicating the third stage of Pneumonitis.

The other case of Pneumonitis which proved fatal, was a female, aged 40, whose constitution had been injured by various exeesses, admitted after the thirtieth day of the disease, in a very feeble and hopeless condition. She died eight days after admission in the hospital. The disease had advanced to the third stage of inflammation, that is, hepatization breaking down with purulent infiltration, as was suspected from the stethescopic symptoms.

In the inferior dorsal region, broncophony was so loud as to be mistaken for pectoriloquy.

Upon the anterior part of the chest, crepitous and subcrepitous rhonci could be heard in some places, in others no respiration could be detected at all, the cracked jar sound, could be heard in the right axillary region where the respiration was cavernous; all of which indicated an amount of disease, from which it was not expected the patient could recover. Her countenance was expressive of great distress, dyspnœa almost to suffocation, cheeks and lips livid, the whole face congested with blood. This latter symptom is usually present in the more severe forms of pneumonia.

There is nothing peculiar in the other cases of Pneumonitis, the symptoms and history resemble each other very much, and the mode of treatment has been the same in all. I will therefore, give the following one as an example, treated by large doses of antimony.

Henry Coles, aged 48, seaman, admitted May 14th, 1836, with the following symptoms. Dyspnœa, pain in the right side of the chest, cough, with a viscid mucous expectoration, pulse 98, full but not hard.

Physical Symptoms.—Crepitous rhoncus, can be heard distinctly throughout the right side of the chest, except below the clavicle, maiking the first stage of Pneumonitis.

History.—Says he was attacked four days ago, with pains in his limbs and bilious vomiting, succeeded by great difficulty in breathing and cough. Was bled yesterday and took a dose of salts.

Treatment, 14*th.*—This being only the 4th day of the disease, occurring in a strong robust constitution, he was immediately put upon the use of antimony. He took four grains of the Tartrate of Antimony the first day, eight the second, ten the third, and increased three grains each succeeding day, until the 12th day, when (having arrived at thirty five grains a day) it caused nausea, and was then discontinued.

26*th.*—This being the 16th day since the commencement of the disease, and 13th day since he commenced taking the antimony; the chest was now examined. Crepitous rhoncus has entirely disappeared, and the healthy respiratory sound in its place. The patient expresses himself perfectly well.

June 6th.—Discharged cured.

From the preceding report it will be seen that two cases have been treated by calomel and opium, cured—the remainder, by antimony. I have generally found, that after one large bleeding, antimony was sufficient to control the disease; and in some cases bleeding has not been resorted to at all. Most of the pneumonic cases brought to the hospital, occur in patients addicted to intemperance, and whose constitutions have been impaired by excesses of various kinds. In such cases, I have found the antimonial treatment decidedly preferable, unless the disease has advanced to the third stage of inflammation, then I should prefer the calomel and opium as given in the two first cases.

In regard to the use of Antimony, I may observe, that a great deal depends upon the mode in which it is administered. If given simply in a solution of water, it acts more speedily upon the stomach and bowels, causing nausea, vomiting and severe purging, which prevent the further use of the article, and actually excite the disease. If given in mucilage or aromatic water, according to the French practice; at the same time directing the patient to take a small quantity of arrow-root or gruel at each dose, then it causes, the first two days, some diarrhœa, and the first doses may cause vomiting, but after that it has no such unpleasant effect. I have found, of twenty cases of pneumonitis and pleuro-pneumonia treated in this way, that the disease yielded, and the patient commenced recovering upon the 9th or 10th day, though not one of them had been bled more than once, and some not all; I should, however observe, that after the 4th or 5th day, the tincture of Sanguinaria was combined with the antimonial solution so that an ounce was taken daily.

In commencing the publication of the transactions, &c. of the New Jersey State Medical Society, we preface them by the following sketch of the original, &c. of that Institution.

It is stated in the preamble to the constitution of the Medical Society of New-Jersey, that "a considerable number of practitioners of physic and surgery in East New-Jersey, having agreed to form a society for their mutual improvement, the advancement of the profession, and the promotion of the public good; and, desirous of extending the usefulness of their scheme, and of cultivating harmony and friendship among their brethren, they did request and invite every gentleman of the profession in the province, who might approve of their design, to attend their meeting to be held in the city of New-Brunswick, July 3d, 1766; at which time and place the constitution and regulations were settled and subscribed."

In conformity with the above agreement

and invitation, a respectable number of physicians assembled, and, after due deliberation, adopted a constitution for their government.

From this time, until November 14, 1775, the Society continued to prosper; regularly meeting twice in each year, viz, in the months of May and November, and comprehending a large proportion of the respectable physicians of the province of East New-Jersey. During the above period, several unsuccessful attempts to obtain a charter from the governor and council of the province were made.

Owing to the war which now took place between the colonies and the mother country, and which was peculiarly disastrous to this and the adjoining states, the meetings of the Society were suspended; and it may not be amiss to observe, that several members of the Society were among the most distinguished and zealous asserters of the liberties of their country. The first meeting of the Society after the war, was held at Princeton, on the 6th November, 1781. Semi-annual meetings of the Society were held with much regularity afterwards, and attended by increased numbers of the profession from all parts of the state. In the autumn of 1790, the Society was incorporated, by the style and title of the Medical Society of New-Jersey. The above charter has undergone various modifications and alterations by legislative acts. District or County Societies have been authorized and generally organized throughout the state. The general Society is formed by delegation from the County Societies, and assembles semi-annually, in May and November.

The very desirable objects had in view by the founders of this Society, (which is said to be the earliest medical association in the union,) have, we think, in a good measure been obtained; the more prominent of which were, to promote a more friendly correspondence and communication of sentiment among the members of the profession; a more regular mode of practice, and of charges for services rendered; and a careful regard to the qualifications of candidates for license to practise.

Extracts from the Laws, Rules, and Regulations.—The standing committee shall consist of three, and be considered members ex-officio of the Medical Society of New-Jersey; whose duty it shall be, at every anniversary meeting, to investigate and report the general state of health of the citizens of New-Jersey during the preceding year; the causes, nature, and cure of the epidemics (if any have prevailed) in any part of the state; curious medical facts, discoveries, and remarkable cases, that may have come to their knowledge. Also, to report all irregularities, neglect and contempt of the laws, rules and regulations of the Medical Society of New-Jersey, on the part of the District Societies or their censors.

They shall be the guardians of this institution, clothed with authority to watch over its rights and privileges, and suggest for consideration any subject or matter which may seem fit and proper for the promotion of medical science, and the best interest of the profession. It shall be their duty to prepare for publication, in such manner as shall be directed, all cases, facts, circumstances and observations on medical and philosophical subjects, either of a general or local nature, as may be considered by the Society worthy either to promote its own respectability or the well being of their fellow citizens.

The censors of each of the District Medical Societies shall not proceed to examine any candidate, until he can give satisfactory evidence of having arrived to the age of twenty-one years; studied under the direction of some regular practitioner of medicine the term of four years, and attended at least one course of medical lectures: but, if he shall have obtained a diploma from any college, then three years study, including a course of lectures, shall be considered sufficient.

Art. II.—*The Annual Report of the Standing Committee* Doctors Hayes, Goble, and Conger *of the Medical Society of New Jersey for* 1836, *giving a Synopsis of Diseases, Practice, &c.*

The By-Laws of the Medical Society of New-Jersey, make it the duty of the standing Committee of said Society, to report at each anniversary meeting, the general state of health of the citizens of New-Jersey, during the preceding year; the causes, nature, and cure of the Epidemics, if any have prevailed in any part of the State, curious medical facts, discoveries and remarkable cases that may have come to their knowledge. In compliance with this requirement, the following Report is respectfully submitted.

There does not appear to have occurred in the history of the past year, in this section of country any thing of special interest to the profession. Upon the whole, the year has been characterised by perhaps a more than usual degree of health, and so far as is known has been altogether exempt from severe epidemics of any description whatever. Through the summer months of July and August, the common summer diseases of children, prevailed to a considerable extent; and among adults, a deranged condition of the digestive organs, was met with more frequently than is common, even at the same season of the year. It was, however, mild in its character, and yielded very readily to simple remedies. During the autumnal months, Fevers of remittent and intermittent types prevailed, though to only a small extent, and presenting nothing unusual in their character or symptoms. The winter though of unequalled severity of cold, and length of continuance, has not been attended by marked peculiarities in its diseases. The ordinary inflam-

mations of the organs of respiration, have been acute in their nature, the symptoms strongly developed, and calling for decided and prompt depletion. Scarlet fever, measles, hooping cough, and chicken pox, have prevailed in about their usual degree.

The Committee individually concur in the general truth of these remarks, which are undoubtedly correct. In the vicinity of Newark, eruptive diseases however, have been more frequent than usual, although none have been so numerous as to indicate the existence of an epidemic. Scarlatina, measles, variola, and varioloid, have been the prevailing forms of eruptive disease, which in different parts of the year, have existed to a greater or less degree.

The prevailing constitution of the atmosphere for the past two or three years, has evidently tended to the excitement of inflammatory action in the mucous membranes, and the tissues immediately connected therewith, as the skin. This is proved by the general character of the diseases which have prevailed through the state and country, among which the following may be specified: Diarrhœa and Dysentery, exhibiting an irritated condition of the mucous membrane, lining the alimentary canal. The eruptive diseases such as scarlatina, measles, chicken pox, variola, varioloid, erysipelas, &c. showing the sympathy of the extraneous organs with the excitement of the mucous membrane. Uterine diseases have been quite numerous. Pneumonia and peripneumonia have prevailed in the winter seasons; but there have been few cases of pleuritis properly so called. Peritonitis, phrenitis, dropsy, low nervous fevers, &c. have been very rare.

In order that some practical benefit may be derived from considerations of this kind, let us briefly consider the effect which the character of the reigning constitution of the atmosphere should have upon the treatment of diseases. This constitution is continually changing and may be rapidly altered, but in general the change is slow and progressive. We think that these grand divisions of the atmospherical constitution may be specified, which modify the condition of the human system in a remarkable manner, and require very different modes of treatment in regard to the various diseases affecting it.

1st. The atmospherical constitution which determines morbid excitements particularly to the nervous system.

When this constitution prevails, diseases assume a fatal and malignant character. Whatever may be the nature of the disease in its early period, however mild in its form, however moderate its symptoms, the general excitability of the nervous system and its consequent inability to resist an attack, frequently renders it formidable, if not fatal. The system may be compared to a keg of gunpowder; let the smallest opening be made and a spark will cause an explosion as readily as a firebrand. During the prevalence of this constitution, fevers of a low putrid nervous type will prevail, and ordinary intermittent and remittent fevers will soon assume the typhoid character. Dysenteries and other inflammatory complaints, in short, all diseases of a sthenic character, rapidly assume a complicated nervous character, owing to the sinking of the nervous form. In such circumstances the treatment of these diseases requires the most consummate judgment, on the one hand to moderate inflammatory symptoms by antiphlogistic remedies, and on the other, to support the powers of the nervous system, by adequate and suitable stimulants. It was during an epidemic prevailing under such an atmospherical constitution, that Doctors Miner and Tully found such a decided advantage in the febrile diseases of their vicinity, from the use of brandy and opium —a mode of treatment which in ordinary circumstances would be decidedly injurious. This constitution regains in the treatment of all diseases with those variations which always attend general rules of medical practice in a sparing use of the lancet; a moderate use of evacuants, combined with the free and active employment of tonics and stimulants. All irritants however, are to be avoided in general, as counter-irritation would be only adding a new source of nervous exhaustion to that already existing.

2. The atmospherical constitution which determines morbid excitements, particularly to the serous membranes.

When this constitution prevails, local and general affections of the serous membranes are very common. Pleuritis, inflammatory affections of the serous membranes of the brain, acute dropsies, orchitis, pneumonitis, and other analagous affections prevail. General fevers are readily determined to local organs, and the complications of local inflammatory action, with general febrile symptoms are almost universal. Inflammatory rheumatism and other diseases of the fascial tissues which are analogous to the urons, are met with. The treatment required during the prevalence of this atmospherical constitution is active and depletory. The free use of the lancet, the free use of purgations, for there being little disposition to morbid irritation in the mucous membranes, the excitement of the membrane lining the alimentary canal, will operate as a counter-irritant to diminish the inflammatory action in the serous membranes, the free use of diaphoretics and other evacuants for the same reason, the application of the epispastics and other counter-irritants on the skin; for the nervous system being in a healthy condition, counter-irritants by attracting a portion of the morbid irritation to the skin, will diminish the violence of the general disease, and prevent, perhaps, the lesion of an essential organ.

3. The atmospherical constitution which determines morbid excitements, particularly to the mucous membranes and skin.

This is the constitution under which we are at present existing, and it becomes important to consider the general plan of medical treatment, which it becomes the judicious practitioner to adopt in reference to the modified action of the human system which it occasions. Here he must take into consideration the nature and situation of the mucous membranes and their symptoms when diseased. And from a rational consideration of these circumstances, we think

the following rules of practice may be deduced. 1st. The moderate but repeated use of the lancet. The inflammations of the mucous membranes yield less readily than those of the serous membranes to severe depletion. Pleurities sometimes yields immediately to one or two large bleedings. Dysentery or Pneumonia on the contrary will be better treated by small but repeated evacuations of blood. In the French hospitals the former disease is treated by the daily application of leeches to the anus. 2d. The moderate use of purgatives and other evacuants, as these remedies operate principally upon the mucous membranes and skin by their stimulant and evacuating qualities, it is obvious that this must increase their morbid condition, if carried to any great extent. Purgatives should be prescribed solely for the purpose of relieving the alimentary canal of its irritating contents, and the drastic kinds should be carefully avoided. Castor oil, epsom and glauber salts, senna, rhubarb, &c. should be then commonly employed; nor is their frequent repetition after the first stage of the disease, unless there should be constipation, at all advisable. The practice which some physicians adopt of keeping up an artificial diarrhœa during the whole progress of an active disease, is not only unnecessary, but positively injurious, especially under the present reigning constitution, when all morbid excitements are determined more or less to the mucous system. Of what advantage can it be to a patient laboring under Scarlatina, to be afflicted at the same time with a diarrhœa. If the complication existed originally, we should fear for the safety of our patient, and should use our utmost endeavors to check it. For the same reason the stimulating diaphoreties are to be avoided, and those of a contrary nature are to be resorted to. 3d. The application of cold is a remedy of great value in many of the diseases which prevail under this constitution. In the eruptive diseases particularly, and in all inflammations of the cutaneous organs a regimen should be adopted, having for its basis, the abstraction of heat; cool air, cool drinks, cool lotions of various descriptions, may often be advantageously employed. Indeed the old-fashioned idea of treating febrile diseases with hot stimulating drinks, and diaphoretics, which reached its climax in the distinctive stream appliances of Thompsonian absurdity, is almost entirely exploded. It may be good philosophy in the opinion of some individuals, to cure a burn by holding the inflamed skin before a hot fire, as the homopathists profess to cure the person of a serpent's bite by infinitesimal doses of the same poison taken internally; but we apprehend that nature and philosophy, and experience too, will not sanction such a practice.

4. The use of Calomel. This remedy appears to possess a peculiar action on the skin and mucous membranes, and may be advantageously used in most of their diseases, under the present reigning constitution, when a determination of morbid excitation on the serous system exists. Calomel is frequently used with doubtful benefit, but under the present circumstances, it is a remedy of the highest value. And even in the measles, where some authors have almost interdicted its use, we have found it not only harmless but highly beneficial. These remarks, will indeed apply to all the propositions of mercury to some extent.

5. The application of epispasties and other counter-irritants should be generally avoided. Sometimes, however, they may be useful, but not as a common remedy. In most of the eruptive diseases they are entirely inadmissible at any time. But when the reigning constitution exhibits a determination of morbid excitement to the mucous membranes and skin, why increase the excitement in those organs by irritants? We conceive that such practice can only be justified in extreme cases, when an inflammatory action exists in some important internal viscus, or in cases of disease which are entirely cutaneous in their character.

This is the general plan of treatment which we think consonant with the present reigning constitution of the atmosphere; of course individual cases must modify its general features, and some circumstances might render an entirely opposite course advisable, but these would only form exceptions to a general principle.

By continually regarding diseases and their symptoms as the indices of the atmospherical constitution, and conforming to the modifications of the human system, thereby induced in his practice, the physician will avoid that mannerism, not to say empiricism of medical treatment, which is too frequent. Let a young physician for instance commence the practice of medicine, when the diathesis of the system from the atmospherical constitution determines to the serous membranes. He bleeds largely in all inflammatory diseases; he gives drastic purgatives by the quantity, and diaphoretics in proportion; he leeches and blisters, and all perhaps with advantage. His practice is fixed for life. Let the human system be ever so greatly modified, let the atmospherical constitution determine morbid excitation to the nervous system, or to the mucous membranes and skin; he has his names fixed for his diseases, and his practice fixed in accordance therewith. What, he exclaims, not bleed and purge, and sweat, and blister for a pleurisy? I have done so in all conceivable cases for the last forty years.

It would be interesting to discover how far the phenomena of ventrology would explain the changes of the atmospherical constitution, and it is therefore to be regretted that the Medical Societies in the different counties in the State have not provided for regular and accurate observations on the weather. A series of observations for the space of fifty years might determine some general laws on this subject, which would be of great advantage to the cause of medical science.

We have already stated that eruptive diseases have been very common for several years, and we have stated the varieties which have prevailed. Some observations have been made on these diseases, as they have occurred in our vicinity, which do not seem to agree with the generally received opinions in regard to contagious diseases. It is undoubtedly true, that the type of these diseases is frequently altered, and that some of their prominent symptoms frequently

disappear, thus scarlatina often appears without redness of the skin. Some authors are of opinion that syphilis is only a transformation of the ancient leprosy; and we are all aware how much syphilis has changed in its characteristics since its first appearance. The modifications of variola are quite as remarkable; the varioloid though essentially the same disease *that is* in respect to its cause differing greatly from it in its symptoms and course. Scarlatina, measles, erysipelas, variola and varioloid, have prevailed promiscuously at different periods among us, and some singular facts have been observed which we briefly present.

A small child was vaccinated with the vaccine virus. The vaccination took finely, and the child who had been previously exposed took the small pox simultaneously; both diseases progressed at the same time in their respective courses, without apparent influence on each other. A physician of Newark declares, that he has had the variola, varioloid, and the cowpock.

A child was attacked with well defined symptoms of scarlatina; the disease appeared perfectly natural, until on the 5th day measles set in and a complicated disease was the result.

A young man was attacked with mild scarlatina, and the disease was apparently yielding when erysipelas of the face came on, and continued for a week, during which time, the sore throat and other symptoms of scarlatina gradually disappeared.

These are a few facts among many which would seem to render doubtful the doctrines so strongly insisted upon by some authors :— That variola and diseases of that character cannot be contracted but once, and that two different contagious principles cannot act upon the system at the same time.

Art. III.—*A singular case of Flooding, &c. by Dr. W. Condict of Morristown, N. J. read before the New Jersey Medical Society, May*, 1836.

In the absence of much matter that is of general interest, I will take the liberty of detailing the history of a case that has occurred in my own practice, and which is perhaps very seldom met with, at least in some of its peculiarities.

Mrs. C——, about 38 years of age, of rather plethoric habit and good general health, was taken with flooding about the 19th of August, which continuing in considerable quantities for several days, rendered her quite feeble. Some general remedies were prescribed by a medical gentleman, and quinine given as a tonic. The hemorrhage gradually ceased after having continued about five days. She was supposed to have made a miscarriage, as she had missed a menstrual period, and thought herself six or seven weeks in a state of pregnancy. September 8th, about 19 days from her first attack, the discharge from the vagina returned, consisting for the most part of coagula of blood. This, after two or three days was mixed with a substance of membranous appearance, of a dark colour, nearly black. It was supposed that the placenta or membranes, or some portion of them, must have remained in the uterus, and not have been discharged at the time the woman thought the miscarriage took place. An examination was several times made, but nothing could be discovered in the vagina. The os tincæ would not admit the point of the finger though it was not entirely closed. The health of the patient was quite unaffected, she was free from fever, appetite good, and except some degree of debility expressed herself as feeling quite well. Acetate of lead and ipecac, and some other remedies of the kind were prescribed, but without visible effect. Injections thrown directly into the cavity of the uterus, seemed to be the most probable means of removing any foreign substance which might remain there. A common injection pipe was attached to a gum-elastic tube, and this to a syringe of large size, and warm water freely injected, the tube being passed within the os tincæ. This was accomplished without difficulty as the os tincæ was open, though not dilated quite to the full size of the pipe. The injection when it returned, brought away considerable quantities of the black matter, and was repeated once in two or three days for nearly three weeks, consisting sometimes of tepid water only, sometimes of solution of alum, or acetate of lead. Four or five ounces could be thrown into the utirus, before it would begin to flow back into the vagina; and for two or three hours after each injection, the discharge was diminished, but soon returned in its usual quantity, amounting to about half a pint in twenty-four hours. October 18th she was seized with violent pains, and in about two hours, was delivered of a well formed fœtus of between three and four months, which was evidently recently dead as it showed no marks of putrefaction. There were two sets of membranes and placenta, which now came away, and of course, it was plain what had caused the long continued discharge.

The singularity of the case is, that one fœtus should remain and its growth not be affected by the miscarriage of the other, with its secundines in a state of putrefaction left behind for several weeks.

Art. IV.—*Desultory Remarks on the Internal use of Sugar of Lead. Read before the Medical Society of the County of Essex, N. J. at their Annual Meeting, May 3d,* 1836, *by* J. A Paine, *President of the Society.*

The design of dissertations of this kind is supposed, not to be a compilation of matter from former authors on the subject under consideration; but to embody the result of the speaker's experience, and such other observations as he may think will promote the general interests of the Medical Profession.

Every medical man has his own peculiar notions of the theory and practice of Medicine and Surgery, and consequently adopts such measures and medicinal agents as he thinks best adapted to his purpose. Also every man has his

favorite remedies, which he has selected in the course of his experience, upon which he relies in the treatment of diseases; and the great benefit of these annual meetings, is to interchange each others' views of the theory and practice of Medical Science. And in doing this, one may often tread on what another thinks is forbidden ground. But if this should be the case, we ought to exercise forbearance towards each other, since this is the best and only safe way to establish medical science on a solid and permanent basis.

Permit me at this time to invite your attention to the internal use of sugar of lead. No one, I apprehend, will deny the poisonous qualities of this article, any more than those of arsenic, and yet both, by proper management, may be rendered therapeutical agents of value and safety.

From the history of this article, we find that it has been in use about 400 years; and like every other article of utility, has undergone various changes in its use and reputation.

This preparation was originally employed by Paracelsus, to whom we are indebted for many of our valuable remedies.

In the days of Stahl and Hoffman, and subsequently by Sir G. Baker, the internal use of this article was strongly opposed; and the authority of these names, for a time almost wholly proscribed its internal employment. But the apprehensions of the profession in this respect gradually gave way to the accumulating testimony of experience in favor of its general utility; and it is now generally admitted, that although not destitute of deleterious properties, it may be employed internally in a variety of affections with great benefit, and without much risk of injury, if managed with prudence and judgment.

Like all our valuable remedies, it is capable of doing much good, and also under unfavorable circumstances of administration, much harm. This may be said of every important article in the materia medica. What Physician of much experience, has not found that even a single dose of Calomel, administered under some peculiar circumstances of the system, has produced salivation; but this does not prove that the article is never to be used, because such effects have occasionally followed its use.

Sugar of Lead is a useful medicine in Phthisis Pulmonalis in its advanced stages. It generally lessens both the night sweats and the expectoration, and often very considerably relieves the cough. It is especially useful as a palliative in the advanced stage of the complaint, when the patient is harrassed by frequent colliquative discharges from the bowels.

This article, combined with small doses of opium, is well adapted to many complaints of the alimentary canal, in bilious vomiting, in pyrosis, in diarrhœa, and chronic dysentery; after suitable evacuations and occasionally interposed with a cathartic of castor oil, it will be found effectually to relieve tormina and tenesmus, to correct the morbid secretions of the intestinal canal, to allay febrile excitement, and to conduce to the comfort and general improvement of the condition of the patient. In cholera infantum, after minute doses of calomel and castor oil, where the discharges are watery and profuse, and the patient is much debilitated, this remedy has been found decidedly beneficial.

In the Cholera of 1832, calomel by many was considered the most efficient agent, yet sugar of lead and opium, were found valuable adjuncts, in preventing and restraining the watery discharges, which so powerfully aid in bringing on the collapsed stage of that complaint.

In Hæmorrhages, the sugar of lead is undoubtedly the most efficacious remedy we possess. In every species, whether active or passive, and from whatever part of the body proceeding, it has been found useful to a greater or less extent. Nothing, however, is more certain, than that its use ought always to be preceded by copious venesection, where fulness and activity of the pulse exist. This precept applies with peculiar force to the case of hæmoptysis; unless venesection is practised, it will very likely prove inefficient, nor will a single bleeding always suffice; the rule under such circumstances is, to deplete so long as there is increased vigor in the circulation.

This article, however, is more celebrated in uterine than any other hæmorrhage. Hæmorrhage from the uterus in the unimpregnated state, or what is more popularly known, as an "immoderate flow of the menses." An inordinate menstrual secretion is supposed to be of very rare occurrence: this complaint has been usually confounded with uterine hæmorrhage; because it generally commences with a genuine menstrual secretion, which continues two or three days, and then is followed by a discharge of pure blood, a part of which is frequently coagula, and is generally attended with pain in the region of the uterus. In some cases, persons of a full habit need the use of the lancet, in order to reduce the force of the pulse to its proper level. Where the discharge occurs in such quantities and of so long continuance as to produce general debility, and other symptoms in its train; then the article under consideration, combined with Dover's Powder, or some other anodyne preparation in small doses, is well calculated to relieve the patient, by easing the pain, closing the extremities of the arteries, and equalizing the circulation, and thereby invigorating the constitution.

In the decline of the menses, in the early months of gestation, in hæmorrhage after parturition, in hæmorrhage from hœmorrhoidal tumors, in epistaxis, and in all the important hæmorrhages, this article has been singularly useful.

In administering it, the usual dose is from one to three grains, combined with 1-4 or 1-3 of a grain of opium, and given every hour, or two, according to circumstances, 15 or 20 grains may be given in the period of 24 hours. During its administration, castor oil or some mild laxative should be given every day to prevent constipation of the bowels, and thereby avoid its deleterious consequences.

In conclusion, I would observe that I have used this article more than 15 years, in the various diseases under consideration, and I feel no

hesitation in pronouncing it one of the most valuable resources of physic. From the results of numerous cases, I state with confidence that in the whole materia medica, we have no article that possesses such a controlling influence over the extremities of the arteries, veins, and exhalents, internal and external, as the one under consideration, and that it is more efficient in stopping pulmonary and uterine hæmorrhage than any other known remedy.

ART. V.—*Essay on some Popular Opinions and Errors relating to the Science of Medicine.* By A CORRESPONDENT.

It is a singular fact, that although there is no profession more perfectly inaccessible to the public at large than that of medicine, none which is less comprehensible, or whose application is at once more difficult and dangerous, it is precisely that of which they most readily constitute themselves critics, judges, and practitioners. Every body supposes himself to know something about the nature of disease and its cure. Experience is looked upon as the only test of skill, and every mother of a family, or elderly matron, who pretends to medical knowledge, ranks but little below the doctor himself, in the estimation of her friends. Indeed, it is to these persons, not less than to equally learned charlatans by profession, that those resort who have in vain experienced the efforts of regular practitioners, and many can tell how they were cured by an old woman, when all the doctors in town had failed in their case. The perfect self-sufficiency with which the nature and seat of diseases, and the action of medicines are descanted upon by those who, perhaps, have not even seen the organ about which they speak, to those who are able to detect their errors and their ignorance, is both amusing and annoying; and he who has practised much must often have encountered the opposition of absurd prejudice, and the mortification of unjust sarcasm, or comparative depreciation.

To attempt to undeceive those who are thus proud of their supposed knowledge, is a thankless and, perhaps, a hopeless task. Error and credulity have walked hand in hand since the creation of science, and but little has yet been done to dissipate their fruits among the great mass of the community. Men number their mistakes in the list of their possessions, and part with them with regret. It is only a pity that, since they will trouble their heads about medical matters, they will not allow themselves to be taught correctly, and thus be enabled to detect the impostures of the gentry, who, on the one hand, assure them that impurity of the blood is the source of all diseases; and, on the other, that an *artificial eye* can be made to wink like the natural one. Unless, however, this event be brought about by means of the press, I know not in what way it can be effected.—Few, if any essays have been made for the purpose; and as the first drops of that percolation, which, *non vi, sed sæpe cadendo*, is at last destined, I hope, to wear away some, at least, of the popular errors relating to medicine, I offer these imperfect and somewhat unconnected observations.

Before proceeding to estimate the fairness, or fallacy of public sentiment on the subject, let us briefly consider what are the claims of our art to the consideration of mankind. The instinctive demand for a relief from suffering arose from the hut of the earliest savage, as now it does from the palace of the ailing monarch.—Founded on this natural sentiment, medicine is as old as the human species: it springs from the best feeling implanted in the heart—the desire of relieving the griefs of ones fellow-men. In the early ages, heroes were rendered illustrious not more by their feats of arms, than by their skill in chirurgy, and celebrated physicians were invested with the attributes of deity. And when, in the fulfilment of his divine and benevolent mission, our gracious Redeemer descended upon earth, no exercise of his power obtained for him, nor for his disciples after him, more respect and affection than that of healing.

Shall we be reproached, that an art thus holy in its origin and in its uses, is now followed as a means of subsistence. Against what exercise of human intellect does a similar accusation not lie? Is the yet more sacred duty of the theologian performed without remuneration?—And though there may be among the numerous members of our art, some who are cold, griping, cruel, and unfeeling;—some who disturb the peaceful tenor of their calling by the strife of party;—some who aim at obtaining notoriety by discreditable means, their general sentiment is a due appreciation of the value of human life, an unfeigned sorrow for the ills by which it is beset, and a benevolent zeal to lessen and assuage them. The law is not without its pettifoggers, nor the church without its rakes and extortioners.

It cannot be supposed by those who grudge the hard-earned fee of the physician, that the knowledge on which they rely for their restoration to health, and the guardianship of the lives of all who are most dear to them, has been acquired without some expenditure, which its exhibition is to repay; and yet the baker is paid for his bread, the brewer for his beer, the tailor for his clothes, without a murmur, while the bill of the physician is too often neglected, disputed, or left unpaid. Upon this subject I do not purpose to dilate; but as the charge made is true, not only of the poorer classes, (who often employ, without the most distant idea of ever paying, their physician,) but also with respect to the rich and able, I would ask of one of those persons who show to their physician less liberality and gratitude than to the meanest tradesman they employ, to follow with me the steps by which that man reached the eminence which had commanded his confidence.* Fresh from

* A man of wealth residing in a handsome dwelling in this metropolis, had some years ago, a daughter, who lay for many weeks ill with the worst form of typhoid fever. On her recovery, her physician, a very eminent man, transmitted a bill, dictated more by a spirit of forbearance and regard, than of justice or avarice, to the father. It was returned angrily, and the items demanded. The second bill exceeded the former by a considerable amount, and was accompanied by a note, that unless it were settled without delay, it would be legally collected. The *grateful* parent apologized, and paid the *first* bill.

This is an unwelcome topic, and I know the accusations to which my observations above may give rise; but as these things are evidences of the feeling entertained in public towards our profession, I could not refrain from this brief allusion.

college, or the school, he enters upon an expensive—a laborious—nay, a dangerous course of study, for a term of years. The frequenting of hospitals, attendance upon post mortem examinations, a close scrutiny, even a courting of all that is disgusting in disease and revolting to humanity,—and last, not least, the waste of midnight hours over the festering corse, in the tainted air of the dissecting room, while his cheeks are pale, and his eyes grow dim with alternate poring over the body and the book, are some of the allurements of his profession. His studies at length ended, his harrowing examination passed, and the *summi honores* obtained, see him settle in some obscure district, and, by day and by night, in rain and in storm * behold him, for the best years of his life, the willing slave of those who treat his knowledge with doubt, his zeal with indifference, his bills with contempt, from whom, perhaps, he knows it were useless to ask for remuneration,—and all this, to obtain the experience necessary for admission into the best practice;—"to creep over the backs of the poor into the pockets of the rich," as Fothergill expressed it, after a tedious and profitless lapse of gloomy hours, more often dimmed by despondency than cheered by hope. Anxious, thankless profession, in which one error, one mishap against which no prudence could have guarded, may blast forever the hopes of a young and sensitive mind, or the fruits of years of labor and hard-earned reputation! Are we not told that one of the mightiest ornaments of our profession, the lamented Armstrong, was wont, when he first settled in the city of London, in which he at last rose to such deserved eminence, to close the shutters of his dwelling against the noon-day sun, and, after a flood of tears, to seek in sleep relief from inaction and despair!—and how few—how very few—succeed as he did, though they suffer not less?

If, to what has been said, it be added, that ours is a profession which, more than any other, requires education, and a general knowledge of other sciences; that it unfits its votaries for almost every other species of employment, and leads to no honors, in this country, at least; that, however long followed, it does not often ensure fortune, nor even competency, there is reason to regret the disadvantages under which it labors, and to wish that some of the obstacles which retard its advancement might be cleared away; there is reason to desire that a calling so useful and so laborious, might be shielded from unmerited reproach, that he who devotes himself wholly to what offers really so little prospect of gain, might be spared those mortifications which impede his efforts and check his zeal. To some of these I shall hereafter allude.

Medicine, from the earliest ages until the present time, has been the butt of unceasing sarcasm and abuse, which mankind, how strange soever it may appear, have always received with avidity. Among the earliest of its detractors was Cato; yet was he—in his own opinion, at least—a practitioner of no ordinary energy.—He purged and bled his slaves and household at stated epochs; he dictated a treatise on the art, and cured, or pretended to cure, broken and dislocated limbs, by certain charms, which, among other ceremonies, consisted in pronouncing the following absurd words:—"Motas væta, daries dardaries, Astalaties,"—"Huat, huat, huat, pista, sista." In short, he was superstitious and credulous to a degree which would have disgraced an African negro; nor does he, in that respect, materially differ, except in form, from those who imitate him at the present day.

Most of the satirizers of medicine have been incurable invalids. Among them were Montaigne, (who, upon the subject of medicines in his own case, was not less credulous and ridiculous than Cato,) and the celebrated Rousseau. The latter, however, towards the close of his life, repented of his invectives against the profession of all others most useful to humanity.—"Were I," said he, "to issue a new edition of my works, I would soften down much of what I have said about physicians. No condition of life demands more study than theirs, and they are the most truly learned men in every country."

Another class are those who, in the enjoyment of robust health, laugh at the physician and decry his art; and it is these very persons who, when they become sick, place in him an excess of confidence, and display an unmanly fear and solicitude.

A third class of detractors, I shall employ the language of another to describe:—"There are but few men," says Richerand, "to whom gratitude is not burdensome No one will deny that the restoration of health is to him the greatest of benefits; but every one, to be spared a painful avowal, prefers to deny to the merit of his physician, and attribute to the operations of nature, the recovery which has occurred in himself. It is also to be remarked, that the ingratitude of patients is particularly met with among those who have not performed what common justice only demands." It is, perhaps, to justify themselves to their own consciences, that they thus seek to depreciate the value of the services for which they are called upon to pay; and it furnishes another proof of the fidelity of a remark which is made by an oriental Hakim, in one of the splendid fictions of our own day, "that the *sick* man knoweth the foot of the physician on the stair, but when he is *well*, he remembereth not his face." I would also observe, that a double wrong is too often done to the unfortunate doctor, in cases of this kind:—not only does he remain unpaid, but he is not again employed, by which not only present gain is sacrificed, but future experience and opportunity are lost.

I shall conclude this essay by an attempt to show that one very popular notion is without foundation: it is, that the science of medicine has made but little progress since the days of Hippocrates. The source of this error is undoubtedly to be traced to the fact, that even as late as the year 1755, an almost religious deference was paid by physicians to the dicta of that

* The examinations of Professor Casper, of Germany, have proved, that of the several professions and occupations, that of the physician is least conducive to longevity.

undoubtedly great man, if, indeed, he have not an allegorical existence only. I find by one author of that day, the aphorism cited, that "si mulieri pregnanti purgationes (menses) prodeant, impossibile est fœtum bene valere," on the faith of "that great master, whose accuracy cannot be suspected;" and the celebrated Morand may be seen to congratulate himself on his opposition to the newly invented forceps of Levret, with the reflection that "Hippocrates, that father of physic, so credible and so exact, looked with still greater severity upon the use of mechanism in the cure of disease." Fortunately, we, at this day, have shaken off the fetters which had so long been worn complacently by our predecessors. System after system arises, and for a while holds the ascendancy,—then crumbles away, to give place to another of more specious pretensions. Yet, amid these intellectual ruins, there remain always to be found some fragments, which, when accumulated, will serve at some future time to erect a structure of more permanent duration, and to remove, in some degree, at least, the opprobrious epithet of *ars conjecturalis*, now applied to medicine. The eye, the ear, and the hand are busily at work upon that mysterious fabric, which to the ancients was a sealed, and to our ancestors an uninterpreted book; and a light has been kindled, in the process of inductive reasoning, which is guiding *us* safely and profitably in that field of investigation in which *they* groped and stumbled. Never had our science attained the height at which it has now arrived; never did an ardent and philosophical pursuit offer brighter prospects of success, than are opening before our hitherto benighted art. Who that reflects upon the manner in which medicine is now studied, and upon those who are engaged in its cultivation, can doubt that the improvements in it have of late been great. Let him look back upon the theories of old which are now refuted, and the flimsy and false foundation upon which they reposed; let him remember the visions of putrid fermentation, of the phlogosis and depravation of the spirits, &c. assumed from no other data than pure invention, and supported only by distorted ingenuity; let him contrast this with the calm severity, the cautious jealousy of modern hypothesis, in which only what is believed to be *fact* is admitted as the basis of argument, and he will at once admit the progress of medical science, and prophesy a brighter future for our art. And not only theory, but practice, also, has undergone a similar purgation.—We hear no longer of viper broth, of the fœces of rats, of calcined human bones, of the powder of dried frogs, of the *sperma ranarum*, of drops of blood, and the menstrual fluid, and a thousand other so-called remedies, which were recommended not more than a century ago, with all the confidence of truth, by the highest authorities in medicine. So far from multiplying the number, or the combinations of remedies, the present generation of physicians run into an extreme almost injurious. Simplicity has taken the place of polypharmacy, still so acceptable to the vulgar, and the strife is now to find some one remedy which shall supersede all others of its class. Illustrations of these truths, however, are not needed by the profession, and popular errors, which admit of a briefer refutation, remain to be noticed.

(To be continued.)

ART. VI.—*Observations on the Influence of Moral Emotions in Disease. Read before the Connecticut Medical Society, May,* 1836, by E. H. BISHOP, M. D.

To the investigations of the Philosopher and Physiologist, there is no barrier so permanent and insurmountable as the nature of the soul. So inscrutable indeed are its mysteries, that nearly all we know, is derived, not from human reason, but from revelation. The philosophy of ages has done much to elucidate its *laws of operation* and *faculties*, but little more can be attained, until faith itself is lost in sight, and spiritual things are more spiritually discerned.

The brain we must allow to be its peculiar residence, and its faculties or powers endowing perhaps peculiar portions, thence called organs. How intimately associated; but how wonderful and unintelligible the union of mind and matter—how powerful the influence of one upon the other in man. The will can operate upon certain portions of the brain and spinal nervous system, but far more extended is the power of the soul. It holds sway also, over the system of organic life, as the effects of its exercise in passions and motions, abundantly evince. While we have it not in our power to turn one hair white or black; such a change may be caused, as we have many well known cases in history, by powerful emotions of the mind. Nor by our will can we add to the heart's pulsations; yet how sensitive is this organ to moral feelings. Not only are functional, but structural changes, effected by moral causes; we may see that concealed passions may, not only like the worm in the bud feed on the damask cheek and slowly consume the life, but an autopsical examination, will show the effects in the lungs, heart, or liver. Grief, long indulged and deep, or crushed affections, may leave their impress on the lungs in tubercles. Disappointment, broken hopes and protracted gloom, may develope disorganization of the liver, or a softened heart. The strifes of ambition, speculation, or gambling, with their anxieties and vicissitudes, may, after years have elapsed and oblivion shaded the causes, show their effects in the diseased heart, and perhaps, a sudden death.

Reciprocally sympathetic (as are all the sympathies) are the moral feelings, and functional or organic disease, each upon the other; as, torpor of the biliary functions, and chronic disease of the abdominal viscera, produce the gloom and distress of the hypochondriac. Palpitation of the heart, corresponding fear and anxiety, terror and debili-

tated or overloaded stomach and indigestion, reciprocate effects, as in night mare for example. Nor is this the extent of the operation of moral causes, the effects react as new causes. The mind may operate on the brain, producing sympathetic physical effects, which react as causes of disturbance on the brain, producing perhaps. insanity, other nervous affection, or other disease, and the first *physical* effects appear to be the original causes. Thus, from the multifarious sympathies of mind and body, the complexity of diseases is greatly increased, and the difficulty of distinguishing concurrent causes and effects. Particularly perplexing is this in a highly civilized society, where emotions are so much more numerous, artificial and disguised. Seldom also do the passions operate singly or unalloyed, or can an affection scarcely exist alone.

After a few remarks upon the operation of moral causes in producing disease, I propose to consider their effects in disease, and how a patient may be benefitted or injured by their exercise, and avoiding; cases of which there may be, familiar to the minds of all those requiring but association for their recollection and application.

That this subject is of more importance than is generally given to it, I think will not be disputed; nor that to understand the effects of moral emotions may assist to remedy disease, and prevent or obviate injury; and that when the physical powers are affected we should consider more the operation of the mental. No physician, it is true, entirely overlooks those effects, or is unconscious of them, and though I may not instruct, as the subject is of interest, I may direct attention to it, perhaps not uselessly. I would avoid remark upon the operation of the body upon the mind, or the mind upon itself in producing mental derangement, &c. Insanity is by some, considered generally, if not universally, a disease of the organ of the mind. The brain may be of a peculiar organization, hereditary or acquired, and perhaps the disease may be excited by an affection of the mind alone, or sympathetically by corporeal disease; but this probably, is oftener a symptom than cause, except occasionally an exciting cause, most usually by inducing functional disorder and this causing disturbance to the reason. But the subject of insanity is too extensive to be touched upon at the present time, and I shall restrict myself to the narrower limits proposed.

How often do we find persons ailing, or rather unwell, who appear to require, but will not be cured by the use of medicine; but when some new interest is excited, appear to be renewed in health and vigor of body and mind. So indeed do we often see cases of corporeal disease curable alone by amusement, cessation from care or a change in the current of their feelings, a relief by rest or from torpor by excitement. Not only is this the case in dyspepsia and hypochondriasis, but in many anomalous and nervous affections. The feelings are not always open or acknowledged to us, and we are thus unable to become acquainted with the secret burthens which weigh upon the mind and disturb the normal condition of the physical powers.

The effects of the passions upon the body are as various as their number, and the combinations and peculiarities of the individuals, yet as to cause and effect, uniformly the same. It is true, there is great difference in the same emotions, owing to their acuteness or long continuance. The same moral causes also, according to predisposition, may produce the very different effects of insanity, low fever, abdominal inflammation, or none that are perceptible. In their ordinary exercise we find they operate in the following manner upon examining a few of the more prominent. Terror depresses and torpifies all the faculties of mind and body, and curdles as it were, the blood about the viscera. The pallid face, the trembling limbs, the "words sticking to the mouth," the flutter of the heart, paralysis of the sphincters, involuntary discharges, &c. shew its debilitant operation, approaching a total collapse of the powers of life. Fear has produced mania, syncope, epilepsy and death. Vexation causes gastric uneasiness, loss of appetite and indigestion, &c. Ambition at first may produce excitement, but not enduring anxiety, envy and the union of other passions, or even satiety, render it depressing and evil in its effects. Avarice, malice and jealousy, have too, nearly the same operation, and when long continued or powerful may produce low fever, nervous diseases, affections of the heart, and many of the chronic diseases of eminent men. Grief, anxiety, disappointment and remorse, cause by continuance the most evils. They are indeed, "the enemies of the living," "a wounded spirit who can bear." They are also depressing and induce organic changes in many of the viscera of the thorax and abdomen. Grief is said to bring on sudden death by "inflammation of the heart and rupture of its auricles and ventricles." We may all have seen syncope and asphyxia. The prolonged effects are many low nervous diseases and fevers, dyspepsia, hypochondriasis, hysteria, catalepsy, insanity, grey hair, and premature old age.

Of the moral emotions which excite and stimulate, we find *anger*, which is rather an acute stage of malice and revenge, producing unequal sanguineous determination to the head, and an erethism of the brain. How different appears the flushed and swollen face, the protruding eyeballs, foaming mouth, and agitation and strength of body, from the pale and haggard countenance and trembling limbs, of the terror stricken coward, or convicted felon.

The diseases produced are convulsions, hysteria, hæmorrhage and apoplexy. Even

when it terminates in revenge, its effects are not at first depressing. Joy, love, benevolence and the like, afford a more healthy excitement, a more gentle and satisfying stimulation. Except where joy is sudden and excessive, they are only beneficial. But hope, faith and confidence, are more enduring, more tonic, and most essential to the well being of man. They might well be classed as exhilirating tonics. They will, whatever object be indulged, tend to support the drooping energies of life, whilst all other means are useless.

Among the many general causes operating upon the health through their effects on the mind, at the present time may be mentioned the subjects of Politics and Religion. From the first there may always be causes enough to the ambitious, the aspiring, the timid, and the vile. From the other it may be said that physical disease is most frequently the first cause of evil upon a subject, which fairly considered can never do ought but good. It bears no poison, but healing in its beams. Though true it is that through man's intervention we may have produced all the evils of excited fever, I have seen catalepsy and hysteria, produced by attendant circumstances of man's device.

Opinions respecting diet, particularly the starvation doctrines which direct the thoughts to how food sets, digests, &c. occasion perhaps as many dyspeptics, as any other single cause, as the mind may have a worse effect than the most injurious diet.

All the effects attributed in a credible degree to animal magnetism, might easily have been produced by the monotonous sounds slow uniform motion and the mystery attending the administration. We can all probably testify to the effect of the humming sounds, and see saw gestures of a dull preacher. Had some awful mystery attended its long continuance, in our lethargy we might also have seen visions and dreamed dreams, and somnambulised marvellously enough to delight Mesmer himself.

Popular prejudices also operate in various instances on the mind to produce effects attributed to chance, or to a deviation from natural causation.

The cases of sudden death occurring at the time of uttering imprecations or blasphemy, result undoubtedly from the operation of fear and anger. Where persons have called for curses upon themselves, and fallen as examples of the righteous judgment of God, they have feared in their rage lest their imprecation should indeed be fulfilled. Fear and a guilty conscience have sunk the drowning man who is violating the sanctity of the sabbath. This passion too, has had power to realise the presentiment of those who have appointed the day of their death. So powerful are the moral emotions that we need no supernatural aid to produce their effects.

A well authenticated case is related of a girl in what was called a Pest House, who with her companions (who had all been recently inoculated for the Small Pox, so recently that none of the "symptoms" had appeared) seeing a drunken physician pass, determined to quiz him; he was called in to see her as very sick; upon examining her pulse he declared that she would not live twenty four hours, that she was indeed very sick. His prognostic was verified, as she immediately ran down in spite of all the means that could be used to prevent it, notwithstanding the regular attending physician contradicted this declaration of danger; and the one that gave the fright being recalled, endeavored to re-assure her that he saw no such symptoms: she died a victim to terror. Whether the physician suspected from the suppressed mirth of the girls that there was deceit, and was designing to punish the attempt at imposition, or whether he was himself deceived by countenances expressing alarm lest the joke had progressed too far, and by the agitation of the individual, shewing itself in her pulse as she felt the impropriety of her conduct, and fearful consciousness of what providential dispensation she was simulating, and stated his real apprehension, may be doubtful. We see that his solemn denunciation, the denunciation of one whose opinion was not very highly esteemed, could give a fatal tendency to the apprehension already excited, lest the judgment pretended should be carried out, and the danger of alarming a mind already fearful. That she was predisposed to suffer from the effects of fear, we may suppose from general apprehension, which fear existed in relation to the small pox. This alarm was so great, that a number in this place, which might be mentioned, were said to die from it, previous to a dangerous stage of the disease, and during convalescence.

How powerfully may causes which so affect the body in health operate, when the frame is rendered morbidly sensitive by disease to every excitement, or disabled from resisting the least increased depression. Not only may benefit attend a due regulation of the mind, to assist in curing disease, but all efforts will be unavailing unless we can

"Minister to the mind diseased;"

For instruction in curing diseased passions and emotions of evil tendency, we may refer to the writings of Rush, to those who are skilled in the treatment of the insane, and to the divine, for assistance in remedying evil, and exciting healthy moral feeling. But in general we are to turn the picture to him who looks upon a darker side, and produce opposite or counteracting passions, as where grief is weighing down, anger may excite to energy. I did not propose to remark upon the *methods* of treating moral diseases, but would add one means of avoiding physical inconvenience from excited mental operations, which is; to relieve the body when the mind is to

labor. Where indigestion follows moral exercise, we should advise abstinence from the usual quantity of food to prevent the evil. Clergymen may be relieved in a great degree, by attending to this rule. They should on the sabbath take food enough, that is very light and easy of digestion, to confer some feeling of repletion, and yet not cause suffering from the energies of the system being drawn off from the digestive organs.

Many nervous diseases are not only caused but cured by the operation of moral emotions; as, a case of epilepsy I saw, occasioned by fear; a case is related which was cured by the same emotion.

Hysteria, by some considered an indiopathic affection of the brain, has been caused by various affection of the mind, and cured through similar means. A case is related by Villermey, of "a young lady of good constitution, regular menstruation, who was crossed in her affections by her parents; catamenia became deranged, and occasional hysteria followed: an aggravation of her disappointment threw her into a fit from which she was not restored, by bleeding, &c. for 7 or 8 days, with only a vague consciousness of her sufferings on her recovery. She was cured of amenorrhea, hysteria and grief, by travel and amusement." Probably disappointment caused the catamenial cessation, which reacted on the brain, producing the hysteria, which the remedial applications of exercise and amusement operated together to cure. Jealousy has produced similar effects, and the suppression being relieved by leeching the perineum, has cured the hysteria where antispasmodics, &c. had failed, thus evincing these operations of causes and reactions, and a cure of both by physical means.

Cases not unfrequently occur of torpor of the system, general uneasiness and indisposition to exertion, or labor, a tedium vitæ; and, as I have seen, attended with very disordered secretions—as copious yellow night sweats, &c. cured by a few days, passed amidst scenes of the most ordinary and unexciting description, and absence of all care or business.

Courage or resolution is a powerful stimulant to a system about sinking under disease. A case of Dr. Munsons' is mentioned: A man desired of him his opinion respecting his case. "The doctor need not fear to inform him, &c." The doctor told him he had consumption which he would die with before a long time. He swore it was no such thing, he would not die, got up into his waggon, drove off and recovered.

We have instances numerous, where the love of life has sustained the system under the combined attack of hunger, heat, cold and rain. The shipwrecked mariners in the open boat, with but the faintest ray of hope, have borne long series of disasters, starvation, storms and exposure, without sickness, and yet when safety was found have sunk and died.

In the celebrated "Retreat of the Ten Thousand" as related by Xenophon, we see the power of mental activity, courage, resolution, love of life and home, and oftentimes desperation, counteract the agency of every physical cause which usually operates to produce sickness, with almost a single exception. Surrounded as they were by enemies on every side, supplies cut off, snowy mountains, burning deserts, flowing rivers and stagnant pools, the loathsome insect and the fœtid marsh. Upon constant watchfulness, strategy and the sword, they depended for life and sustenance; yet death by sickness came not; even in the most hopeless situation the energy of desperation could save them. Those they lost fell by the sword; they had no time to mourn or despond, the foe was ever near, and they had a greater evil to fear than death—the protracted torture which the enemy might inflict. Thus in fear they could not despair, but were ever kept on the alert with the determination to fall, if fall they must, with their faces to the foe, with a vengeful file around them, and a short and sanguinary fight. To their enemies they owed in a great degree their safe return. They were as a watch to guard them from many physical evils to which they were exposed.

That the mind may thus sustain the body against the effects of physical forces, we perceive in the resignation, joy and peace of the martyr at the stake, who can sing praises amidst the severest tortures, in prospect of a glorious immortality; or praying, fall asleep, unconscious of any pang in a death, which in its approach would convulse the frame of any one, without a conscience void of offence towards God or man.

Not only are faith and hope thus powerful to take the poison from the arrow and torture from flames which separate the soul and body, but they may support the strength after hope is fled, and restore the fainting fire of life. The religion of the bible, whilst it is possessed of principles tending to an infinite end, is satisfying in its progress, allows of no emotion or passion that naturally exhausts. It affords no irritation when perfected, but unites all the affections in faith, hope and resignation to the will of a power infinite and beloved. There is no despondency, no depression from the operation of the mental powers. Hope is the strongest and most enduring emotion; and this, as has been shown, towards whatever object entertained, is tonic in its operation. Hope and confidence in one fully able to save, if for the best, there is no *fear* respecting the issue. These affections may vary with the character of the individual, and with his condition and circumstances, as may anxiety respecting temporal affairs, yet the principle holds good, and he, who is without either would fain envy the

very terrors of the deluded fanatic, because there is with him his gloomy pathway, his bright prospects, cheering hope mingled therein. So that the Atheist is to be pitied if he may be right, for he has "no pleasing hope, no fond desire, no longing after immortality."

The power of faith, is made use of, I believe, every where among the Catholics, as it is in this country, for the cure of some diseases. Thus the priests cure by their prayer, epilepsy and other nervous affections, principally of women and children, with considerable success. That they are so successful, we may refer to the miracles of Prince Hohenlohe, which are the most famous of later times. The cases cured by his prayers were certified by eminent physicians, and were probably all nervous. One patient was said by a physician to be of an apoplectic tendency; another patient (Dr. Cheyne said) "labored under determination to the head and various anomalous nervous affections." The reality of these cures was indisputable, but easily accounted for upon the principle we are considering. Intermittents have also been cured through faith in the operation of some charm, &c. In dyspepsia and hypochondriasis the value of faith and a diverted mind is sufficiently familiar.

As cases of apparent Hydrophobia may occur through fear of the consequence of the bite from an animal not rabid, so confidence in cauterization or scutellaria, may prevent nervous irritation from developement. And certainly the remedies are less severe than the sufferings of anxiety and fear of a dreadful disease and death preying upon the mind, banishing sleep and producing consequent nervous symptoms.

We have evidence of the soothing and sustaining effects of *content and freedom from care and anxiety* about pecuniary matters, from the statistics of the Life and Trust Companies. Age holds out and the taper burns quite to the socket, most often in those who have not in the eve of life care about temporal things, or fear for the future. Do we not feel ourselves to possess a greater immunity from the attacks of epidemic diseases, from our freedom from fear and apprehension of becoming subject to them? The views of physicians and observing men in withholding, as far as possible, alarming circumstances from the public have been, that the apprehensions excited, would contribute to the increase of the subjects and deaths; and undoubtedly there is not only this truth, but that deaths from fear alone may be prevented, as they do often occur during seasons of unwonted horror attending the progress of the pestilence. It is frequently of the utmost importance, that we should have some power over the moral feelings, or that we should be able to controul them. The obstetrician feels this most sensibly, and when asked relative to the situation of a patient, or how she passed her labour, he will most generally answer relatively to her courage, confidence, hope, &c.

Most essential is it that the physician possess the full confidence of his patient. Error or uncertainty appearing in his conduct, may render a case unnecessarily very severe, or if severe, even fatal. So evident is this that there can be no one who does not deeply feel its importance and determinately maintain it to the utmost of his power.

In many other cases, as well as in parturition and dyspepsia, is this confidence essential but in almost every case; and though we only retain it for our own comfort, it will assist success.

Our mode of treating disease may be influenced by the condition of the mind; and we may find opium or stimulants more evidently indicated from the existence of depressing passions or debilitants, where they are of too exciting a character. We may also consider moral emotion symptomatic, in some instances, of physical disease, and more frequently were we attentive to the subject. A thorough understanding may also enable us to perform with more satisfaction, certain duties which devolve upon us, particularly in informing a patient of interesting news, or of his own approaching death.

Information of a distressing nature, as the death of a friend, should be delayed as long as possible during illness, and under all circumstances, except for particular ends, gradually given. If too great anxiety is already excited and the illness is long continued, we may be induced to think certainty, although it involves a very distressing confirmation, is preferable to the watchings and dread of anxiety. But this is not often the case; during sickness where there is uncertainty, there is still room for a blessed and cherished hope, which, when once lost, despair and depression will succeed. This, it is true, is proportioned to the depth of interest in the object, if not too considerable, the evil may be sooner past than the dread and uncertainty. Care is necessary, even where the information is joyous, lest the transition be too sudden, as also respecting the nature of the disease, and of course is not to be withheld from a despending mind. Upon no question shall we find it so difficult to decide, and which is of so much importance, as the occasion of telling a patient of the fatal prospect in his case. The love of life and worldly objects is so strong, so essential and natural to man, that few can, even in the lowest depths of misery, be willing to part with them; and when we add to this the unknown realities that are to succeed, the dread so general of venturing upon an unknown state of being, and the anxiety all feel to be aware of its approach, and to have all the time possible for the necessary preparation, always too long, if at all delayed, we must feel the delicacy, the dan-

ger, the necessity of giving information of such vital interest. So important is this question, I can but hesitate about expressing my opinion, which I presume is the same that most would act upon, until the prognosis affords no *reasonable doubt*. There is a difference very material in expressing apprehension, from a plain decided annunciation of the probable or certain issue, the mind may still hold on to the favourable possibility in doubt, which would fail if assured hope was gone. The little prospect of real good to be affected by the knowledge too, may render us more willing to delay or withhold, whilst to live is possible. But if we will understand the character, the preparation, and the disposition of the patient we shall have less room to doubt. If the mind rests upon an anchor planted beyond the world, we need not so much fear to take away the prospects of what time may afford.

ART. VII.—*Cases in Medicine and Surgery.* By HUNTING SHERRILL, M. D., Poughkeepsie, New-York.

1. *Fracture of the Cranium.*—On the 25th of April, 1835, Mr. P. Butler, aged 46 years, in attempting to fire a gun, at ten o'clock, A.M. the breech pin gave way, flew out, and tore off the lock. The sharp part of the breech pin, with great force in the explosion, entered the forehead at the centre of the frontal bone, a little above the superior margin of the frontal sinus: the perforation was perpendicular with the head, forming a hole in the cranium an inch in length and half an inch in breadth. The penetrating iron had bounded out again; or, in his stupor, which first took place, and struggle, he had pulled it out: it lay near him. The patient rose up, and, with a little aid, walked to the house, ten rods off—the blood freely pouring out of the wound, nose, and mouth. On examining the wound through the scull, it was found that the bone was carried away, and it appeared the breech pin had penetrated the head the whole length. The probe could be passed upward and backward two inches: at the bottom of the depression or hole, as well as at the sides, fragments of bone could be felt. I picked out nine or ten small pieces of bone at the time; the deeply depressed pieces could not be extracted. A common dressing of lint and adhesive straps was then applied. As the pulse was full and tense, sixteen ounces of blood was taken from the arm. The patient had very little stupor; mind considerably agitated: this was at four o'clock, P.M.

At 9 o'clock, P.M.—Tolerably calm; some pain; pulse full; feverish; took twelve ounces of blood; gave cathartic.

27*th.*—Considerable uneasiness and pain; cathartic not operated; gave senna and salts; mind rather dull and impaired.

10 *o'clock, A. M.*—Consultation held, at which it was determined to use the trephine, to remove the deeply depressed fragments from the brain or its membranes, before, by their irritation and pressure, inflammation and greater stupor might come on. Accordingly, at three o'clock, P.M the operation of trepanning was commenced. I made a crucial incision directly through the wound in the skin; the corners were dissected up, to obtain room for the trephine, and to expose the fractured wound. The instrument was placed above the fracture on the forehead, but so near as to extend one-third of the circle of the saw over the fractured hole.—By gradual circular movements of the trephine, the bone was cut through, and the piece removed. On examining and clearing out the wound, it was found that the inner plate of the scull, which included the superior portion of the inner part of the frontal sinus, had been cleaved off, was carried in, and lay in small fragments, pressing on the anterior part of the dura mater: these pieces of bone were wedged in so firmly that it required a good deal of careful working and prying with the probe, levator, and forceps, to loosen and remove them. This was finally effected: five pieces of bone were taken out at this time, varying in size from half an inch to one inch in diameter.

After the fragments of bone were removed, the dura mater rose up from its depressed situation, and came in full contact with the internal surface of the cranium. The wound was then cleaned and dressed, by drawing the skin together over it, and stitching the corners, and applying adhesive straps.

9 *P. M.*—Tolerably quiet; cathartic had operated freely; pulse tense; feverish: venesection, 12 oz.

28*th.*—Passed a tolerably comfortable night; very little fever.

29*th.*—Last evening was restless; feverish; troubled with flatulence; no evacuation from bowels in about twenty-four hours;—gave cathartic and soda mixture; bowels evacuated; very little pain or fever.

30*th.*—Was taken with vomiting yesterday afternoon, followed by copious catharsis; during the vomiting, had much pressure and pain of the head—these symptoms soon subsided by the aid of medicine; has passed a comfortable night; pulse full and tense: venesection, 16 oz.; take occasionally a small seidlitz powder.

May 1*st.*—Considerable uneasiness and pain in the wound and in the stomach; removed the dressings; very little swelling or soreness; skin nearly united; a slight suppuration in the edges.

10*th.*—Wound has been dressed daily; gradually filled up; very moderate purulent discharge; skin retracted so as to form an opening nearly the size of the trephine;—dressed with lint and elixir pro., taking daily three or four soda powders, and occasionally

a cathartic; bowels have been very quiet and regular; general health and strength improved; sits up, and has walked into the adjoining room; feels well.

20*th.*—Continues to improve; wound moderately filling up; nearly filled with granulations to the inner margin of the bone, and the aperture through the bone half filled up; the skin drawing together.

June 15*th.*—Wound completely cicatrized, and the patient enjoying good health.

2. *Hiccough.* 1834, *May* 3*d.*—N. Conklin, a man of feeble constitution, who has long been habitually subject to sensations of fulness and pain in the anterior part of the encephalon, became affected, some days ago, with symptoms of gastric and biliary derangement, and suffered great prostration of strength. After his bowels had been moved by the exhibition of a purgative, he began to hiccough with great rapidity and vehemence. Various antispasmodics were administered in succession, each affording temporary relief, but soon losing all perceptible effect.—At five o'clock an emetic was exhibited: the dose was several times repeated, and followed up with the stimulant emetic infusion, before full emesis was induced. The spasms were abated during the operation, and for a short time afterward, though they soon recommenced. They were, at this time, what cannot be better described than as a stuttering hiccough, consisting each of a broken or interrupted and a complete spasm.

Elixir vitæ was exhibited in small doses, and repeated. During the use of this medicine, the spasms were entirely prevented for a space of twenty hours, at the end of which time they returned in spite of it.

A blister applied to the scrobiculus cordis, afforded some relief.

The operation of a purge, indicated by the costive state of the patient's bowels, on the 8th, was followed by some alleviation of the spasms. Vomiting occurred about the same time. On their return the hiccoughs were milder.

Morph. gr. ½, nit. argent. gr. ¼, on the 9th, also gave some relief; and after the second dose, the patient slept soundly. Till this time, his sleep had been short and much disturbed The spasms, however, returning in three or four hours, the third dose was exhibited: relief ensued, and the patient again had a composed and refreshing slumber. The fourth dose had a like happy effect; but at length the spasms re-appeared, and were no longer controllable by the morph. and silver.

A glairy, dark matter was soon afterwards thrown up from the stomach. The tongue was furred, in consequence, probably, of the silver. There was a burning sensation in the epigastric region; and the spasms (now more frequent, but less violent than they had heretofore been) were accompanied with a feeling of soreness,

Brandy, on the 10th, with sulp. morph. in half-grain doses every three hours, produced some alleviation.

11*th.*—Slept soundly last night; spasms mild, with intervals; pill of assafœtida, iron, and ipocac; brandy continued.

12*th.*—No spasms in the morning, but they recommenced in the afternoon; omit pill; croton oil; warm pediluvium, impregnated with mustard and ammonia; greatly relieved; slept; then some spasms, with retching; catharsis.

13*th.*—Improved; pill fœt., pill ferri, pl. morphia, cider, blue pill, James' powd. were given through the day; fever.

14*th.*—Musk and blue pill; symptoms fluctuating.

16*th.*—*In statu quo;* nothing but morphia and blue pill; slept all night.

18*th.*—Morph. and blue pill omitted; cal. mag. produced catharsis, and apparently induced an aggravation of the chief symptom. Castor, in five grain doses, *pro re nata.*

19*th.*—Continuing the castor; has been free from spasms the last twenty-four hours; appetite good; feels well, and walks the room.

Observation.—I do not know that any one of the antispasmodics employed in this case had a specific effect over others. Each allayed the spasms for a time, and then lost its effect. The disease seemed to be finally overcome by the general constitutional effect of the treatment. The blue pill and sodorifics, and cathartics, seemed to produce that result by relieving the slow febrile symptoms, correcting the deranged state of the stomach and brain, and wearing off the excitable state of the system.

3. *Catalepsy.* 1834, *January.*—Ellen M. Vandewater, aged 34, was, six months ago, ill of a fever, and has been in delicate health ever since. She is of a nervous, irritable temperament, and rather imbecile by nature. About the first of the present month, she was first affected with symptoms of catalepsy, of which she has, since that time, had two paroxysms regularly in twenty-four hours. At 8 A. M. she is usually attacked with a violent pain at the vertex, and soon after she complains of extreme coldness over her whole body, but particularly in her extremities. To this symptom, in the course of a few minutes, there succeeds a total loss of sense and consciousness, and the patient falls into a condition resembling profound sleep. The pulse, which at first is scarcely perceptible, soon rises a little, continuing afterwards, throughout the paroxysm, feeble, small, and slightly accelerated. The previous coldness is now succeeded by a healthy temperature. While her body and limbs, when undisturbed by her attendants, remain perfectly motionless, they are singularly yielding and pliable, readily assuming any position you would give them; and they have

that still more remarkable property, so characteristic of catalepsy, by virtue of which they retain, with astonishing precision, the exact attitude in which they are placed.—The arms and legs were bent in various ways, and inclined at different angles; and as they were left, so they continued. Various similar trials were made, and with the like results. She is able to swallow a little drink, when offered her. The morning paroxysms are of from three to five hours' duration. Consciousness returns gradually, and is first indicated by a slight tremor in the arms and legs, followed, after a few minutes, by a full recovery of sense and motion. She has now violent cephalalgia. Of the time spent in the cataleptic state, she has no notion whatever. She recollects accurately what last took place before her seizure; but in her conception, what she first perceives upon her restoration, is joined immediately in time to what she last saw, and she has no idea of an interval having occurred. About 5 P. M. another fit comes on, similar in all respects to the former, except that its duration is limited to about three hours. Though in general but two paroxysms have occurred in a day, yet on one or two occasions there have been three; the third occurring at 2 P. M. and lasting almost two hours.

The physician first called to this patient, directed, at first, venesection, cathartics, epispastics to the nape of the neck and arms, &c. and afterwards nitrate of silver in liberal doses. During the paroxysm, I directed an emetic of tart. ant., which excited plentiful emesis, and speedily restored the patient.

After a period of about three weeks, the disease lost its regular periodical character, and was superseded by faint convulsions, which gave the patient scarcely any respite for several days. Diminishing gradually, however, in frequency and violence, these at length gave way almost entirely.

4. *Operation for the removal of a Scirrhus Breast.*—Mrs. Hyde, of Hyde Park, aged 62, has had a hardness and enlargement of the right breast, of more than two years' standing. The whole mass of gland had become of a firm scirrhus hardness, and ulceration had commenced at the outer side of the nipple. The chain of glands stretching towards the right axilla was affected in a slight degree. Within the last few months the patient had suffered a good deal from sharp, darting pains in the breast.

I operated for the extirpation of this tumour, May 15th, 1834. An incision, commencing over the edge of the pectoralis major, near the arm-pit, was extended, somewhat in the form of a semicircle, round the base of the tumour, to its opposite side, near the sternum. Another incision was commenced in this, and, extending over, and a little above, the tumour, ended in the extremity of the former, thus detaching completely an eliptical piece of skin, having the nipple in its centre, three inches long by one and a half broad. The scirrhus, together with this appendage of skin, a portion of the flesh and cellular tissue in which it was embedded, and the lymphatics, so far as the incision had extended towards the axilla, were then dissected out by free incisions. As the axillary gland had no appearance of disease, it was not thought proper to remove it. Ligatures were put upon two arteries, (the only considerable ones that presented,) and not much hæmorrhage ensued. Upon a careful inspection of the wound, which was previously well cleansed, no diseased portion seemed to be remaining. The edges of the skin came accurately together, the wound was dressed, and the patient, in good spirits, and but little exhausted, walked firmly to her bed. She complained only of a slight sensation of tightness across the chest, a symptom, however, which soon disappeared, and left her as well as could be wished.

The wound caused by the operation mostly united by the first intention, so that in two weeks it was fully cicatrised, she felt well, and began to do work about the house. She was cautioned against exercise, notwithstanding, on the 3d of June, she washed clothes and fatigued herself considerably. On the 4th she was seized with severe pain in the bowels, followed by a great ague and prostration for which very little was done. It being 12 miles, she lay several hours before I saw her, when she was expiring and soon died. I concluded this event was not owing to the operation.

ART. VIII.—*Case of Strangulated Intestine, with successful operation.* By A. TROWBRIDGE, M. D. (Professor of Surgery in the Willoughby University, Ohio,) Watertown, Jefferson County, N. Y.

John Gilbo, aged 40 years, of the town of Lyme, in this county, while laboring in a wheat field, in August, 1835, was attacked with severe pain in the left epigastric region. At first, he supposed it proceeded from an inguinal hernia. He had been subject to an affection of this nature for several years previous: it had often been down; at one time it had been strangulated for three days, and was reduced by taxis.

On examining, at this time, he could discover no enlargement or appearance of its protrusion. He had severe pain at times in this region, resembling colic.

After suffering several hours, he sent for a physician, Dr. Carrier, who bled him, gave physic, and discovered, by passing the hand over the surface, a hard body, near the seat of pain, in the region of the inner ring. Medicine was ejected from the stomach; enemas were used, and a repetition of blood-let-

ting. The patient remained three days without relief, with additional symptoms of puking, hiccoughing, and tumid abdomen, with increased soreness over the epigastric region.

I was called in consultation at this period, and after obtaining a history, and making a careful examination, concluded the difficulty proceeded from a strangulated portion of intestine within the old hernial sack, which was principally within the abdomen. As the usual remedies had been used for inflammation, &c. and the symptoms still threatening and alarming, I advised an immediate operation, to search out, and remove, if possible, the difficulty.

This was assented to by the patient and his physician. The operation was conducted in the following manner, the patient placed as usual for inguinal hernia.

I made an incision over the outer ring, and exposed the tendon which forms it. The canal was much enlarged by the frequent descent of the hernial sack. I introduced my fore-finger up and above the ring one inch and a half, and divided with a bistory the whole outer portions. I could now discover the lower portion of the sack, which rested under and below the tendon of the transversalis, and the border of its fascia. I made an outer division of the integuments and cellular membrane down to this point, which exposed a portion of the sack. This was evidently a part of the hard body that was perceived by passing the hand externally over the epigastic region, and the seat of pain and tenderness.

I passed a director along the forepart of the sack, and under the edge of the transversalis and internal oblique musiles, and with the bistory divided the whole upwards, sufficiently for my finger to pass to the abdomen.

I now punctured the lower portion of the sack with a lancet, which discharged a wine glass of dark colored fluid. This incision was extended an inch, when a portion of intestine was discovered, within the sack, of a healthy and natural appearance. A careful division was now made of the sack about two inches towards its upper portion. Its cavity was nearly filled with intestine, which adhered firmly to its inner surface. Fortunately the patient, at this juncture, by puking, brought forward, and to view, the whole interior of the sack, which before was principally within the abdomen. A new or recent portion of the ileum was discovered, strangulated and resting in the narrow apperture of the sack, of a dark plumb color, which was full evidence of the main difficulty after which we were searching.

Not being able readily, to disengage it or push it back, I divided the neck of the sack entirely with the bistory, carefully avoiding the intestines included.

A free opening was now made, and the whole difficulty exposed. An old hernial sack had existed for years, into which a portion of intestine had passed, remained, and adhered around its sides. When this protruded through the outer ring strangulation of this portion took place, but when replaced, healthy action followed.

At the time of this attack of pain, a small portion of the ileum had slipped in with the other portion of intestine, and became immediately strangulated, this was entirely liberated by the operation.

Before dressing and closing the wound, I attempted to separate the intestine from the sides of the sack, but the adhesion being firm and thick, I desisted, and turned the whole up within the abdomen, but the muscles and parts divided together with ligatures and adhesive straps, and confined the whole with the T bandage.

The puking and hiccough soon subsided; emollient injections soon moved the bowels, and the patient entirely recovered in four weeks,

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Art. IX.—*A Case in which Arsenic was dislodged by injecting into the stomach Milk and the white of Eggs, by* Dr. James Heron, President of the Orange County Medical Society, New-York.

Samuel Potter, a journeyman Chair-maker of this village, in the summer of 1834, purchased an ounce of arsenic, as he stated, to kill rats. He was an intemperate man, and at the time had been drinking deeply of ardent spirits. He went home, threw the arsenic into a glass of water, which he placed to his mouth, and poured the contents into his stomach. An almost instantaneous sensation of pungent heat and distress alarmed him; and he stated to the family in which he lived, the rash act he had just perpetrated. The vessel he had drank from was examined, a portion of the poison was in the bottom, and adhering to the sides of the glass. An emetic was very soon administered, which brought up a small portion of the powder, without any apparent alleviation of his distress; hiccough supervened, and it appeared that a short time must terminate his life. I now proposed injecting into his stomach a pint of milk in which the whites of several eggs were beaten; this was done with the stomach pump, and the tubes reversed. The milk and egg immediately coagulated, the tube of the stomach pump, and the force with which the liquid was injected, irritated the stomach to emesis; this, with the operation of the pump, disgorged the stomach of its contents. The arsenic was found involved in the coagula, and the distress almost entirely subsided.

It was thought to be the safest course to repeat the injection, this was attended to, after which the patient felt no effects of the

poison. He entirely refrained for a long time from ardent spirits, and left here for N. York last fall in good health.

ART X.—*Further Observations on Ergot.*

The following remarks are part of an address intended to have been delivered before the Med. Society of Westchester co. at their Annual Meeting for 1836, by JAMES FOUNTAIN, M. D., but circumstances prevented his attendance.

"Another remedial agent to which I must beg to call the attention of the Society as being purely American is the article of ergot. That its introduction into regular practice is due to American practitioners, no one acquainted with its history will deny.

As so much has been said and written on the subject, perhaps you may deem it wholly exhausted; but this is not the opinion of those who draw their conclusions from the bed-side of the sick. These, like obscure bees, which draw honey from every flower, are constantly adding, and are ever expecting to add, in their own humble way, to their stock of medical knowledge.

Permit me, gentlemen, to call your attention, in the first place, to a cursory review of a few facts in relation to ergot, already before the public; and in the second place to add such observations of my own as are not recorded so far as my reading extends.

As a remedial agent, we know not when it was first used by empirics, nor what incidents first led to a discovery of its effects on the female organs of generation in parturition. We find that its employment in France, which was undoubtedly empirical, was interdicted by a legislative act in the year 1774. It was probably used in Scotland by female accoucheurs, for it was from its administration by some Scottish women in the neighbourhood of Dr. John Stearns of the city of New-York, which first called his attention to the article. This industrious and truly excellent physician immediately commenced his investigations of its properties and effects on the female sexual system, and made the result of his observations known in the year 1807. From that time to the present, facts relative to its effects, beneficial and injurious, have been constantly accumulating on the records of medicine. Like most other new and active articles, it has been either extolled beyond measure, or thrust down as immeasurably low and condemned as a poison, jeopardizing the life both of child and mother. Its effects, however, have been carefully noted by its promulgator Dr. Stearns, and fully set forth with a class of comprehensive and highly instructive rules for its administration in parturition, published under their improved form in the N. Y. Medical and Physical Journal, vol. 1, No. 3. To Dr. Stearns then is fairly due the credit of bringing ergot into the family of remedial agents. His rules should be diligently studied by every practitioner of medicine before he presumes to administer ergot. The same rules are published in a more condensed form in Dr. Beck's edition of Murray's Materia Medica. I shall not tax your time with a recapitulation of them, as I have no doubt they are familiar to all of you.

Although Dr. Stearns has so particularly described its effects, we still meet with passages, especially in European Journals, speaking of its inducing and increasing labor *pains;* and we not unfrequently hear the same language from the lips of medical men. Such observations but too plainly show how little attention the authors of them have bestowed on the subject, tending to strengthen an opinion generally prevalent, that the majority of writers are merely transcribers of other men's opinions.

Ergot administered during parturition, always produces, not *pains*, but a most violent distressing *pain*, accompanied by a powerful, severe and unremitting pressure of the uterus on its contents, at the same time calling into action all the powers of the woman, in an effort to bear down and expel the load. So violent is this combined effort of the uterus and pectoral and abdominal muscles as to separate the bones of the pelvis. A case of this kind occurred to a neighbouring practitioner. The unfortunate lady dragged out a life of miserable helplessness for three years and then expired, a fearful warning to medical practitioners to beware of tampering with powerful agents without a full share of knowledge of their effects.

Ergot has been condemned as being poisonous, and particularly so to the fœtus. This was the opinion of Dr. Hosack, who styled the article *pulvis ad mortem*, or death powder. This opinion, (permit me with deference to say it,) was not the result of experience, nor a fair inference from facts. If it be administered before the membranes are ruptured, and its effects cease before that event takes place, no harm will ever accrue to the child, for as long as the liquor anereü remains it protects the fœtus from the danger of the pressure of the limbs on the umbilical cord. But after the waters are evacuated this cord is often compressed by different parts of the fœtus, and death by asphyxia follows of necessity. Thus death of the child is produced by mechanical means, and not by any poisonous agency of ergot.

The specific effect or pain induced by ergot generally continues about half an hour, when the steady pressure and suffering begin to abate and soon after cease, although delivery be not accomplished. After this specific pain has subsided we would naturally conclude that the uterus would be exhausted,

and all pain would vanish for a time at least. This, however, is not the case, but when the regular and natural *pains* return, the parturient process seems to be aroused and invigorated. I have occasionally taken advantage of this indirect effect of ergot, by giving a small dose of it in the early part of some labors attended by feeble, remote and lingering pains, which indicated a tedious process. The ergot would produce about fifteen minutes of considerable suffering, when its effects would cease and be succeeded by regular and more effective pains. In such cases its effects appear to awaken the uterus to a sense of its duty. The inexperienced and those unacquainted with its dose had better not undertake to imitate this practice.

But the use of ergot in cases to which I would more particularly call the attention of the Society as not being recorded, so far as I have read, is in cases of misplacement of the placenta, when it lies over the os uteri.

The first case in my practice was a Mrs. V. a delicate female, with her seventh child. Her labor had commenced and with it a copious hæmorrhage. I observed that during her pains, which were regular and of good strength, the flooding ceased. On examination I found the os uteri dilated only to the size of a five cent piece, and very thick and rigid, so that artificial delivery was literally impossible, yet her life was in imminent danger. I concluded from the absence of flooding during the pains, that the pressure of the head produced by them on the placenta, intercepted the circulation in it, and thus stopped the flow of blood. It therefore occurred to me that ergot, by producing a constant pressure, would restrain the flooding, and in the mean time dilate the os uteri, which was the great desideratum. I accordingly administered a moderate dose; the pain and bearing down soon became steady, and the flooding at once ceased. In about half an hour the pressure discontinued and the bleeding returned; but I found I had gained a point, for the os uteri had now nearly doubled in size. I then gave a second and much larger dose, which again, in a few minutes produced its specific effect, and arrested the flooding by a violent and steady pressure. This continued about the same length of time, when it began to abate and the bleeding to return. By this time, however, I had gained all the advantage I had desired, for the os uteri was sufficiently dilated. I introduced my hand, pushed up the edge of the placenta, and turned and delivered the child with ease and safety. Since then I have had a case precisely similar, which I managed in the same way, and with the same happy results.

I am well aware that some authors tell us that in misplacements of the placenta over the os uteri the flooding is greatest during the pains. This may be the case when it is placed centrally over the os uteri; but I am rather apprehensive that such a conclusion was drawn up at the writing table and not at the bed-side of the sick, where facts show themselves as they are. These two cases were the only ones I have ever met with in the course of twenty-five years extensive country practice; and I have transcribed them from realities as they presented themselves.

REVIEWS.

Art. I.—*Researches in Medicine and Medical Jurisprudence, by* John B. Beck, M. D.

The principal cause of the comparatively small number of books, originating from American authors, is the facility with which foreign literature may be procured, for almost as soon as a foreign work of importance is published, several editions of it are issued at a price much less than the original. While our publishers can select from the abundance of authors, without a premium for copy right, they are unwilling to give any compensation for what has not received the sanction of the journals. The works of the brothers Beck, are in the hands of almost every practitioner, both at home and abroad, and those of other American authors are highly appreciated. It is not for want of inclination or ability, that so few American books issue from the American press, but solely for want of encouragement.

Of the work before us, the article on Infanticide has been already noticed. The other papers are,—2nd, an Essay on Laryngitis,—3d, the non-contagiousness of yellow fever—4th, the use of mercury in onychia maligna, and 5th, a case of ulceration and perforation of the stomach. We have only space for a few valuable extracts.

"*Character and symptoms.* In its commencement this disease may be looked upon as purely local, and the first symptom by which it is usually ushered in, is a slight sense of soreness in the fauces, resembling what is commonly called a sore throat. As this is considered nothing more than the effect of an ordinary cold, it excites no alarm, and most commonly is slighted by the patient. Frequently no febrile symptoms are present, and he sometimes finds himself well enough to attend to his ordinary business. If the fauces be examined, they will perhaps be found covered with a blush of inflammation,

unaccompanied generally by any swelling of the tonsils or neighboring parts. This state of the throat continuing for a day or two, the patient is suddenly seized with a sense of great uneasiness about the region of the larynx. The pain in the part is by no means acute, and the principal source of complaint is a feeling of stricture or obstruction about the passage of the larynx, through which the air passes in respiration. For the purpose of relieving this obstruction, frequent attempts are made to clear the throat by hawking, &c. The voice now becomes affected with greater or less hoarseness, according to the violence of the attack. Connected with this, there is labor in respiration and slight difficulty of deglutition. As the disease advances, sometimes in the course of a few hours, at others in a day or two, all the symptoms increase in force. The respiration becomes more impeded; the voice hoarser and more suppressed; the deglutition more difficult. Occasional fits of suffocation now come on, which sometimes last for several minutes, and occasion the greatest distress. As these subside, the patient becomes easier, without, however, experiencing the least amelioration of the other symptoms. At longer or shorter intervals, the fits of suffocation are repeated, and at each repetition, they become more violent and distressing. Frequently they seize the patient during sleep. The anguish which is exhibited at this stage of the disease, and during the paroxysms of interrupted respiration, can better be imagined than described. The larynx is perceived in violent motion—the head is thrown back, and on the countenance is depicted the extremest agony; the eyes are wild and prominent, the mouth is open as if gasping for breath, the lips are pale, the tongue protrudes, and the voice is scarcely audible. In this situation, patients have not unfrequently attempted to end their sufferings by endeavouring to cut their throats.* It is evident that under such circumstances, life cannot be protracted very long, and the wretched victim, after a few convulsive efforts, expires from actual suffocation. Such is the general career of this disease, necessarily varying somewhat in individual cases, according to the violence of the assault and the peculiarities of the patient's constitution. In some instances, not the slightest trace of inflammation is to be detected on examining the fauces; and with the exception of the local uneasiness about the larynx, there is nothing which indicates the imminent danger in which the patient is situated."

"*Treatment.* As this disease consists in an inflammation of the larynx, terminating in effusions, which so far close the rima glottidis as to interrupt regular and healthy respiration, our indications of cure seem to be simple and clear. They are, in the first place, to arrest if possible, the progress of inflammation, and thus prevent effusion; and, if we should fail in this object, in the second place, by means of an artificial opening in the trachea, to enable the patient to breathe until the obstructions in the larynx may be removed, either by the process of absorption, or by the aid of medicine. Our means for accomplishing the first of these objects are bloodletting, emetics, carthartics, blisters, and mercury. The second requires the operation of tracheotomy."

"*Calomel.* After the use of depletion and emetics, to break the violence of the disease, there is no article within the knowledge of our art which can be trusted to with such just confidence for accomplishing a cure as calomel. To be effectual, however, it must not be used with a timid hand. From the great rapidity with which the disease frequently runs its career, it is evident, that unless introduced with such decision as to bring the system speedily under its influence, mercury can be of no service. It should be commenced with, therefore, early in the disease, and should be unwaveringly persisted in, until this object is accomplished. There is nothing which can supply its place, and scarcely any symptom which can contraindicate its use. The high general inflammatory action characterizing some of the phlegmasiæ, and which renders the use of mercury so frequently improper, is, as we have seen, very seldom present in laryngitis; and if it should be in the commencement of the disorder, it may be sufficiently subdued by previous bleeding and emetics. On this ground, therefore, nothing is to be apprehended from its use. Besides this, another advantage attending it is, that it cannot interfere with a single other measure that may be thought advisable. With regard to the extent to which mercury should be carried, I would insist in an especial manner upon the necessity of producing free ptyalism in every case where it can be effected. Independently of its being the only certain criterion by which to judge that the system is under its influence, the greatest advantages are to be expected from the copious secretions which are thus produced from the glands of the mouth and throat. At any rate, whether it be explained upon this principle or not, it is only when carried to this extent, that calomel has proved eminently successful. In many cases in which this remedy has been used, without, however, occasioning salivation, the disease has nevertheless terminated fatally. Yet I have not met with a single one which did not end favorably in which the mouth became affected.

Tracheotomy. When all our efforts at subduing the inflammation in the larynx have failed, and we find the obstructions to respi-

* Cases of this kind are related by Bayle.

ration constantly increasing, the only resource left is, to make an artificial opening into the wind pipe. That this may be done without the least hazard, has been proved by multiplied experiments,* and the success which has already attended its employment in laryngitis, should encourage us to a repetition of it in all cases where other means have proved ineffectual."

ART. II. *An Inquiry respecting pretentions to Originality, in regard to the New Doctrine of the Ganglionic system of Nerves.*

The Jan. No. for 1836, of the Medico Chirurgical Review, &c., Edited by James Johnson, M. D., contains a Review, by the Editor, of the Experimental Researches, on the Functions of the Ganglionic Nervous System, &c. &c., by J. L. Brachet, &c. &c.

"Recherches Experimentales sur les Fonctions du Systeme Nerveux Ganglionaire, et sur leur application a la Pathologie. Par J. L. Brachet, Medicin de l' Hotel Dieu., &c. &c. &c."

On perusing this article, we were forcibly impressed with the great familiarity, not of the ideas it contained, but even the phraseology itself seemed like an old acquaintance. The question very naturally arose, how is this? And how comes such familiar language in a foreign Journal? This was a difficulty, but only of a moment's duration; and a slight investigation satisfied us, that the views contained in the Treatise of Brachet upon the functions of the Ganglionic System of Nerves, so far as given by his English Reviewer, are not exclusively the product of any foreign mind, whether French or English, but that we ought to claim them as being the legitimate offspring of American genius.

We would feel reluctant to charge Mr. Brachet or his Reviewer with plagiarism, though we must acknowledge, if the Review had been published in this country, we could scarcely have avoided it. And if we feel a little jealous in regard of the object of the Review, as it is, we hope to be excused. For it is known, that there prevails in the minds of foreigners, and particularly the English, an unwarrantable disposition to underrate, and consign to oblivion, every thing savoring in the least, of American origin. Did we say consign to oblivion? we mean, however, not the thing, or the articles themselves, these are jewels of too great beauty and value to lie buried, but we mean the credit due the country which gave them birth. It is a serious truth, that nearly all the productions of our country, whether in the arts, or literature, are presumptiously monopolised, without the slightest acknowledgement, and made to grace the diadems of foreign fame. Examples without number, might be adduced in support of this assertion. Did not foreign jealousy attempt to rob our country, and our Franklin of the honor of identifying electricity and lightning? Did not English pride dare to wrest the invention of the compound blow-pipe from the Professor of Chemistry in the University of Pennsylvania, and appropriate the honor to themselves? And does not every American physician feel his patriotism deeply wounded, when he contemplates the well known injustice done to Rush, Physic, and many others of our medical brethren? It is unnecessary to multiply further instances to prove the fact of foreign, and especially English assumption of our rights, and the passive endurance with which we have borne, and still continue to bear, such injustice.

The originality of the new droctrine in regard to the Ganglionic system of nerves has, in our opinion, been very unjustly accorded to J. L. Brachet, when the honor belongs to one of our own countrymen, to Dr. James H. Miller, former professor of the theory and practice, but now occupying the chair of anatomy, physioloy, &c. in the Washington Medical College of Baltimore.

That the discovery and first promulgation of the original and independent existence of the automatic system of nerves is due to Dr. M. is made evident, first by dates, and secondly by the far more extended, lucid and perfect view taken by him of the whole subject.

It may be proper, here, to remark, before proceeding further, that the writer of this expose was a pupil of Dr. M. both when he filled the practical chair, and since he has taken that of anatomy. That he likewise has enjoyed the most familiar intercourse with the Dr. both in public and private, and therefore has had an ample opprtunity of being acquainted with the facts that are now to be submitted. Dr. M. has taught in the Washington Medical College this new doctrine of the Ganglionic nerves for the past nine years; commencing his first public course the winter of 1827. Of the leading principles of the doctrines so taught by him, he has given a very concise view, in his edition of Wilson Philip, in 1831, Jan. 4th. Professor M. commenced his experiments in 1809, and made the same that M. Brachet has done, with numerous others, as a reference to his manuscript notes will unquestionably show. True, he has not made public these experiments otherwise than by his oral lectures; but in this way they have been frequently given, and were well known to the students of his classes before Brachet's views were ever heard of in this country. The first notice we had of M. Brachet's experiments and inductions, referred us to the 14th vol. of Johnson's Journal, for 1829, which we have examined, and cannot even find the notice. We will quote Dr. Johnson's own language in his January No. for this year—"In the 14th vol. of this Journal, we gave a short notice of this work, taken from a foreign Journal, not then having been able to procure the original."

It is obvious, therefore, that Dr. M's views must have been original, as it regards himself, even if we admit that Mons. Brachet was simultaneously engaged in an inquiry on the same subject.

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* For an elaborate detail of facts on this point, see an interesting paper by William Lawrence, Esq. in the Medico-Chirurg. Transactions of London, vol. 6, p. 221.

See also a valuable paper on Bronchotomy as connected with inflammation of the larynx, by John Wood of St. Bartholomew's Hospital, in the Medico-Chirurgical Transactions, vol. 17, p. 138.

But this will more satisfactorily appear, when we shall have noticed how much more lucid and perfect the view he has taken of the whole ganglionic nervous system, than that by M. Brachet.

M. and B. commence at the same point, pursue the same range of discussion, and proceed pari-passu, almost in the same style, for some distance, when B. halts, unable or unwilling to accompany M. further.

M. begins the study of matter in its most simple form, as it exists in the mineral kingdom, traces it through its various modifications, in the vegetable; then stepping into the animal kingdom by means of the zoophite, the connecting link between the two, continues the same course of examination through the different grades of animals, from the simplest and most imperfect of animal formation, up to man, the most complex and perfect, including monstrosities amongst the mammalia; when, he finally deduces, as the ultimatum of his researches, his preliminary argument of the offices of the nerves, and the relative importance of each, in the animal economy. In all this range of investigation and mode of analysis, he is closely imitated by B.

Dr. M. proves that the ganglionic system of nerves, or as more happily expressed by himself, the automatic, is entirely different from the cerebral or spinal. So also does B.

M. shows that the automatic presides over and controls all the involuntary movements, and the cerebro-spinal has its influence almost exclusively confined to the voluntary. So does B.

M. exhibits the automatic as very complex, having numerous subordinate centres, as not confined to the splanchnic organs, but extends through the extremities, though not by continuous cords, but in a parasitic manner with the blood vessels. So also does B.

M. denies that the nerves, either of the brain or spinal marrow, have any direct control over the heart. So does B.

M. regularly demonstrates in his anatomical lectures, and establishes his positions by inductions from physiology and pathology, that the great sympathetic does not originate by filaments from the sixth pair of nerves, nor from the pteregoid-branch of the fifth, nor any other of the cerebral or spinal nerves; neither is it the compound product of any of them, but that it is an independent, and the original nervous structure, which performs the formative office, not only to other structures, but likewise to the brain, spinal-marrow, and all their nerves. Here B. does not follow. Upon this head we beg leave to refer the reader for Dr. M.'s views to his appendix of Philip, page 283—4.

This is a very interesting point of difference between M. and B., and goes very far towards proving, almost as certainly as a demonstration, not only Dr. M.'s more extensive investigation of the subject, but his entire originality, as it respects the independent existence of the ganglionic nerves. Had B. first conceived the idea of the entire independence of this system of nerves, he would not have overlooked the great mistake committed by all anatomists and physiologists, in making the sympathetic not only dependent on, but actually to arise out of the cerebra nerves. When he entered the field against error, would he not have made his first attack upon this strong hold of misconception? As the strongest evidence of his confidence in his own positions, and of their entire tenability, would he not have first joyfully breasted this mighty fortification of error, terrible from the accumulation of ages, and with the weapons of truth, boldly marched forward to its destruction? We unhesitatingly say, yes: and the error, if it can be proven to be such, being a fundamental one, its correction must inevitably, in toto, new-model all our systems of anatomy and physiology. If B., therefore, had taken the same extensive, and comprehensive view of the subject, which M. has done, he must have noticed this very essential point; M. demonstrates that the sympathetic does not originate from the sixth pair, nor any other of the cerebral or spinal nerves, but that it sends twigs into the cranium and spinal-marrow through all the foramina, to superintend the nutritive and healthy action of the contents of the cavities, in the same manner as it serves the viscera of the thorax, abdomen, pelvis, &c. &c. &c. Here likewise B. is very fairly outstripped by M.

M. contends that this primitive system of nerves, is coeval with the first formation of organic life: that it existed anterior to the brain, spinal-marrow, or any of their nerves, and that it is found in vegetables, and in the lowest order of animals that have no brains, or spinal-marrow. B. follows M. here with a faltering and unsteady step.

M. places the roots of the ganglionic nervous system in the inner coating of the arteries and heart, where they imbibe from the blood, the nervous power, carry it into the ganglia and plexses, from whence they distribute it to the contiguous structures. Vide appendix, 287—8. On this resource, B. is silent.

This entirely new idea of the functional operations of the sympathetic in the interior lining of the arteries, &c. &c. is another item of no small moment, in determining our judgement, in awarding the credit of originality to M.; for, by this relation he makes it coeval with the first formation of blood, whether white or red; yea, existing as early as the embryo itself, and consequently anterior, and primary to parts which have no existence for some time afterwards. Instead, therefore, of the brain being the common origin of all the nerves, we should in his own language, regard it as "only a secondary formation, or after thought in the design of nature, which owes its existence to the secernent or formative power of the primitive inferior or automatic system." M. views this structure as extremely simple, as it is manifested in the simplest forms of animated nature, but gradually becoming more and more complex with the increasing complexity of the bodies which it inhabits. That it does not attain its greatest complexity until the animal requires the division into sexes. And when its superior wants, demand intellectual power for the performance of super-imposed duties, and the system requires assistance to separate a larger amount of nervous power from the blood, nature then gives it a spleen—vide Appendix, page 290. B. does

not appear to have ventured on this ground at all.

And here we cannot but pause, and offer a remark on the unjust misrepresentations which we have heard made respecting Dr. M.'s views, of what he regards as the proper office of the spleen. His enemies make him say, that the spleen is the "*fons et origo*,"—the great autocrat upon his throne, who commands every movement of the body, whether in health or disease. If they will take the trouble to turn to his appendix of Philip, page 290, they would read, that he regards the spleen only as a subordinate, an appendage to the original automatic system. The Dr's. language is "at the period of the first formation of a medulla, a new organ is appended to the automatic system, by which it is enabled to secrete a larger amount, and higher quality of nervous fluid from the blood, to enable it to perform the super-imposed duty of generating additional organs of higher and more important functional actions. This additta-mentum to the spontaneous, ganglionic or automatic system is the spleen." It is greatly to be lamented that instead of abusing and misrepresenting each other, gentlemen cannot unite in the language of Dr. Johnson in regard to the sympathetic, and say the same of the spleen, 288: "That the man who does his utmost to throw light on the subject, is well entitled to the respect of the profession." M. carries his views of the nervous system throughout physiology and pathology, and shapes his course of demonstration in anatomy, by this compass. A brief outline of his anatomical course, may not be uninteresting here. Starting with the great and original idea of the independent existence, and formative power of the sympathetic nerve, he adopts the Baconian method of analysis, by commencing the investigation of phenomena and tracing them in the natural and regular order of their appearances, step by step, until he ultimately arrives at the structures, which are their direct and immediate causes. Hence, his usual practice of anatomical demonstration is, to begin with those organs concerned in prehension, mastication, and deglutition of food. Having examined the apparatus which conducts it to the stomach, he proceeds with a minute investigation of all the organs concerned in the conversion of this crude animal or vegetable matter, into chyme and chyle. And then, examining the apparatus for conveying the chyle, and lymph into the proper circulating and purifying systems, he arrives at the organs of the thorax, which he separately examines in all their various parts. After the investigation of all these organs, anatomically and physiologically, he then demonstrates the sympathetic nerve upon which their very existence and actions depend. This view embraces the excreting as well as the secreting organs. He next takes up the demonstration of the bones, muscles, &c. &c. terminating with the spinal marrow, brain, and their nerves, upon whose presence and superintendence, depend all the voluntary actions, which in like manner exhibits the voluntary anatomy of the body. A full investigation of both these divisions, separately and conjointly, comprise every thing in anatomy and physiology in a regular and connected order, and we think, in the order of nature. We must study medicine, as well as every other science, in a manner corresponding to the order of nature, if we wish to study it aright; for all science is nothing more than our knowledge of the laws of nature, acting on matter for its government, and which man can discover only by the closest observation, and the most rigid comparison of a vast multitude of facts; a mode of investigation which we conceive must be adopted in medicine before we can arrive at the truth; and in anatomy and physiology, with Dr. M. we must commence with the study of the organs of phenomena, and then proceed to the study of the organs of causes. In this way, it is conceived, we may arrive at a consistent physiology and pathology. This method of teaching anatomy and physiology, so different from any thing found in our treatises upon those subjects, we have no doubt will meet with opposition. By some it may be pronounced entirely chimerical; the effusion of a heated imagination. From such we would respectfully bespeak a little patience, and say, please examine before you decide.

M. considers every organ of the body so endowed with its own particular sensibility, derived from its own ganglia, or plexus, that although all conspire to form one whole or federative system, each centre has its own peculiar office or duty. "The nerves of sensation or perception of the cerebral class, it is well known, perform very distinct offices; some take cognizance of one kind or condition of bodies, and others of such as are different. Thus the optic nerves are cognizant of light; the auditory of sound, the olfactory of odors, &c. &c. Each is sensible to its own peculiar stimulus, and is regardless of others, &c. The same may be predicated of the sentient nerves of every focus of the automatic system. They also have each its own appropriate stimulants." Vide Appendix, page 326. And he further considers, that it is only by viewing the ganglionic nerves in this way, we can have any correct ideas of the mode of action, of either pathological or therapeutical agents. B. has no claims to any part of these views. M. shows also that some organs have two or more ganglia or plexuses, one to preside over the nutrition of the organs, and the others to enable it to perform its functional offices. "As the sentient nerves of the cerebral system are designated by the organs of sense, they supply in like manner those of the automatic system, might be egregated into as many senses as the functions they perform." Vide Appendix in page 326.

M. thus explains the precise action going on in every form of disease, and the laws of evidence that will most certainly detect its situation. The evidence of the location and nature of disease, as taught by Dr. M. at the same time that it is deeply interesting, probably forms one of the most novel of his novelties, and one, of which, we presume, neither M. B. nor his English reviewer, will for a moment question the right of originality. We are sorry that the space we have allowed ourselves will not admit more than a very imperfect outline of the Drs.

mode of detecting disease, and we still more regret our inability, even had we the time and space, to do any thing like justice to his views.

After inculcating the importance usually attached to attentive observation at the bed side of the sick; to the position of the patient, the state of the skin and its colour; the condition of the pulse, &c. he comes to the tongue as the great diagnostic of disease, both in regard of its location, nature, violence and extent. It is true, all writers on the practice, tell us, to examine the tongue in every disease; if it be furred, it is considered as evidence of fever; and if it have the yellow fur, of more or less derangement of the liver. This is about the amount of information, that our books give us, in regard to the tongue as a diognostic. Dr. M. goes much farther, and views it in all its complexity of structure and function, as the great index which points the unerring eye, to the varied operations of the different organs, and determines their exact condition. He examines the tongue pathologically, in its various offices of sensation, motion, secretion, and excretion; its form, size, &c. &c. One special office of the tongue is that of tasting, by which he detects no less than six morbid conditions of the body, from as many different morbid tastes. He notices first, the sour taste; 2d, the bitter; 3d, the uric; 4th, the rotten egg taste; 5th, the fishy; 6th, the metallic. The first morbid taste points to the stomach as the seat of acidity. The 2d, to the liver, as functionally disturbed, permitting the bile to go the round of the circulation. In the 3d, the kidneys are performing their functions very imperfectly; not secreting the uric acid in its due quantity. In the 4th, both the liver and kidneys are involved. The 5th, is indicative of the presence of phosphoric acid and animal oil. And the 6th, is the precursor of ptyalism.

On the motion of the tongue, he has four notices:—The quick, indicating excessive cerebral energy, giving rise to quick perception and conception; and in disease is a forerunner of delirium. 2d, the slow, showing defective cerebral action. He considers the tongue as a true dynamometer for the whole system. Its slowness shows deficiency of strength, especially in the voluntary apparatus. 3d, the vibratory motion, warning us that the system is in a dangerous condition; whatever degree of energy may have been collected, is suddenly and rapidly exhausted. 4th, a motionless tongue, indicates the absence of cerebral power.

But the most important functions of the tongue, pathologically considered, are those which regard its secretions and excretions, and are considered under the different colored furs, as they appear upon the tongue; of which the Dr. enumerates five; 1st, the white tongue, showing that chyle is floating in the circulation, unchanged by the lungs; 2d, the brown or yellow tongue, corroborating the evidence of the bitter taste, and pointing to functional derangement of the liver; 3d, the black tongue, arising from the presence of both uric acid and bile in the blood; not being seperated by the liver and kidneys and producing what is termed the dissolved state of the blood; 4th, the blue tongue, reporting the blood not to be properly decarbonized, &c. 5th, the dotted tongue, the infallible precursor, of exanthematous disease, and according to the different aspect of the dots, the nature of the eruption may be foretold.

The form of the tongue he also considers pathologically. The full and swollen tongue shows the superiority of the automatic over the cerebral system. The contracted, the converse of this. The flat, sulcated tongue, points to derangement of the chylo-poietic viscera. The sharp pointed, shows an obliquity of the mind, and the tongue contracted on one side from the raphe is the forerunner of paralysis.

This is a faint view of one of the Dr.'s methods of analysing disease, selected from notes, taken while his pupil, though not very accurate, may convey some idea of the manner in which he traces effect to cause, and how he determines his pathology.

It will be perceived that all the various morbid phenomena, just described as reported by the tongue, or in any other way, are traced back for their primum mobile, to one or the other system of nerves.

M.'s system of symptomatology or tracing of symptoms in their utmost connections and dependancies to their centres, must be acknowledged by all, who admit the analyctic mode of induction, to be the only truly philosophic way of studying medicine, and if so, must necessarily produce a complete revolution in all works upon the practice.

The last peculiarity we shall at present notice, in regard to Dr. M.'s views of the offices of the nerves, is his classification of the articles of the materia-medica, according to the "particular foci of nervous radiation." Vide his suggestions, page 328. Thus it is evident, in extent of investigation of the sympathetic nerve, and in analyctic inductions, M. is greatly in advance of Mons. Brachet. For he has applied his principles to every department of medicine. And if, as is now generally admitted, the nerves perform the fundamental operations in health and disease, and that the old notion, about the brain and nerves, is fundamentally erroneous, and this new view correct, then it follows, that M.'s system of medicine, will prove to have been the pioneer, which in after time shall have superseded all others, by its general adoption. It is not pretended, however, that he has brought it to perfection, but he has opened a new and more rational avenue, for farther improvement.

In view therefore of our exposition, to show Dr. M.'s originality in regard to the Ganglionic nervous system, we have the credulity to think, that no impartial and unprejudiced mind, can longer hesitate in awarding to him the merit of discovery. This exposition is not only due to the author, but also the school of which he is one of the professors; for, if all the clamor that is now making in Europe, in regard to this new doctrine of the great sympathetic nerve, be of such great and vital importance to improvement in medicine, it is right the world should know, that the credit of first promulgating and teaching it belongs to Dr. Miller. And if it will give a far greater precision to medicine than it has hitherto obtained, we ask, where the student should go to obtain correct knowledge of it, but

to the school which gave it birth and applied it in all the different branches of the science?*

If other American schools of medicine are willing to follow on and teach the antiquated dicta of foreign hypotheses, the Washington Medical College is resolved to inquire for herself. and give the result of research and correct observation to her students.

The writer sincerely regrets, that no one more experienced has stepped forward to the present undertaking. The facts, however, will speak for themselves. We understand that Dr. M. intends a more enlarged and detailed publication of his views of the nervous system; such a publication we think, would be highly important, and more particularly so at the present moment, as it would furnish its own best argument of originality.

A. M. Jun.

* As an alumnus of the College, he trusts the interest he takes in its welfare, wil allow him the privilege of making such an induction.

ANALECTA.

Report of the Dublin Committee, on the Motion and Sounds of the Heart.

[Continued from page 448.]

"SECTION III.—*The successive Motion of the different Parts of the Heart.*—From the experiments on the motions of the heart, the following conclusions may be drawn:—1. In the heart of warm-blooded animals, the systole of the ventricles follows immediately the systole of the auricular appendices. 2. During the systole of the ventricles, the auricles are distended by blood from the venous trunks. 3. When their systole has ended, the ventricles become relaxed and flaccid, and blood passes rapidly, but not with force, from the auricles into their cavities, 4. The auricles are never emptied of their blood. and contract but little on their contents, an active contraction being observable only in their appendices. 5. If the interval between two successive beats of the heart be regarded as divided into four equal parts, two of these parts may be allotted to the duration of the ventricular systole; something less than one to the interval between the termination of the ventricular systole, and the beginning of the diastole of the appendices, during which interval little motion is observed in the auricles; and the remainder to the diastole and systole of the auricular appendices. 6. The ventricles, in their systole, approach the front of the thorax, and, by their contact and pressure against it, produce the impulse or beat of the heart. 7. The beat of the heart and the pulse in the arteries are synchronous, only, when the pulse is felt in arteries close to the heart; in those at a distance, the pulses are later than the beat of the heart, by intervals of time proportioned to the distances.

"In the heart of the frog, which was examined in the fourth experiment, the ventricle swelled, and approached the sternum in its diastole, and receded from its systole. This difference between the movements of the heart in that animal, and in the other subjects of experiment, may be explained by considering, that in the heart of the latter the swelling of the ventricle, during systole, is produced by the thickening of their muscular fibres, which are then in a state of contraction, and of which the mass bears a large proportion to the size of the internal cavities, while, in the heart of the frog, the sides of the ventricle are thin, and the cavity is large, and the increase of thickness of the sides of the ventricle caused by the contraction of their fibres, is more than counterbalanced by the diminution of volume of the ventricle attendant on the expulsion of its contents.

"SECTION IV.—From the experiments on the sounds of the heart, it appears to follow:—1. That the sounds are not produced by the contact of the ventricles with the sternum or ribs, but are caused by motions within the heart and its vessels. 2. That the sternum and front of the thorax, by their contact with the ventricles, increase the audibleness of the sounds.—3. That the first sound is connected with the ventricular systole, and coincides with it in duration. 4. That the cause of the first sound is one which begins and ends with the ventricular systole, and is in constant operation during the continuance of that systole. 5. That it does not depend on the closing of the auriculo-ventricular valves at the commencement of the systole, because such movement of the valves takes place only at the commencement of the systole, and is of much shorter duration than the systole. 6. That it is not produced by the friction of the internal surfaces of the ventricles against each other, as such friction cannot exist until the blood has been expelled from the ventricles, whereas the first sound commences with the beginning of the ventricular systole. 7. That it is produced either by the rapid passage of the blood over the irregular internal surfaces of the

ventricles, on its way towards the mouths of the arteries, or by the *bruit musculaire* of the ventricles, or probably by both these causes. 8. That the second sound coincides with the termination of the ventricular systole, and requires for its production the integrity of the semilunar valves of the aorta and pulmonary artery, and seems to be caused by the sudden check given by the action of these valves to the motion of the columns of blood driven towards the heart after each ventricular systole, by the elasticity of the arterial trunks.

"The Committee wish, in including this Report, to express their opinion, that although much light has been thrown on the subject of the Motions and Sounds of the Heart, by recent investigations, here and elsewhere, the nature of the inquiry is such as renders it difficult, in many instances, to arrive at satisfactory conclusions. They also think that the subject, from its importance, whether in a practical view, or as an object of philosophical inquiry, is deserving of further investigation.

Signed—

"Robert Adams, A. M., Lecturer on Anatomy and Surgery, Surgeon to Jervis-street Hospital, &c.; Lobert Law, A.M., M.D., Physician in Ordinary to Sir P. Dun's Hospital; George Greene, A. B., M. D., Fellow of the College of Physicians, Lecturer on the Practice of Medicine, and one of the Medical Inspectors of the House of Industry; Ephraim M'Dowel, M.D., M. R. I. A., Censor of the Royal College of Surgeons, one of the Surgeons to the House of Industry; Bruce Joy, M. D., Fellow of the College of Physicians; John Nolen, M.D., Demonstrator of Anatomy in the University of Dublin; Evory Kennedy, M. D., Master of the Lying-in Hospital; Hugh Carlile, A. B., Demonstrator of Anatomy in the University of Dublin."

2. Dr. Harrison wished to direct the attention of the meeting to a peculiar species of entozoa, occasionally found in the voluntary muscles of the human subject. Here is an enlarged view (said Dr. Harrison) of the biceps of a human subject, and you may perceive that the body of the muscle is dotted all over with oval white specks. When examined with a microscope, these specks are found to consist of a semitransparent cyst of an elliptic form, in the interior of which a minute worm lies coiled up into spires. These specks are more distinct a few days after death than in the recent subject, in consequence of the cysts becoming more opaque. The worms have been frequently examined after being removed from the cysts, and have been found to move for several hours after the death of the individual. They are of a pyriform shape when taken out, and seem to have a kind of transverse opening at their larger extremity. I do not exactly know to what particular class of entozoa they are to be referred; the general opinion seems to be, that they belong to a new class, of which the genus is not ascertained,—but this is a matter which seems to require farther investigation. I have never found them in any of the involuntary muscles: a few have been met with in the semi-involuntary, particularly along the margins of the diaphragm, and in the sphincter ani; but they are chiefly observed in the voluntary muscles, especially those of the loins and back. Out of six specimens examined, I have not been able to detect any of them in the heart or the muscular tunics of the intestines. They occur in the limbs, but less frequently than in the back and loins: I have seen a greater number of them in the latter situation than in any other. In the liver of the same subject from which this drawing of the biceps was taken, I found a large cyst containing hydatids; and I mention this fact, as showing the same disposition in the individual to the formation of *viventia intra viventia.* I have, in addition, to state, that I have never observed these entozoa except in emaciated individuals of an apparently scrofulous habit. In three of the six persons examined there was tubercular disease of the lungs, in the rest there were manifest signs of previous scrofulous ulceration. Dr. Harrison said he mentioned these facts, in connexion with what had been stated by Dr. Houston. He had not examined that state of the muscles in the hog, to which the name of measles was popularly given, but thought it probable, that this state might depend on a cause somewhat analogous—namely, the development of entozoa.

3. Dr. Jacob would trespass for a few minutes on the attention of the meeting, while he examined some statements put forward by M. St. Hilaire, in a paper containing an account of the mammary glands in the cetacea. The object of M. St. Hilaire seemed to be, to prove that the mammary glands in these animals are peculiarly circumstanced, and that the process of sucking in the young of the cetacea differs from that of the other mammalia. These circumstances are the position of the gland between the belly and the subcutaneous muscles, by which it is said to be subjected to pressure, and the existence of a reservoir for the milk running the whole length of the organ. Dr. Jacob argued, that the existence of a subcutaneous muscle did not prove that it was capable of pressing out the fluid contained in the gland, or that this pressure might occur only when the young animal was applied to the mamma. As to the reservoir, the only peculiarity in it consisted in its being formed of a single cavity; and the existence of such a provision was necessary, when the posture of the animal and the situation of the nipple were taken into consideration. Another of M. St. Hilaire's assumptions was, that the young of the cetacea could not suck under water. Into this point it was unnecessary to enter, as it had been already disproved by Dr. Traill. Dr. Jacob here described the progress of sucking, and proved that during that act respiration is carried on freely and calmly. He said that one of the most curious circumstances connected with the matter under consideration was, the apparent ignorance of the uses of the soft palate manifested by M. St. Hilaire. Dr. J. looked on the soft palate as a most important organ, discharging the office of a perfect valve, and capable of completely closing up the posterior openings of the mouth or nares, as occasion required. He

concluded by showing some interesting experiments to illustrate the use of the soft palate in respiration, sucking, &c. Dr. Jacob exhibited several preparations and drawings of the mamma in cetaceous and other mammalia.

4. Dr. Hart read a report from Dr. Roupel, on the effects of poisons on the animal system. Dr. Roupel commences by stating, that his colleague, Dr. Hodgkin, had already laid before the medical section at Edinburgh, a report of the effects of irritants. The object of his paper was, to show the effects produced by poisons introduced into the circulating system, and the affinity they appear to exercise for the component elements of different parts of the body.—Several plates were exhibited, illustrating the results.

Plate 1st represented the stomach and intestinal canal of a dog, poisoned by arsenic. An ounce of the saturated solution of arsenic, made by boiling arsenious acid, and allowing it to cool, was injected into the femoral vein of a dog. In three minutes afterwards the animal became sick, and made an attempt to vomit: his breathing also became very much hurried. In ten minutes more, great intestinal movements appeared to be going on, and the abdominal muscles were forcibly contracted; in twenty-five, vomiting took place, followed by paralysis of the hind legs; in thirty-five, the animal died. The body, when examined, shortly afterwards, was found rigid, the blood fluid, the lungs stuffed with mucus, but not inflamed. The peritoneum was rough, and had lost its shining appearance; the stomach presented the hour-glass contraction, and was found to contain an ounce of tough mucus. The great end was much inflamed, the lesser differed very little from its healthy state. The large intestine was free from disease, and contained solid fæcal matter. The chief alteration was in the small intestine, which was extensively inflamed, and covered with a layer of tough mucus, tinged with blood. There was no change in the mucous membrane of the trachea, or bronchi; or in the lining of the heart, veins, or arteries. The chief points of interest, connected with this experiment, are the absence of inflammation in those parts, with which the poison came in contact, and the circumstance of its being restricted, almost exclusively, to the intestinal canal.

Plate 2nd represented the stomach of another dog, poisoned in the same way. The subject of this experiment was a strong animal, and the solution of arsenic which was employed had been filtered. The same quantity, however, was administered as in the former case, and the poison was injected into the femoral vein.—Shortly after the operation, vomiting took place; in twelve minutes, solid fæces were passed from the bowels, followed by tenesmus. In thirty-five minutes, vomiting, cramps, and dysenteric symptoms occurred, which continued with more or less severity, and in about two hours the animal died. The lungs were injected, but not inflamed. The stomach and intestines were universally inflamed; the former contained about four ounces of frothy mucus, the latter, throughout its entire length, a bloody secretion. The mucous membranes of the rest of the body were redder than natural, but no change could be detected in the lining membrane of the venous or arterial systems. In this instance, the longer interval between the injection of the poison and the death of the animal, gave time for a greater extension of inflammation.

Several experiments were made with smaller quantities of the arsenical solution, but without any fatal result. Half an ounce thrown into the femoral vein of a strong dog, appeared to produce but little inconvenience. Half an ounce of the liquor hydrargyri oxymuriatis was injected into the veins without producing any appreciable result. An ounce (which contains half a grain of the corrosive sublimate) produced dysentery and considerable distress, but not death.

The next trials were made with tartar emetic. The preparation employed was the vinum antimonialis. An ounce of this was thrown into the saphena vein of an active terrier. The first and almost immediate effect of this was to produce symptoms resembling intoxication—a circumstance which may be attributed to the quantity of alcohol contained in the preparation employed. The animal was able to stand and run, but reeled about and tottered in its gait.—On being visited some hours afterwards, it was found dead: from the appearance of its jaws, vomiting seemed to have taken place. The brain was found natural in appearance, and the intestinal canal presented nothing different from the normal state; the chief alteration appeared to have occurred in the stomach, which exhibited signs of intense vascularity, particularly at its greater end.

Several other experiments were made, but of less interest. When a solution of a metal in strong acid was employed for the purposes of injection, death took place rapidly, and the mucous membrane presented a marked red appearance. Dr. Roupel has been able to satisfy himself, as to how far such changes in the intestinal canal are to be attributed to the compound, or to the effect of the simple acid, which, in itself, would coagulate the blood, or greatly predispose to that condition. The injection of a solution of creosote—a substance which appears to possess the greatest power in this way—has no influence on the intestinal canal. A drachm of this substance, mixed with water, produces no effect; but when injected pure, death has been the result. The appearances seen on dissection in this case, were confined to the lungs, which were black, and gorged with blood that appeared to consist of minute granules, mixed with a fluid of inky blackness.

Dr. Roupel concludes, that any attempts at explaining the effects of the foregoing experiments, must, in the present state of animal chemistry, be merely conjectural. How far poisonous substances prove irritant by their chemical agency, or by exciting in certain parts the peculiar susceptibility to inflammatory action, it is not easy to determine, but it must be admitted, that something more than mere contact is required in those cases where irritants applied to the surface, or thrown into the veins, provoke inflammation of the intestinal canal. Whether

it be, that the system is on its guard against those substances which tend to increase the coagulation of blood, must be made a matter for future investigation; but certain it is, that substances endowed with this property seem to have a great tendency to excite the inflammatory condition. It is a curious fact, also, as connected with this point, that the coagulation of the blood becomes diminished under such circumstances; or, in other words, that coagulation goes on more slowly in an inflamed state of the blood.

Dr. Hart concluded by moving the thanks of the Section to Dr. Roupel, for his interesting Report.

5. Dr. Alison said he had been for some time past occupied in endeavoring to form an estimate of the physiological principle of spontaneity of movement in animal bodies; in other words, of the movements which occur in these bodies, independent of their living solids. He considered it important to come to a decision on this point; for if this principle exists, its alteration, where it can be effected, must make a fundamental change in the circumstances of many diseases. If it exists, it is very probable that it is connected with the functions of the capillary system—a system which is at present acknowledged as having a very remarkable connexion with the phenomena of diseased action in general.

Two branches of this inquiry are particularly deserving of attention. First,—Whether the phenomena of inflammation can be explained on the supposition, that the only vital principle is the action of the heart and vessels. Secondly,—If the movements of the blood through the lung can be explained on this principle. Dr. Alison thought these questions must be answered in the negative.

The first series of experiments made by Dr. Alison, went to prove that the vital power of tonic contraction (to which Dr. Parry has given the name of tonicity, and which terminates the degree of contraction in arteries after death) becomes diminished in arteries going to inflamed parts. Dr. Alison here detailed an hydraulic experiment which was made on the axillary arteries of a horse, the one leading to sound, the other to inflamed parts, by means of two tubes furnished with stop-cocks—the rise of the water in one of the tubes being the measure of the distension of the artery. By these it was found that the reaction of a sound artery raised the level of the fluid sixteen lines, while that of the diseased artery raised it only ten lines, thus proving that the sound artery was capable of greater distention than the diseased. As this experiment might be objected to, as being performed ten hours after the animal's death, the axillary arteries of another horse were experimented on half an hour after the animal died. The subject of the experiment had labored under violent inflammation of the knee joint, for which blood had been copiously extracted. On measuring the arteries of the diseased and sound limb, those of the latter were found much larger. The diseased arteries were also found to become enlarged as they approached the inflamed part. A portion of artery which was examined measured 7-8ths of an inch at its upper or smaller extremity, and 12-8ths at its lower. In this experiment the artery of the sound limb expelled $1\frac{3}{4}$ inches of water, while the artery of the inflamed limb expelled only $1\frac{1}{2}$. In another experiment made by Dr. Spittal, the greater dilating power of the sound artery was also observed; the difference between the contracted and dilated state of the sound artery being 8-24ths, of the diseased artery 6-24ths.

From these experiments it results, that the arteries leading to inflamed parts become relaxed and weakened, transmitting the impressions given by the heart with less modification, and having less power of contracting on the blood. This being established, the question is, whether this state of the arteries is an adequate cause for the phenomena of inflammation—that is, whether inflammation consists in this condition of the vessels? He thought this question required further investigation. Two changes occurred in all cases of inflammation—a retarded movement of the blood in the vessels of the part, and an increased movement in the surrounding vessels. If we suppose that inflammation consists in an altered action of the vessels of the inflamed part, we make no attempt to explain the difference between inflammation and simple congestion. This subject requires a vast number of experiments for its elucidation.

6. The next part of Dr. Alison's paper contained some notices on the cause of death in cases of asphyxia.

He commenced by stating, that it was well known that the admission of air into the lungs was absolutely necessary for the prolongation of life; that when air was excluded, the power of the heart became inadequate to the transmission of the blood, which, under such circumstances, could no longer pass through the lungs. The question then was, in what manner respiration exercised this auxiliary power? He referred to the doctrines of Haller, Bichat, Goodwin, and others, and stated that the theories of the two latter being found erroneous, the doctrine of Haller had been again revived. The best mode of bringing this doctrine to the test was, to show what occurs in an animal breathing a gas which contains no oxygen; where the mechanical change is going on, but the chemical is suspended. He therefore thought, that by confining an animal in azote until its breathing became labored, and then taking it out, and killing it immediately, he might have an opportunity of ascertaining whether the blood passes through the lungs, as in a case where the chemical change is going on. A rabbit having been confined in azote, was taken out, and its sensibility destroyed instantaneously by a blow on the head. It never appeared to inspire after the blow was struck, but was slightly convulsed. On opening the chest, Dr. Alison was surprised to find that the contractions of the heart were extremely feeble. The right side of the heart was distended with blood, and the quantity of blood procured by puncturing the pulmonary artery, was ten times as much as could be got from the left side of the heart. In the right side of the heart there was a faint pulsation, which conti-

nued for a short time; the left side appeared to be quite motionless. From this experiment it would appear, that if oxygen is not inspired, and if the chemical change in the blood is suspended, obstruction to the circulation through the lung takes place, and asphyxia results, although, at the same time, the mechanical action of the organ may continue. In what way, then, are we to suppose that the inspired air acts on the circulation? If we suppose it to act as a stimulus on the capillaries of the lung, the theory is open to objection, inasmuch as it has not been proved that these vessels are capable of contraction. On the other hand, we cannot suppose that the air acts on the vessels of the lung, as a sedative. The only conclusion we can come to, in the present state of our knowledge, is, that atmospheric air, applied to the blood in the lungs, promotes its passage through these organs in a manner wholly inexplicable. The motion of the blood through the lungs appears to be determined by a cause independent of any impulse from the containing solids. This view of the question appears to be borne out by what is observed in vegetables and the lower tribes of animals, in which the fluids move without any contraction on the part of their containing solids, and seems to be confirmed by the vibratory motions of the ciliæ, as observed by Purkinje, motions which Dr. A. seems inclined to attribute to spontaneous currents in the fluid itself.

Dr. Alison, in reply to a question from Dr. Granville, stated that the sound artery contracts more and dilates more than the disease.

Dr. Granville remarked, that the experiments did not mention whether the portions of sound and diseased artery experimented on were equal in point of capacity, and contained the same quantity of fluid?

Dr. Alison said the diseased artery was a little larger than the sound one, and of course would take in a little more water. The length of the two portions experimented on was the same: there was some slight difference in the calibre.

7. Dr. Stokes stated, that he had already, in two communications, published in the Dublin Medical Journal, pointed out some of those important signs which result from the effects of a distending force on the thoracic parietes, and had shown that the diagnosis of empyema depends, in a great measure, on this circumstance.

Without entering on the question, as to whether organic diseases of the thoracic viscera are followed in all cases by some alteration in the volume of these organs, we may divide cases of thoracic disease into two classes: first, those in which there is no manifest alteration; and secondly, those in which there is a manifest alteration of volume. This division, however, is merely arbitrary. These enlargements are of two kinds: either an actual increase of volume of the parenchyma of the lungs, or a distention of its serous covering. The affections in which these occur may be termed diseases of accumulation. Another and more important division is that founded on the effect of disease, in increasing or diminishing the quantity of air within the thorax. If we take empyema on the one hand, and dilatation of the air cells and pneumothorax on the other, we find that these diseases of accumulation may occur with a diminution or an increase in the quantity of contained air, so that the diagnosis depends—first, on the evidence of accumulation, and next, on the physical properties of the accumulated matter. In empyema, there is accumulation and pressure from a non-elastic fluid; in emphysema and pneumothorax, from an elastic medium. In empyema, we have, in addition to signs of displacement, proofs of a diminution in the quantity of contained air; in the other affections, we have also displacement, but the quantity of air is increased.

There are, however, some very interesting points of difference, connected with the results of these diseases on the walls of the thorax. In empyema, the dilatation is most remarkable in the inferior portion of the lung; in emphysema, in the superior. A still more remarkable difference appears to be connected with the effect of these two diseases on the muscular parietes of the chest. In empyema, the muscular parietes of the chest yield, in a very obvious manner, to the effects of the disease,—the intercostal spaces are obliterated, the affected side enlarged, and the diaphragm depressed; but in emphysema, the disease may be carried to a great amount without producing these appearances. Now what is the cause of these remarkable differences? To explain this was the object of the present communication.

It would appear that the explanation of the dilated state of the intercostal muscles was to be sought for in the circumstances attendant on pleuritic inflammation. It is a well established fact, that when muscular structures are in close connexion with inflamed tissues, their functions become impaired; and in such cases we observe —first, an increase, and afterwards, a diminution of innervation. In the first place, we have pain, spasm, and irritation; in the second, weakness and paralysis, more or less complete. Under the latter condition the muscular fibres lose their contractility. Dr. Stokes here referred to the researches of Dr. Abercrombie on Ileus, in which the morbid appearances were found to be confined to the dilated, and not to the contracted parts. With respect to the evidences in favor of the opinion, that the displacement of the thoracic muscles was the result of paralysis, he stated, that in the first stage of pleuritis we have pain on inspiration, without protrusion of the intercostal spaces; but in the more advanced periods, pain is absent and respiration more free, but the intercostal spaces yield, and we have smoothness of the side produced. The latter circumstances correspond with the minus degree of innervation or paralysis. The next evidence is, that mere pressure is not sufficient to produce this. If we examine emphysema or hydrothorax, we shall find that in both there is strong pressure exercised on the muscular parietes of the thorax, as shown by the enlargement of the chest, yet the intercostal spaces are not necessarily dilated. The last point of evidence is the sudden yielding of

the diaphragm, which Dr. Stokes had observed in certain cases of empyema. This yielding was as extensive as it was sudden, and was not accompanied by evidence of increase of effusion. He thought, therefore, that he was borne out in the conclusion, that the protrusion of the intercostal spaces, and the depression of the diaphragm, are the result of a semi-paralysed state of these organs.

This principle, if established by future investigations, might be applied to the investigation of other forms of thoracic disease.—Of pleuritis he had already spoken: it would be necessary to make a few observations with respect to bronchitis and pericarditis. In all these the suffering of the muscular tissue in the first stage has been recognized, but the effects of inflammation in the advanced condition has been neglected. In bronchitis, it is a question how far the paralysis of the circular fibres of the bronchial tubes may account for the accumulation in those tubes, which is so commonly followed by asphyxia, in cases of bad catarrhal fever. In such cases we often see the patient dying from the effects of the accumulation in the lung, although there is no remarkable general prostration, and the individuals possess a considerable degree of muscular strength, so far as the system of animal life is concerned.—Again, it might be inquired, how far, in dilatation of the bronchial tubes, this condition may have existed. All writers seem to have acknowledged that Laennec's explanation of this occurrence is imperfect and unsatisfactory. Lastly, in cases of pericarditis, this principle (if admitted) would serve to explain the fatal termination of the disease. How accurately do the symptoms of the advanced stage of pericarditis, the syncope, the weakness, the failure of the pulse, correspond with a more or less paralysed condition of the heart? How singularly do the phenomena of the first stage correspond with the increase of innervation which we know to be the first effect of inflammation of the muscular structure? The same principle would serve to explain the supervention of active aneurism on the advanced stages of pericarditis. In the weakened state of the heart, it yields to the pressure of the blood, and by degrees its cavities become distended. On the hydrostatic principle, the force of this distention must be every moment increasing, and, of course, the progress of the disease will be proportionally rapid. Now, suppose that the inflammatory process ceases, the muscular fibres of the heart recover their tone, but they have an increased duty to perform; and, from the well known law in physiology, their growth is increased. To dilatation is added hypertrophy, and thus active aneurism is established. This theory differed from that of Andral, who assumes that the hypertrophy takes place from the first, and omits the possibility of an intervening paralytic condition of the heart.

The last point to which Dr. Stokes referred, related to the phenomena of respiration in Laennec's emphysema. If we take two cases of disease of accumulation, as, for instance, empyema and dilatation of the air cells, and suppose that in one the chest yields *pari passu* with the enlargement of the lung, while in the other it is rigid and unyielding, it is plain that the physical conditions and signs must be different. This appears to afford an explanation of the feebleness of respiration in dilatation of the air cells. If the quantity of air in the lung be so great as to keep it forcibly distended even after expiration, it is obvious, that on the next inspiratory effort, the volume of air which enters will be minus the expansion of the lung from its distending force. If this be true, and this cause be the principal source of the feebleness of respiration, it should follow, that if the chest yielded easily to the enlargement of the lung, the disease would occur without the characteristic sign; in other words, the feebleness of respiration would be more a measure of the compression of the lung, than a direct sign of Laennec's emphysema. Dr. Stokes brought forward an illustrative case, and concluded by stating, that these observations and suggestions should be tested by future investigation.

Dr. O'Beirne read an abstract of his views on the functions and diseases of the intestinal canal.

Dr. O'Beirne said, that his observations on this subject, first published in February, 1833, had elicited a very large share of attention, and were made the theme of considerable discussion. Several high medical authorities had adopted his views, while others had rejected them, and the matter had been taken up very warmly by the reviewers, who manifested on the occasion a remarkable difference of opinion. This, however, did not appear singular, when the prejudices in favor of old doctrines, and the dislike of new ones, were taken into consideration.

It would be remembered by those who were acquainted with his views, that the chief application of them was connected with the doctrines which he maintained as to the functions of the ileo-cœcal valve, the sigmoid flexure of the colon, and the rectum. As to the ileo-cœcal valve, he looked upon its action rather as a mechanical than a vital one. It formed a very perfect valve, and, from various experiments which he had made, he had found it impossible to force a quantity of air or water from the colon into the ileum. With respect to the sigmoid flexure, he was of opinion, that when empty, it lay in the pelvis, doubled over the rectum; and that anatomists had fallen into an error in describing it as being situated in the left iliac fossa, a place in which it was never found, except when raised by fæcal distention.

Dr. O'Beirne next proceeded to develope his views concerning the structure and func-

tions of the rectum, and adduced several facts and arguments to disprove the objections advanced by Mr. Salmon. He showed that an elastic tube could be introduced into that portion of the canal, and passed into the colon, with great facility, and without exposing the patient to any risk of injury. A vast number of facts and observations were brought forward to show that the rectum, in its natural and healthy condition, is never employed as a reservoir for fæces. In corroboration of this statement it was shown, that in cases where the integrity of the sphincter ani has been destroyed by disease, accident, or operation, incontinence of fæces seldom or never results—a circumstance which could not occur if fæcal accumulations existed in the rectum.

From the results of his numerous experiments and pathological investigations, Dr. O'Beirne comes to the conclusion—first, that the ileo-cœcal valve permits the fæces to enter readily into the colon, but prevents their return into the small intestines; secondly, that the cœcum and colon, from their position and relations, must be always more or less distended with fæcal matter; thirdly, when these become so distended as not to be capable of receiving any more, the small intestines must become also distended; fourthly, that fæcal accumulations are never found in the rectum, except in cases of injury done to the nervous centres, followed by paralysis, and in very weak individuals of a sedentary habit.

With respect to the difficulties stated to be connected with the introduction of an elastic tube into the rectum, he did not believe in their existence. The operation had been performed even by nurses. He had met with some difficulty, at first, in prevailing on patients to submit to the operation, but this was very rarely met with at present. The instrument which he was in the habit of using was the large syringe, with a patent lever, manufactured by Mr. Weiss, and he used the same tube in infants and adults. The degree of force necessary to introduce it is sometimes great; but he had never seen any bad consequences from it—indeed, it was almost impossible to inflict any injury with it, except in cases of organic stricture of the rectum, which were much more rare than generally imagined.

Dr. O'Beirne concluded by detailing several cases of dysentery, strangulated hernia, constipation, and tympanitis, in which the use of the tube was followed by speedy and effectual relief.

Mr. Adams read a paper on aneurism by anastomosis.

Mr. Adams commenced by stating, that it was Mr. J. Bell who had the merit of first directing the attention of the profession to this disease. Many were acquainted with it before his work appeared; the true arterial form of it, however, was generally confounded with true aneurism, and the operations, which were performed in ignorance of its nature, were imperfect and unsuccessful. It was pleasing to reflect on the good which Mr. Bell had effected; but still it must be acknowledged that our knowledge of the nature, form, and anatomical characters of this affection were limited, and he did not think he was occupying the time of the section unnecessarily in attempting to throw additional light on the subject.

Much variety prevailed in the external characters and appearances of this disease. It sometimes occurs in the form of stains or nævi on different parts of the body of a Modena blue colour; in other places it assumes a vermillion tint. Here the disease is confined chiefly to the capillary vessels; in the former case to the arteries, in the latter to the veins. In others of these nævi a pulsation is found to exist; here the aneurismal condition is not limited to the capillaries, and extends to the neighbouring arteries. These grow very rapidly, bleed frequently, and often require an operation to save the patient's life. This operation, however, was not always successful. The surgeon is called on to operate at great risk, and it has not unfrequently happened, that in cases of the disease in children, death has occurred *in ipso opere*. Where these aneurisms are confined to the capillary vessels, the disease is generally mild; when they extend to the larger arteries and veins the consequences are more dangerous.

The first or simple form of the disease commences like a stain in the skin, of a claret or rose colour. Sometimes they are very small, sometimes they extend nearly over the whole body; the condition of the skin is altered, but there is no tumefaction. They occasionally remain quiet for years, but sometimes, particularly about the time of puberty, suddenly increase in size. Occasionally this state of the vessels is not limited to the skin, but also extends to the muscles, and even exercises inconvenient pressure on the bones. One of the most remarkable forms of the last mentioned affection is that which sometimes attacks the tongue. It is seated in the veins, grows slowly, and has no pulsation. At other times it assumes a sudden increase of size, particularly in females during the menstrual period. [Mr. Adams here exhibited a drawing of this disease, as it appears in the tongue of a female. The tongue is much enlarged, and protrudes from the mouth. This, however, does not interfere with the patient's singing, or the pronunciation of the lingual consonants.]

The next case which he had to lay before the section, was one which had been operated on some years back at Mercer's Hospital, by Mr. Reid of this city. The disease had followed an injury of the lip, received at Trafalgar, and like the former was confined to the veins. Pressure had been tried in this case

without effect; the tongue increased in size, and being frequently wounded by the sharp points of the teeth, vast qantities of blood were lost. It was to arrest one of these hæmorrhages, that the common carotid artery was tied. It had the effect to produce a temporary shrinking in the tumour, but the disease remained unchecked, and the patient died some time afterwards from hæmorrhage, produced by sloughing of the carotid at the situation of the ligature.

The next class of nævi were those connected with the arterial system. Mr. Adams here exhibited several beautiful drawings, by Mr. Conolly, to illustrate this form of aneurism by anastomosis. He detailed the particulars of a case, which had been operated on successfully by Mr. Carmichael. The operation consisted in passing a number of threads (twelve or fourteen) through the tumour; this was followed by suppuration of the parts and withering of the aneurismal vessels. The only thing further he had to observe, with respect to this form, was that in females it sometimes became the seat of vicarious menstruation.

The second part of the paper was occupied in considering the subject of aneurism by anastomosis. This disease was also first described by Mr. Bell, and is much adverted to by the French. In this disease the arteries are not only dilated, but also coiled up and extremely tortuous, presenting at various parts of their course nodosities, somewhat resembling the bulb of a thermometer. M. Breschet who has paid a great deal of attention to this disease, expresses in one of his publications, the regret he felt in not having had an opportunity of studying the disease in the living. Mr. Adams had a regret of an opposite description, he had not been able to examine it in the dead. It was pleasant, however, to reflect, that the facts recorded by each would match the other, and tend to give a correct general view of the disease. [Mr. Adams here exhibited drawings illustrative of the form of aneurism under consideration.]

Aneurism by anastomosis is a disease in which the patient may live for years. The woman to whose case he had just referred, died not of aneurism but of consumption, and he had known patients to live with it for twelve, fourteen, and even seventeen years.

The last case to which he would allude was that of a woman whom he had recently visited, and whom he would be happy to shew to any gentleman wishing to examine the disease. In this case the disease had commenced about fourteen years since, on the left side of the neck, in the vicinity of the ear, and was attributed to a blow. It extended gradually downwards, and at present occupies the whole of the supra-clavicular fossa. The fremissement is not only distinct in the tumour, but can also be felt and heard over the mastoid bone on the opposite side of the neck. Its diagnosis is established by the history of the case, its duration, the appearance of the veins on the surface, and the remarkably distinct purring thrill.

With regard to the structures of these aneurismal conditions much obscurity still exists. Mr. Bell says, that it consists in a tortuous condition of the arteries. He states that there are three peculiarities to be observed in all such tumours; first, a congeries of small arteries; next, a congeries of absorbing veins; and lastly, of intervening cells.

Mr. Adams here took an elaborate review of the different accounts given of aneurisms by anastomosis, and stated that the structure of these tumours seems to be analogous to the erectile tissues. One of the best modes of ascertaining their structure had been adopted by the late Mr. Skeleton; this gentleman having injected the part through one of the largest vessels, and then by placing it in an acid solution, corroded its animal parts, leaving the vessels entire. A magnified drawing of this preparation was exhibited to the meeting, shewing the retiform arrangement of the vessels, their tortuosity, and their abrupt enlargements at certain spots, and contractions at others. Mr. Adams concluded his elaborate paper by some interesting observations on the tortuosity of arteries.

A member gave an account of an aneurismal disease of the interior of bone, first described by Breschet. In some of the cases detailed, the division of the bone was followed by a gush of blood requiring the application of pressure. He had some doubts as to whether the last case detailed by Mr Adams, was a case of aneurism depending on a diseased state of the capillaries.

Mr. Adams. I did not say that it was a disease of the capillaries. It is the larger arteries and not the capillaries that are diseased.

Dr. Harrison said, that with reference to the tortuous state of arteries he did not think it could be looked on as a morbid condition; he would refer to the tortuous condition of the spermatic arteries, and of the horns of the deer, in proof of this view of the case.

Mr. Adams remarked that where any new action was to be carried on with vigour the arteries became tortuous, and this condition appeared to be the natural one. He would refer to the arteries of the brain in the child, and of the uterus and breasts in the mother.

Dublin Journal.

MEDICAL INTELLIGENCE.

1. *A reply to the "further remarks of Celsus on Nævi Materni," by* JOHN STEARNS, M. D.

Celsus says in his explanatory note, "It is by no means intended to deny, that the functions of the uterus are as liable to be influenced by extreme mental emotion, as those of any other organs, or that the developement and growth of the Fœtus may not be injured, checked or destroyed by very strong affections of the mind." He has here conceded all I require, and in this concession he has abandoned the whole ground on which he was erecting his beautiful edifice, and which a moments reflection, of the operation of mind upon matter, must necessarily compel him to make. Once admit this obvious fact, and who is prepared to limit the operations of the mind? what is the specific effect of this influence upon the functions of the uterus? "If the influence of the mind is so great as to check, injure, or even destroy the developement and growth of the fœtus," may it not also be extended so as to make an impression on the surface of its body? or will Celsus assume the presumptive power to say, "hitherto shalt thou come and no farther?" And if a sensible impression be made upon the body, is it assuming too much to say that it may have a certain specific form, and that form or figure may correspond with the figure which is painted on the retina, and which, by a most powerful and sudden excitement is at the same instant impelled through the delicate nerves of the eye to the brain, and from thence to the delicate frame of the Fœtus, by one continuous operation, leaving an impression, more or less indelible according to the impelling force. The power that was necessary to impress the figure upon the retina, in the case of Mrs. P. acquired such immense accession by the simultaneous and powerful excitement of terror as to impel it far beyond that nerve. It is hence very obvious, that the figure impressed on the retina will remain there as in ordinary vision, and never be transmitted to any other organ without some powerful accompanying excitement. It is also equally apparent that those weak operations of the mind which "occur in mental uneasiness, longings and distressing forebodings" to which my opponents attach the greatest importance, are unaccompanied with that sudden excitement necessary to produce any sensible effect upon the Fœtus. It is hence very easy to explain why "gravid females who are often troubled with mental uneasiness, longings, and distressing forebodings" should be exempt from any apparent marks upon their offspring. The impelling power being totally inadequate to produce this result. In confirmation of this opinion, Celsus very justly remarks, "the laws of reproduction act with such a predominant force and constancy, that they are seldom essentially deranged without some very efficient cause." And I trust that this case is now rendered so plain, that even Celsus will not deny that the turtle, the terror and the peculiar excitable Diathesis of Mrs. P. are sufficient to constitute "the very efficient cause which may derange the laws of reproduction." While I repudiate the sarcastic allusion, as unworthy of controversial notice, I have no hesitation to admit that it is perfectly immaterial whether the object of surprise were a turtle or a rattlesnake. The effect would have been the same, and the figure would have corresponded with the object, or that particular part of it which produced the strongest impression on the retina. If Celsus denies this position, it is incumbent on him to sustain his denial, by conclusive arguments or positive facts, and show conclusively that such impression cannot be made. I hope he will cease to refer to the *refuted* negative proofs and irrelevant explanations of Dr. Denman, and also to that barbarous state of Society, where women have feigned pregnancies, longings, marks and a thousand similar absurd and ridiculous whims to prove, that strong maternal emotions cannot produce impression on the Fœtus. Vivid indeed must be that imagination which can discover any cogency in such reasoning, to sustain the negative of this grave question. And even his gratuitous assertion that "supposed coincidences of longings and frights with marks and monstrosities, fail in ninety nine cases out of a hundred" is, in my opinion, equally inappropriate. The reason for these failures has already been explained, and cannot therefore be exceptions to his assumed rule. The rule which I adopt acts with the most

precise uniformity, and may be deduced from the following statement. Let gravid Females be placed precisely in the same situation and condition in every respect with Mrs. P. in the same stage of pregnancy with the same nervous irritability, and with some object of terror, as suddenly exposed to her full view accompanied with the same powerful excitement, and I hesitate not to aver that not only in ninety nine, but in one hundred cases out of a hundred, precisely the same result will be produced. This is in perfect conformity with the axiom in philosophy, that like causes will produce like effects; *and*, instead of his million of failures, he will not find one failure in a million of cases. I trust that this statement is now made too plain to be misunderstood, and is in perfect accordance with my first view of the subject, which Celsus has deemed proper to pervert and misrepresent.

I never supposed that the ordinary "whimsical longings and forebodings" &c. could have any possible effect. These are old women's fables, mere creatures of the imagination, which it is sometimes convenient to advance, to evade the argument direct, and can have no possible bearing upon the subject in issue. If Celsus is disposed to digress into topics so irrelevant, he will open a field too interminable in extent and duration for me to occupy. I shall therefore, simply attempt to reply to such arguments only as go to prove that the imagination of the mother cannot, under any circumstances, affect her offspring with nævi materni. I perfectly concur in the opinion that in the case of Mrs. P. the fright so deranged the nisus formativus as to deposit on the back the matter intended for the arms, legs and nose. But what produced this peculiar deposition, this strange error loci? Let Celsus answer, "It is one of those rare coincidences, which happen so seldom as deservedly to have no weight when we are reasoning from cause to effect." Is this, then, a mere contingency? an anomalous occurrence? an effect without a cause? I have attempted to prove the reverse, that it necessarily results from the settled laws of nature, and is perfectly accordant with the immutable principles of philosophy. To shed all the light that can be obtained on this obscure subject, it would be very desirable that professional gentlemen would deposit with the Editor of this Journal, such important and well attested cases as may have occurred to their observation.

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2. *Abstract of the Proceedings of the Medical Society of the State of New-York, at its Annual Session in February*, 1836.

Present—Dr. John H. Steel, Permanent Member, President. James M'Naughton, Permanent Member, Vice President. Joel A. Wing, Permanent Member, Secretary. Platt Williams, Permanent Member, Treasurer. T. Romeyn Beck, Daniel Ayres, Jhhn G. Morgan, Samuel White, Jonathan Eights, William Bay, Peter Wendell, Permanent Members. Sumner Ely, Otsego. Hiram Corliss, Washington. John P. Higgins, Saratoga. Samuel P. Bishop, Tompkins. Calvin W. Smith, Herkimer. John James, Albany. John M'Call, Oneida, Delegates. Samuel M'Clallen, Permanent Member. Moses Hale, Permanent Member, Robert G. Frary, Delegate, Columbia. Richard Pennell, Permanent Member. Ferris Jacobs, Delegate, Delaware.

The following gentlemen presented certificates as Delegates from their respective County Medical Societies, and took their seats accordingly:—Dr. A. G. Benedict, Dutchess. Simeon Snow, Montgomery. Daniel H. Bissel, Livingston. Henry Maxwell, Niagara. Anson Coleman, Monroe. Francis L. Harris, Erie. William S. Paddock, St. Lawrence. Augustus Willard, Chenango. E. B. Burroughs, Madison. Peter S. Swart, Schoharie. Eli Pierce, Greene. James M'Gardiner, Orange. John F. Gray, New-York. Lake G. Teft, Onondaga.

The following Physicians, being members of the Legislature, were invited to take seats as Honorary Members ex-officio:—Dr. Stoddard Judd, Dutchess. John G. Tubbs, Seneca, Lowrey Barney, Jefferson. Nicholas B. Mead, Chenango. Nathaniel Topping, Suffolk. William A. Sutton, Tioga. Samuel G. Dimmick, Sullivan. Daniel Denison. Onondaga.

Dr. Benjamin J. Walworth, President of the Medical Society of the county of Chautauque, and Dr. Charles B. Coventry, Professor in the Medical Department of Geneva College, were invited to take seats as Honorary Members.

2. The Censors of the Middle District, reported that they had not examined any students during the last year.

The Censors of the Eastern District, made a similar report.

The Censors of the Western District, made a similar report.

The Censors of the Southern District reported that they had examined and licensed the following:—1835, March 6, Michael Castle, England. April 2, John Shanks.—April 10, Henry Willsher, England. April 10, Horatio Stone. May 11, Henry Senff, Germany. June 26, John B. Stillwell, New-York. Sept. 18, George C. Ball, Brooklyn, Dec. 20, George Koch, Island of Ceylon.

3. *Dr. Hosack.*—On motion of Dr. Wendell,

Resolved unanimously, That the following entry be made on the minutes of the Society,

Whereas, this society have heard with deep regret, of the death of David Hosack, M. D. of the city of New York, long a distinguished member of this body: in testimony of our respect for his memory, and in remembrance of his numerous and valuable contributions to the science of medicine,

Resolved, That the members of this society will wear the usual badge of mourning during the present session.

Resolved further, unanimously, That a copy of the foregoing be transmitted to the family of our lamented associate, and the same be likewise published in the newspapers of this city.

4. *Dr. Hull.* The following resolution was unanimously adopted.

Whereas, by the dispensation of Providence, one of the permanent members of this Society, viz: Dr. Amos G. Hull, of New-York, has lately deceased, therefore,

Resolved, That the Society will wear the usual badge of mourning during the present session.

5. On motion, *Resolved*, That the following be the Prize Question for the current year, and that the sum of fifty dollars be offered for the best dissertation on the same.

The Influence of Trades, Professions and Occupations in the United States in the production of disease.

The following were appointed the Committee on the Prize Question for the current year:—Drs. John B. Beck, James R. Manley, Richard Pennel, John Stearns, John C. Cheesman.

6. On motion, *Resolved*, That no medical student shall be received for examination by the Censors of the State or County Medical Societies, until he shall have furnished certificates of having studied the full time prescribed by law, authenticated by the affidavit of his preceptor or preceptors, or in its absence, by his own affidavit.

Resolved, That when a student has attended lectures, he furnish a certificate from the College in which he attended, that he has attended a full course, or if not a full course, the extent of his attendance; and that his attendance has been regular, and his conduct and character as a student proper and respectable.

Resolved, That the Secretary transmit a copy of the above, to each County Medical Society, and to the Registers of the respective Medical Institutions in this state.

7. The following Gentlemen were duly chosen officers for the current year:—Dr. James M'Naughton, President. Samuel White, Vice President. Joel A. Wing, Secretary. Platt Williams, Treasurer.

Censors.—Southern District: Dr. James R. Manley, Edward G. Ludlow, John C. Cheesman. Middle District: Dr. Jonathan Eights, Peter Wendell, William Bay. Eastern District: Dr. John M'Call, Daniel Ayres, Moses Hale. Western District: Dr. Samuel W. Bishop, Henry Maxwell, Lake G. Teft.

Committee of Correspondence.—Dr. Anson Coleman, Rochester, Monroe co. E. B. Burroughs, Lebanon, Madison co. John G. Morgan, Auburn, Cayuga co. Simeon Snow, Root, Montgomery co. A. G. Benedict, Redhook, Dutchess co. Robert G. Frary, Hudson, Columbia co. Joel Foster, New-York. Eli Pierce, Athens, Greene co.

Drs. Sumner Ely, of Otsego, and Robert G. Frary, of Columbia county, were elected Permanent Members.

Drs. Robley Dunglison, of Maryland, and Thomas Sewall, of the District of Columbia, were elected Honorary Members

The following were nominated as Permanent Members:—Dr. Hiram Corliss, Washington. A. G. Benedict, Dutchess. Henry Maxwell, Niagara.

The following were nominated as Honorary Members:—Dr. Luther V. Bell, New Hampshire. James Mott, St. Lawrence co. Charles D. Meigs, Pennsylvania. John W Francis, New York. Charles Ball, Kings county. George Bushe, New York.

3. *Orange County Medical Society, N. Y.*—At the annual meeting, the following gentlemen were elected officers for the ensuing year, 1836–7:—James Heron, President, James M. Gardner, Vice President. Lewis Dumming, Secretary. James M. Gardner, Delegate. James Horton, Librarian. Thos. S. Edmonson, Treasurer. The Censors are, Dr. Samuel D. Holly, Charles G. Fowler, Thomas S. Edmonson, James M. Gardner and Lewis Dunning. Anniversary, 1st Tuesday in May; semi-annual, 2d Tuesday in November.

4. *Meetng of the New Jersey State Medical Society*, 1836.—The 70th Annual Meeting of the Medical Society of New Jersey was held at New Brunswick, May 10th, 1836. Delegates from nine District Societies were present. The Society was called to order by the President, Dr. Hagerman.

License to practise Physic and Surgery in this State has been granted by the President the past year to the following gentlemen:—Geo. M. Joralemon, of Somerset Co. John Sloane, do. Oliver S. Bartles, do. Alexr. K. Gaston, do. James C. Lee, Burlington; R. M. Stevenson, Bergen; R S. Farrand, Morris; Harvey Dayton, do. Lewis Condit, jun. do. Joseph H. Burnet, do. Jonathan E. Mc Chesney, Middlesex; Nelson Stelle, do. Isaac B. Hutchinson, do. John B. M'Cullough, Warren; Stephen M. Disbrow, Monmouth; Edwin Lewis, do; Wm. S. Mercer, Essex;

Wm B. Day, Warren; Charles Parry, Burlington; Alexr. Brown, do. John M. E. Evans, do. Isaac P. Coleman, do. John Purdu, do. Lewis R. Needham, Hunterdon; Wm. M. Egbert, Gloucester.

A Commission to institute a District Medical Society in the County of Bergen was granted.

The honorary degree of M. D. was conferred upon John W. Craig.

Censors for the ensuing year.—For the Eastern District: Dr John B. Johns, Senior Censor, Morristown; Drs. John B. Beach, Wm. P. Clarke, Wm. Pierson, junr. Isaac W. Canfield, Stephen Congar: to meet at Morristown the first Tuesday of June.

For the Middle District.—Dr. Peter Vredenburgh, Sen. Con. Somerville. Drs. A. R. Taylor, Wm. Forman, Henry Van Derveer, J. T. B. Skillman, Garret P. Voorhees: to meet at Princeton, on Tuesday, next preceding last Wednesday of September.

For the Western District: Dr. Thomas Yarrow, Sen. Cen. Sharpston. Drs. J. L. Stratton, Charles Ellis, Edward Q. Qeasby, Charles Swing: to meet at Camden, on the 2d Tuesday of June.

Resolved, That the time and place of meeting of the several Boards of Censors be advertised by the Senior Censor of each Board, in three of the newspapers printed in this State, not less than three weeks next preceding such meeting.

The following were elected officers:—President, Henry Van Derveer, of Bridgewater. 1st Vice President, Lyndon A. Smith. 2d do. B. H. Stratton. 3d do. William P. Clarke. Corresponding Secretary, S. H. Pennington. Recording Secretary, William Pierson, junr. of Orange, Essex Co. Treasurer, Jer. S. English. Standing Committee: Samuel Hayes, Chairman, of Newark City; Jabez G. Goble, and Stephen Congar. Reporters: George Chetwood, for Eastern District, Geo. M'Lean, for Middle District, and J. B. Tuft, for Western District.

5. *Essex County Medical Society, New Jersey.*—At the regular Annual Meeting of the District Medical Society of the County of Essex, May, 1836, the following officers were elected for the ensuing year: Dr. J. G. Goble, President. Dr. George R. Chetwood, Vice President Dr. Stephen Congar, Secretary. Dr. Whitfield Nichols, Treasurer. Dr. Samuel H. Pennington, Librarian. Delegates to the Medical Society of New Jersey: Doctors George R. Chetwood, L. A. Hall, Whitfield Nichols and Samuel H. Pennington.

6. *Hopkins Medical Association, Hartford, Conn.*—This Society was founded in 1826. The object of the Association, according to the preamble of its constitution is, "for the purpose of their own individual improvement in the science of Medicine, of contributing something for its advancement, and of encouraging and supporting that mutual regard and friendly intercourse among themselves which ought ever to exist between members of the Medical Profession." At the last annual meeting, the following gentlemen were elected officers for the ensuing year: Dr. Silas Fuller, President. Dr. George Sumner, Vice President. Dr. William H. Rockwell, Recording Secretary. Dr. Amariah Brigham, Corresponding Secretary. Dr. Denisen H. Hubbard, Treasurer. A dissertation on Arachnitis was read before the Association by Dr. W. H. Rockwell.

7. *Chronological List of the Officers of the Academy of Natural Sciences, Philadelphia, from its foundation to the 1st of January* 1836.

Presidents: John Speakman, from the initiatory meeting, January 25, 1812, to the 22d of March, 1813. Gerard Troost, M. D. from March 23d, 1813, to December 23, 1817. William Maclure, from Dec. 30, 1817, to the present time.

Vice Presidents: John Shinn, Jr. from March 23d, 1813, to December 31st, 1816. N. S. Parmentier, from March 23, 1813, to December 26, 1815. Z. Collins, from Dec. 26, 1815, to June 13, 1831. George Ord, from December 31, 1816, to December 30, 1834. William Hembel, from July 26, 1831, to the present time.

Corresponding Secretaries: Robert Hare, M. D. from December 28, 1813, to February 15, 1814. Reuben Haines, from February 15, 1814, to Oct. 16, 1832. Samuel George Morton, M. D. from November 28, 1831, to the present time.

Recording Secretaries: Camillus M. Mann, M. D. from January 25, 1812, to December 28, 1813. Benjamin Say, from December 28, 1813, to March 8, 1814. John Barnes, M. D. from March 8, 1814, to December 30, 1817. Edward Barton, M. D. from December 30, 1817, to December 28, 1818. Franklin Bache, M. D. from December 28, 1818, to December 25, 1821. William H. Keating, from December 25, 1821, to December 27, 1825. S. G. Morton, M. D. from December 27, 1825, to December 29, 1829. Thomas M'Euen, M. D. from December 29, 1829, to Feb. 21, 1835. Paul Beck Goddard, M. D. from February 21, 1835, to Nov. 10, 1835. Thomas D. Mutter, M. D. from November 24, 1835, to the present time.

Librarians: Caleb Richardson, from December 26, 1815, to Dec. 30, 1817. Jacob Pearce, from December 30, 1817, to December 26, 1826. Solomon W. Conrad, from December 26, 1826, to December 30, 1828. Charles Pickering, M. D. from December 30, 1828, to December 31, 1833. P. B. Goddard, M. D. from December 31, 1833, to December 30, 1834. Joseph Carson, M. D. from December 30, 1834, to the present time.

Treasurers: John Speakman, from March 23, 1813, to April 26, 1814. William S. Warder, from April 26, 1814, to December 26, 1815. Benjamin Say, from December 26, 1815, to December 31, 1816. Jacob Gilliams, from December 31, 1816, to December 26, 1826. George W. Carpenter, from December 26, 1826, to the present time.

Curators: Thomas Say, from March 23, 1813, to December 28, 1819, and from December 26, 1820, to December 26, 1826. Isaiah Lukens, from March 23, 1813, to December 28, 1819, and from December 25, 1817, to December 29, 1829, and from Dec. 30, 1834, to February 24, 1835. John Barnes, M. D. from March 23, 1813, to December 28, 1813. Jacob Gilliams, from March 23, 1813, to December 26, 1815. George Ord, from December 26, 1815, to December 30, 1817. Lardner Vanuxem, from December 31, 1816, to December 30, 1817. Lewis Gilliams, from December 31, 1816, to December 30, 1817. T. R. Peale, from December 30, 1817, to December 28, 1819, and from December 27, 1825, to December 27, 1831. C. A. Lesueur, from December 30, 1817, to December 27, 1825. Thomas M'Euen, M. D. from December 28, 1819, to December 25, 1821, and from December 29, 1829, to December 30, 1834, and from February 21, 1835, to the present time. R. Harlan, M. D. from December 28, 1819, to December 26, 1820. John P. Wetherill, from December 28, 1819, to December 27, 1825, and from December 26, 1826, to February 21, 1835. I. Hays, M. D. from December 25, 1821, to December 28, 1830. John Vaughan, from December 27, 1825, to December 25, 1827. S. G. Morton, M. D. from December 30, 1830, to December 31, 1833. C. A. Poulson, from December 27, 1831, to December 30, 1834. Charles Pickering, M. D. from December 31, 1833, to the present time. Paul Beck Goddard, M. D. from December 30, 1834, to February 24, 1835. T. A. Conrad, from February 24, 1835, to the present time Walter R. Johnson, from February 24, 1835, to the present time.

List of Officers for 1836: President, Wm. Maclure. Vice Presidents, William Hembel, John Price Wetherill. Corresponding Secretary, Samuel George Morton, M. D. Librarian, Joseph Carson, M. D. Treasurer, George W. Carpenter. Curators, Charles Pickering, M. D. Thomas M'Euen, M. D. Walter R. Johnson, T.A. Conrad. Auditors, Robert E. Peterson, W. P. Gibbons, W. S. Vaux. Committee of Publication, Thomas M'Euen, M. D. Alfred L. Elwyn, M. D. W. P. Gibbons, T. D. Mutter, M. D. H. D. Rogers.

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8. *An act to amend Title seventh, Chapter fourteenth, of the First Part of the Revised Statutes, and for other purposes.—Passed May* 26, 1836.

The People of the State of New York, represented in Senate and Assembly do enact as follows:

§ 1, The thirteenth section of title seventh, of chapter fourteenth, of the first part of the Revised Statutes, is hereby amended, so that it shall read as follows;

"No student, who has attended one or more courses of medical lectures, shall be admitted to an examination by any Medical Society, except of the county in which he shall have pursued his medical studies for four months immediately preceding his attendance upon his last course of lectures, or by the Censors of the State Medical Society."

§ 2. The seventeenth section of said title seventh, is hereby amended, so that it shall read as follows:

"No person coming from another State or Country, shall practice physic or surgery in this State, until he shall have been examined and licensed by the Cencors of the State Medical Society."

9. § 3. The Medical faculty of Geneva College are hereby authorized to appoint a Delegate to represent them in the State Medical Society, with all the powers and privileges which Delegates from the respective Medical Colleges in this State possess.

§ 4. This act shall take effect immediately after its passage.

10. *The State Medical Society at its session in February*, 1836, *passed the following resolutions:*

Resolved, That no medical student shall be received for examination by the Censors of the State or County Medical Societies, until he shall have furnished certificates of having studied the full time prescribed by law, authenticated by the affidavit of his preceptor or preceptors, or in its absence, by his own affidavit.

Resolved, That when a student has attended lectures, he furnish a certificate from the College in which he attended, that he has attended a full course, or if not a full course, the extent of his attendance; and that his attendance has been regular, and his conduct and character as a student, proper and respectable.

11. *Officers of Medical Society of the county of New York, for the year* 1836–7.—James R. Manley, M. D. *President;* Francis U. Johnson, M. D., *Vice-President;* Richard K. Hoffman, M. D., *Corresponding Seeretary;* J. K. Hardenbrook, M. D., *Recording Secretary;* A. J. Berry, M. D., *Treasurer;* Benjamin R. Robson, M. D., C. R. Gilman, M. D., Alexander Hosack, M. D., N. H. Dering, M. D., Jared Lindsly, M. D., *Censors.*

☞ Communications of every description concerning the U. S. Med. and Surg. Journal *must* be made to James Webster, the Publishing Agent, otherwise no attention will be paid to them.--Communications through the post office, must be post paid unless otherwise directed.

THE

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CONDUCTED BY

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IN

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No. XXV.

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CINCINNATI COLLEGE.

MEDICAL DEPARTMENT.

SECOND SESSION.

The first Introductory Lecture will be delivered on the last Monday in October.

The Didactic Lectures will commence on the first Tuesday in November, and continue until the end of February, by the following professors;

JOSEPH N. McDOWELL, M. D., on *Special and Surgical Anatomy.*

SAMUEL D. GROSS, M. D., on *General and Pathological Anatomy, Physiology, and Medical Jurisprudence.*

WILLARD PARKER, M. D., on *Surgery.*

LANDON C. RIVES, M. D., on *Obstetrics and the diseases peculiar to Women and Children.*

JAMES B. ROGERS, M. D., on *Chemistry and Pharmacy*, assisted by

JOHN L. RIDDELL, M. D., *Adjunct Professor of Chemistry and Lecturer on Botany.*

JOHN A. HARRISON, M. D., on *Materia Medica.*

DANIEL DRAKE, M. D., on *Theory and Practice of Medicine.*

The Faculty congratulate themselves and the students of the west, on the Trustees having appointed to the chair of Surgery, a gentleman who has already distinguished himself as a public Lecturer in three different schools of Vermont, Massachusetts, and New York.

He has accepted the appointment, and will be in Cincinnati before the opening of the session.

The spacious and convenient College Edifice, near the centre of the city, with its new wing, embracing an Apparatus Room, an apartment for the Anatomical Cabrine, and a capacious Dissecting Room, will be finished and in perfect order prior to the opening of the session.

Students who intend to graduate must matriculate by the 20th November.

The price of the whole is One Hundred and Five Dollars. The Dissecting ticket Ten; Matriculation two, and the graduation fees twenty one dollars.

By order of the Faculty.

DANIEL DRAKE, M. D., DEAN.

Cincinnati, Ohio, May, 1836.

THE WILLOUGHBY UNIVERSITY OF LAKE ERIE.

MEDICAL DEPARTMENT.

HORACE A. ACKLEY, M. D. *Professor of Anatomy.*

AMASA TROWBRIDGE, M. D. *Professor of Surgery.*

DANIEL L. M. PEIXOTTO, M. D., *Professor of Theory and Practice of Physic, and of Obstetrics, and diseases of women and children.*

J. LANG CASSELS, M. D. *Professor of Chemistry.*

WILLIAM M. SMITH, M. D., *Professor of Medica Materia and Botany.*

1. All persons who attend the Lectures are required to matriculate.

2. Tickets for attending the Lectures are as follows:—

Anatomy and Physiology,	$12 00
Surgery & Med. Jurisprudence,	10 00
Theory & Practice & Obstetrics,	12 00
Chemistry,	12 00
Materia Medica & Botany,	9 00
Total,	$55 00
Matriculation and Library Ticket,	5 00
Graduation Fee and Diploma,	15 00

Good Board may be found from $1 50, to $2 25 per week.

3. No student will be permitted to offer himself as a candidate for a degree, until he has attended two full courses of Lectures, one of which must be in this Institution; unless the candidate shall have been a licensed practitioner for three years, in which case, one full course in this institution, will entitle him to the privileges of an *examination for* a degree.

4. In order to be entitled to a full course, the student must matriculate by the first of December.

5. All graduates of this, or any other respectable Medical School, and all who have attended two full courses in this Institution, will be permitted to attend the Lectures free of expense, except for matriculation and Library Ticket.

The Trustees also announce that they have *Resolved* to erect, during the present season, a large and convenient building for the Medical department, which will be ready for the class by the first of November next. Said building is to be sixty feet square, three stories high, with three Lecture rooms, a Laboratory, Anatomical Museum, Library, and Professors' Rooms.

NEW YORK INFIRMARY FOR DISEASES OF THE SKIN.

This Institution is now opened at No. 2 Courtland street, corner of Broadway, hours of attendance from 1 till 2 o'clock daily, except Sundays.

Attending Physicians.—John W. Sobmidt, Jr., M. D., Minturn Post, M. D., Charles A. Porter, M. D.

Consulting Physicians.—Valentine Mott, M. D., John C. Cheeseman, M. D., John W. Francis, M. D., Alexander Stevens, M. D., Cyrus Perkins, M. D., Thomas Boyd, M. D.

Washington Medical College of Baltimore.

The annual course of Lectures in this Institution will commence on the last Monday of October.

JAMES H. MILLER, M. D., Professor of Anatomy, Physiology and Pathology.

SAMUEL K. JENNINGS, M. D., Professor of Materia Medica, Therapeutics, Hygiene and Medical Jurisprudence.

WILLIAM H. HANDY, M. D., Professor of Obstetrics, and the Diseases of Women and Children.

JOHN C. S. MONKUR, M. D. Professor of Theory and Practice of Medicine.

JOHN P. METTAUER, M. D., Professor of Surgery and Surgical Anatomy.

EDWARD FOREMAN, M. D., Lecturer on Chemistry. &c.

WASHINGTON R. HANDY, M. D., Demonstrator of Anatomy. This department will be open from the first of October.

It may be interesting to the friends of Medical Science to be informed, that very spacious buildings are commenced, for the use of the College and an Hospital. Exceedingly pleasant apartments will be prepared for the accommodation of twenty to forty resident students; and for an hundred and twenty invalids:—And ultimately, if sufficiently encouraged, for three or four hundred of the latter.

Broome street Infirmary for Diseases of the Skin.

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JOHN WATSON, M. D. }

CIRCULAR.

MEDICAL INSTITUTION OF GENEVA COLLEGE.

THE Medical Lectures will commence on the first Tuesday of October, and continue sixteen weeks. A spacious building has been erected within the last year, well adapted to answer all the purposes for medical instruction.

The Faculty take pleasure in announcing the appointment of Dr. JAMES WEBSTER, of New-York, to the chair of Anatomy and Physiology. His reputation as an able lecturer on those branches of science, and the analytical method which he pursues, are a sufficient guaranty that he will give full satisfaction to those who attend his course.

The fees for the full course of Lectures are	$55
Graduation fee, - - - - - - - - -	20

Chemistry—E. CUTBUSH, M. D.

Institutes and Practice of Medicine—THOMAS SPENCER, M. D.;

Surgery—J. G. MORGAN, M. D.;

Obstetrics and Materia Medica—CHARLES B. COVENTRY, M. D.

Medical Jurisprudence and Botany—ANSON COLEMAN, M. D.

Anatomy and Physiology—JAMES WEBSTER, M. D., of New York.

E. CUTBUSH, Dean of the Faculty.

JOHN G. MORGAN, Registrar.

Geneva, August 30, 1836.

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NOTICE TO CORRESPONDENTS.

We would respectfully solicit from the profession, any additional information or practical facts they may be in possession of on the treatment of Intermitting Fever, to be published as an appendix to our Prize Essay, in a future number.

Want of room compels us to omit several interesting papers—Reviews, Analyses of American and Foreign Journals, &c. Although we give more matter than some of those journals published at $5, yet we find, that, in order to keep pace with the American and foreign publications, we require more room; and we propose to double our pages, if our subscribers are willing to pay us $5, instead of $3. By this means, we believe, all that is really useful to the American practitioner might be culled from all the foreign journals, and embraced within the space mentioned. We shall therefore be pleased to have the opinion of our subscribers on the subject of enlarging our journal in the manner mentioned, and to be governed accordingly.

THE

UNITED STATES MEDICAL AND SURGICAL JOURNAL.

No. XXV.

AUGUST, 1836.

We commence the publication of a series of Medical Prize Dissertations. It will be recollected, that in offering the premiums, we stated our intention to continue the plan through all the branches of practical medicine; in consequence of which, regarding as we do, the aphorisms of the "father of medicine" of no small importance, we have deemed it advisable to precede the Prize Dissertations with the aphorisms of Hippocrates, and for this purpose, we have procured from our friend, the Rev. Dr. Ducachet, a revised edition of his excellent translation, which we believe cannot fail to prove interesting to our readers. We subjoin a few extracts from Dr. Ducachet's preface to his first edition, together with a few additional observations with which he has politely furnished us, along with the revised copy.—*Ed's.*

"The book of Prognostics is a collection of facts which long and attentive observation had furnished—a summary of remarks which experience had suggested. It contains no wild and fanciful reveries; it is disfigured by none of that crude and conjectural physiology which appears in other parts of the writings of Hippocrates; but describes, in a style plain and concise, yet beautiful and forcible, the simple appearances of nature herself. It is by far the most perfect of all his treatises; and, indeed, is supposed by commentators to be the only one that received the finishing stroke from his masterly hand. It is unnecessary to expatiate on the value of this treatise, which has been pronounced 'the most surprising piece that ever the world has seen,'* and has been acknowledged to be 'a collection of the wisest and best aphorisms that ever were written by man.'†

"It would be impossible to impress the reader with the full importance of these valuable maxims. But he may have some idea of their value, when he considers the great usefulness of the science of prognosis,‡ and is apprized that no other book contains aphorisms so true, and observations so minute, as are delivered in this astonishing treatise.—Hippocrates directed the powers of his mind and the labors of his whole life particularly to this subject; and of so great importance did he consider it, that he has interspersed every part of his works with predictions, and has declared him the best physician, who is best versed in the doctrine of signs.

"The book of Crises, though under a different title, seems to be a continuation of the preceding treatise. Its subject is the same; and it may be considered as a *supplement* to the book of Prognostics. Many remarks contained in the latter are repeated in the former, as if to emphasize their importance. It is less perfect than the treatise on Prognostics, but not less valuable: we have therefore thought it not undeserving of a translation.

"We have endeavored, as far as possible, to render the sense of the text in a literal translation; but whenever an adherence to the letter of the original would render it obscure, or grossly inelegant, we have taken the liberty to depart from this obligation, and to preserve the meaning at the expense of the construction. We have frequently been constrained, for the elucidation of the passage, and the improvement of the sentence, to add words, and sometimes clauses: these we have designated by *Italics*, or en-

* Clifton's State of Physic, Ancient and Modern. Lond. 1732, p. 183.

† Idem.

‡ No part of medical knowledge is so serviceable in the practice of physic, as prognostics."—*Rotheram, note to Cullen's Practice.*

closed in brackets, as circumstances required. We have subjoined critical notes on some passages, with the view of removing their obscurity; and we have occasionally ventured to attempt explanations and illustrations of the doctrines and precepts delivered in the text.

"We submit our labors to the inspection of the public confident that they cannot be wholly useless; and hoping, that the benefit and the pleasure they have afforded the translator, will be enjoyed by those who may honor them with a perusal."

—

"From my very entrance upon the study of medicine, I conceived a great fondness for the writings of Hippocrates, and, even while engaged in the practice of physic, spent much of my time in studying his works, for my amusement, as well as for my improvement in the Greek language and medical science. Although I have for some years left the medical profession for the ministry, I have yielded to the request of the conductors of the United States Medical and Surgical Journal, to prepare, for that publication, this second edition. I have taken some pains to revise the translation; and, amid the arduous and multiplied labors of an extensive pastoral charge, have got it ready. I regret that, under my present circumstances, I have been unable to make it more worthy of the acceptance of the profession and the public. Even such as it is, however, I feel confident, that it cannot fail to be in some measure useful to those who will take the trouble to study it

"Lord Bacon says, that there are some books which should be only tasted, others that we ought to swallow down whole, and some choice ones which we should chew and digest,—meaning thereby, that some books should be only partially read; that others should be read, but without much care; and that a few should be diligently and attentively studied. The works of Hippocrates are of this last description. It is greatly to be desired, that they were appreciated as they deserve."

—

ART. I.—*The Prognostics and Crises of Hippocrates, translated from the Greek, with Critical and Explanatory Notes,* By the Rev. HENRY WILLIAM DUCACHET, M. D. Rector of St. Stephen's Church, Philadelphia.

Τον ἰητρον, δοκεει μοι ἄριστον εἶναι, πρόνοιαν ἐπιτηδευειν.—HIPPOCRATES.

SECTION I.

1. It seems to me that a physician should particularly study prognostics.

2. For he who perceives, and informs the sick of their present situation, of the symptoms that are past, and of those that are to come, and points out to them circumstances which they have overlooked, will necessarily be considered as well versed in the knowledge of diseases, so that men will confidently commit themselves to his care.

3. He who from present circumstances foresees future symptoms, will be best prepared to conduct the cure. To cure all the sick is impossible; this would be more desirable than to foretell results.

4. Some men, through the violence of the disease, die before the physician is called; others die immediately after he has been sent for; some live but one day; others a little longer, but *die* before the physician has been able by his art to combat the disease. However, it is useful to know how much the violence of such diseases exceeds the strength of the body, and at the same time, whether there is any thing supernatural* in the disease, and what its prognosis may be.

5. For by this means he will justly be held in admiration, and be esteemed a good physician. He who for a long time before directs his attention to every symptom that may arise, will be best able to preserve those that may be restored; and he who foreknows and predicts the death, as well as the recovery *of his patients*, will exonerate himself from blame.

6. The first thing to be observed in acute diseases, is the countenance of the sick—whether it resemble that of persons in health, and especially of the individual himself. It is best that it *should resemble the healthy countenance of the patient;* and that which differs most from this, portends the greatest danger.†

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* The word which we have translated supernatural, is Τίθειον in the text, and is rendered *divinum* in the Latin versions. This word was applied by the Greeks to whatever eluded the cognizance of the senses, and was to them incomprehensible, supposing that it was the effect of the immediate agency of the Divinity. Many commentators, and, among others, Galen, suppose that in this place the author has reference to that peculiar condition of the atmosphere, from which result epidemical diseases, and from which they acquire their malignant character.

† The countenance is so strikingly modified in expression by disease, that it is very properly selected as the first index of the state of the system. There are many diseases which may be almost immediately designated by an attentive observation of the countenance. The peculiar, suffused countenance of apoplexy, will frequently at first glance distinguish it from asphyxia, or stupor from other causes. The hysteric stupor is attended with no change in the color or expression of the face, and thus furnishes a diagnotic circumstance which strikes the eye immediately.‡ The suffusion of the face in peripneumony, and its paleness and

‡ Hall on Diagnosis.

7. Such as the nose becoming pointed, the eyes sunk, the temples hollow, the ears cold and shrivelled, its lobes turned up, the skin of the forehead hard, tense, and dry, and the color of the whole face pale, black, livid, or of a leaden hue.*

8. If the countenance be such in the commencement of the disease, and you cannot yet judge from other appearances, it is necessary to ascertain whether the patient has been watching, whether he has had profuse diarrhœa, or has undergone long abstinence. If he refers it to any of these causes, there is less danger to be apprehended. This *unnatural* countenance, when the effect of any of these causes, disappears in the course of a day and a night (twenty-four hours.) But if it arises from none of these causes, and does not disappear in the time stated, you may predict that death is at hand.

9. If the disease is of longer standing than three or four days, and the countenance be such *as above described*, it is necessary to inquire concerning the circumstances which I have noticed before, and to examine all the symptoms, as they appear in the face in particular, and in the body *generally*.

10. The eyes are to be examined. If they shun the light, shed tears involuntarily, or are distorted; if one is smaller than the other; if the albuginea is red, or covered with livid or black veins;† if sordes appear upon the cornea; if the eyes are turned upwards, with a tremulous motion, or are protruded, or greatly sunk; or if their neatness and brilliancy are lost, and the color of the whole face is changed, all these are to be considered fatal presages.

11. It is necessary to examine the appearance of the eyes in sleep even; for when any of the white appears through the imperfect closure of the lids, and this does not arise from a diarrhœa, or from the operation of a purgative, and the patient is not in the habit of sleeping so, it is a bad and very fatal symptom.

12. If the eyelid, the lip, or the nose be distorted or wrinkled, livid or pale, and any other bad symptom be present, you may predict that death is near.

13. It is a fatal sign for the lips to be flabby, pendulous, cold, and pale.

14. The physician should find the patient lying upon his right or his left side, with his neck, his arms, and his legs a little bent, and his whole body in an easy posture; for persons in health generally lie in this manner. That is the best position which most resembles that of persons in health.

15. A supine position, with the arms, the neck, and the legs extended, is less favorable.

16. But if the patient cannot maintain his situation, and is apt to slide to the foot of the bed, it is a most alarming sign.

17. When the feet are suffered to remain uncovered, without being very hot, and the arms, the neck, and the legs are tossed about and naked, it is a bad sign, for it indicates great uneasiness.

18. It is a fatal sign to sleep with the mouth open, and upon the back, with the arms and legs much retracted, and thrown far apart from each other.

19. Lying upon the belly is indicative of delirium, or of pain in some part of the abdomen, if the person does not usually sleep in this position during health.‡

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painful expression in pleurisy, are remarkable. The sallowness and paleness of the countenance, consequent upon that derangement of the digestive organs which usually attends hæmatemesis, when contrasted with the florid countenance so generally observed in hæmoptysis, are almost sufficient to distinguish these affections. The bloated countenance which supervenes in organic diseases of the heart, is now ascertained to be an important pathognomonic symptom of these distressing affections; and an œdema of the nose and upper lip is the only circumstance peculiar to worms. (Underwood, Dis. of Children, p. 81. Hone's Clinical Experiments and Histories, p. 459. In both of which it is proved, that the usual symptoms of worms are frequently the result of foulness of the primæ viæ, and are generally attendant upon hydrocephalus.) But, as affording important data for *prognosis*, the aspect of the countenance is peculiarly deserving of notice. The author here considers a departure from the natural and healthy expression as indicative of great danger. It is very commonly observed, that at the approach of death, and particularly in long contracted illnesses, the patient bears a strong resemblance to his parents, or some other relation, to whom in health he had no similitude. It is considered a dangerous symptom, because it indicates a great degree of emaciation, and shows that the vital energy is so far exhausted as to be incapable of maintaining the natural expression.

* This is the HIPPOCRATIC countenance of authors; a name which it has obtained from this admirable description.

† Agreeably to some versions, this passage should read thus: "If the eyelids are livid, or have upon them black veins," ἢ πελιὰ βλεφαρα, ἢ Φλεβια μελανα εν αυτέοισιν ἔχωσιν.

‡ This apothegm is true to a certain extent: it will apply to cases of *spasmodic* pains; but, in inflammation the patient can endure no pressure; so exquisite is the sensibility of the parts affected, that even the ordinary act of inspiration, by pressing down the diaphragm, becomes painful, so that the patient breathes by the action of the thorax alone, and, to lessen the tension of the abdominal parietes, keeps his legs drawn up; whereas, in spasmodic pains, he contrives every means to procure relief by pressure, and generally has recourse to that noticed in the text. There are some persons who, from

20. A desire to sit up, when the disease is at its height, is a bad symptom in all acute affections, but it is more so in pulmonary diseases.*

21. Grinding of the teeth, in fevers, denotes delirium and death, in such as have not been in this habit from childhood. In all such cases you may predict danger. If the person is already delirious, it is a fatal symptom.

22. You must observe an ulcer, whether it comes on before, or during the disease.—When the patient is about to die, it will become livid and dry, or pale and dry before the event.

23. With regard to the motions of the arms, remark these things. In acute fevers, inflammations of the lungs or brain, and cephalalgias, if the hands are brought before the face, and are employed in catching at motes, in collecting straws, in picking at the clothes, and plucking pieces of chaff from the wall,—all these actions are bad, and indicative of death.

24. Hurried breathing indicates pain or inflammation in parts above the diaphragm; but loud and slow respiration denotes delirium. But if the air expired, whether it be from the nostrils or the mouth, be cold, it is a very fatal symptom.

25. Easy breathing is greatly conducive to safety in all acute diseases attended with fever, and which come to their crisis within forty days.

26. Sweats which occur on critical days, and perfectly remove the fever, are very salutary in all acute diseases. They are also good when they arise from the whole body, and afford the sick relief; but if they do not produce this effect, they are useless. The worst are cold sweats, which appear about the head, the face, and neck only; for, in acute fevers, they forebode death, and in milder cases, a prolongation of the disease: and those which flow from the whole body, as well as those from the head alone, are also pernicious. Those sweats which are in drops like grains of millet, and which appear about the neck only, are pernicious; but those which distil by drops, and form a vapour, are salutary. With regard to sweats in general, it is to be remarked, that some are the result of weakness, and others arise from the violence of inflammation.

27. The *best condition* of the hypochondria consists in a total absence of pain, a softness and equality both on the right and on the left side. But if there is heat, or pain, or tension, or any other affection on either side, it is necessary to be careful.

28. If a pulsation is felt in the hypochondrium, it indicates great disorder of *the part*, and forebodes delirium. It is proper to examine the eyes of such as are thus affected; for if they roll about, you may expect delirium.†

29. A hard and painful tumour in the hypochondrium is very bad, if it occupies the whole region; if it is confined to one side, it is least dangerous on the left.‡

30. Tumours of this description, appearing at the commencement, show that death will take place shortly.

31. If, in the course of twenty days, neither the fever abate, nor the tumour subside, suppuration ensues.

32. In these cases, however, a bleeding from the nose may occur within the first period, and afford great relief. It is necessary to ascertain whether there be pain in the head, and whether the vision be indistinct: if so, there is a tendency to *hæmorrhage*.

33. You must expect a bleeding chiefly in young persons, under thirty years of age; but in old persons, rather a suppuration.

34. Soft tumours that give no pain, and yield to the *pressure* of the fingers, cause long crises, but are the least dangerous.

35. If, in the course of sixty days, neither the fever subside, nor the tumour disappear, suppuration will take place: this applies also to tumours in other parts of the belly.

36. Thus, then, painful, hard, and large tumours, announce that, in a short time, there will be danger of death; but such as are soft, and not painful, and yield to the pressure of the finger, are generally of longer continuance, (*i. e.* in these the danger is not so immediate.)

37. Tumours in the epigastrium are less apt to form abscesses than those in the hypochondria; but those are least liable to suppuration that form below the umbilicus. But

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a peculiar conformation of the chest, and others who, from habit, find it most convenient to lie in this posture; in such, of course, no particular indication is furnished by that position, concerning the disease under which they may labor.

* *Orthopnœa*, or an inability of breathing in a recumbent posture, indicates, at all times, some great impediment to the function of respiration; but in pulmonary diseases it is particularly dangerous, because it is an evidence that the disease is very violent, and frequently is the first symptom which indicates the commencement of effusion. In organic affections of the heart, as aneurism, ossification, angina pectoris, &c. and in hydrothorax, this is a common, and usually a fatal symptom.

† This pulsation is very common in derangements of the digestive organs, and in nervous diseases, but is seldom observed in organic affections. It is seldom synchronous with the beat of the pulse.

‡ When on the left side, a less important organ is diseased. It may be a collection of fæces and wind in the sigmoid flexure of the colon,—an affection which, of itself, is by no means dangerous.

hæmorrhage is most to be expected in situations above the umbilicus.

38. However, all suppurations from tumours of long standing in these parts, are to be seriously considered.

39. Abscesses hence arising are to be judged of thus: Those which tend outwardly are safest when small, when they have agreat disposition *to make* outwardly, and verge to a point. But those are very bad which are large and broad, and have no tendency to point.

40. Those which break inwardly are best when they have no external communication, and are small and without pain, and when the external parts retain their natural appearance.

41. The best pus is white, of an equal consistence, light, smooth, and without the least bad odour; that which is most different from this is the worst.*

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* It cannot be improper or useless to subjoin, for the use of the student, a note on the distinctive properties of pus, and the tests by which it may be known. Those to whom these marks are familiar, will know how to appreciate the value of this information to those who are ignorant of them. The properties of pus are as follows: Its consistence is about that of cream, its color is whitish, its taste is said to be mawkish, it is inodorous when cold, when warm it has a peculiar smell. Examined through the microscope, it is seen to be composed of semi-opaque globules and a transparent lymph, in the proportion of about six parts of the latter to one of the former; it does not putrefy readily, though by exposure to the air it acquires an acrid property. The following are its most conclusive tests: It may be evaporated to dryness without coagulation; it cannot be diffused in cold water without difficulty, but may be very readily in warm water; in which last it remains diffused on becoming cold; it is coagulated by the muriate of ammonia; and will be precipitated from its solution in sulphuric acid, or in caustic lixivium of potass by the addition of distilled or spring water. To this we may add a very simple yet conclusive test, which may be relied on as confidently as the experiment with the microscope: Put a small quantity of pus between two pieces of clear glass, and on holding them before a candle, distinct globules will be seen. Great reliance is placed by some on the test derived from its specific gravity. The fallacy and uncertainty of this experiment is shown by the fact, that pus by being mixed with a few globules of air (which it is apt to be in those very cases in which it is of most importance to distinguish it) will float in water; and that mucus, with which it is most apt to be confounded, will frequently sink, when its thinner parts have evaporated. It may also be added, that healthy pus is readily wiped from the surface that secreted it, whereas, ill conditioned discharges are tenacious and adhesive. These last, and, indeed all mucilaginous animal secretions, are discovered by the microscope to be flaky.

SECTION II.

1. Dropsies resulting from acute diseases are always bad; for they do not resolve the fever, they excite great pain, and are fatal. They commence for the most part in the flanks and loins: sometimes however from the liver.

2. Those in whom dropsies commence in the flanks and loins have swollen feet, and obstinate diarrhœas, which neither remove the pains of the flanks and loins, nor soften the belly.*

3. In those in whom dropsies arise from the liver there is a desire to cough, but no expectoration; their feet swell, their excrements are hard and voided with difficulty, and they have tumours about the abdomen, sometimes on the right, sometimes on the left side, which sometimes are permanent, and sometimes disperse.†

4. When the head, the arms, and the feet are cold, at the same time that the belly and the breast are hot, it is a bad sign.

5. It is best that all the body be of an equal temperature and moisture.

6. The patient ought to be able to turn about easily, and be alert in raising himself. If his hands and feet, or the rest of his body be torpid, it is a very dangerous state.

7. If besides this torpidity of the body the nails and fingers become livid, death is very soon to be expected.

8. A total blackness of the fingers and feet is less dangerous than lividity. But other symptoms are to be considered. For if the patient seems to bear it well, or some other favourable symptom occur, you *have reason* to hope that a suppuration will take place, by which his life will be preserved, and the black *or mortified* parts cast off.

9. A retraction of the testicles and pudenda indicates great pain, and *forebodes* death.

10. With regard to sleep: agreeably to the order of nature the patient should remain awake during the day, and sleep at night. When this order is reversed, it is unfavorable. The patient is not at all injured by sleeping

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* By those dropsies which commence in the flanks and loins, the author doubtless means such as are the result of the debility induced by long-continued diseases. Of this debility pains in the flanks and loins are almost constant attendants; and diarrhœa is a very frequent concomitant. The diarrhœa does not remove the pains, or soften the belly; but on the contrary by increasing the debility of the body generally, necessarily aggravates these symptoms. The last stage of phthisis pulmonalis, in which the patient is frequently racked with pain, and wasted by an uncontrollable colliquative diarrhœa, and in which the bulk of his body increases as his strength decays, furnishes an apt illustration of this apothegm.

† Without doubt the author here refers to those dropsies which so frequently follow inflam-

from daylight to the third part of the day. But sleeping after this time is injurious.‡

11. It is very bad to sleep neither night nor day; for this wakefulness is occasioned by pain or uneasiness, and will be followed by dilirium.

12. It is best that the alvine dejections be soft, and of a proper consistence; that they occur at the same time that evacuations usually take place in health; and that they be proportionate to the quantity of ingesta. Such evacuations show that the bowels are in a healthy state.

13. But if the excrements be liquid, it is well that they be evacuated without noise, and that they be neither too frequent nor too copious. For the patient being exhausted by frequent going to stool, will be troubled with wakefulness. If the evacuations are copious and frequent, there is danger of fainting.

14. It is necessary to go to stool once, twice, or three times during the day, according to the quantity of ingesta; once in the night, and more towards morning, according as the custom of the sick may be.

15. The dejections ought to become thicker as the disease approaches its crisis, They should be yellowish, and not very offensive.

16. It is a good sign for round worms to be voided with the excrements, when the disease is tending to a crisis.

17. The belly ought, in all diseases, to be soft, and of its natural size.

18. If the excrements are very liquid, or white, or green, or very red, or frothy, all these are bad *appearances.*

19. They are also bad when small, viscid, white, greenish, and thin.

20. But the most fatal are such as are black, fatty, livid, or of the colour of rust, at the same time fœtid.

21. Dejections of a mixed nature, although not so speedily mortal, are not less fatal. Of this nature are such as resemble the scrapings of *guts*, such as are bilious, bloody, porraceous, and black, which are sometimes mixed together, and sometimes separate.

22. It is best that wind should escape without noise, or crepitation. But it is better that it should escape with noise than be retained. However, if it escape with sound, unless the patient prefers to emit it so, it is a sign that he is in pain or delirious.

23. Pains and tumours of the hypochondria, which are recent and without inflammation, are resolved by borborygmi in that region; and especially if attended by discharges of fæces, urine, and wind; even when these do not take place, the borborygmi alone will afford relief, particularly if they descend to the lower part of the belly.

24. That urine is best which deposites a white, smooth, and equal sediment, throughout the whole course of the disease to its crisis: it is a sign that there is no danger, and that the disease will be short. But should there be any irregularity, the urine being sometimes without sediment, and sometimes yielding a white and smooth deposite, the disease will be of longer duration and less safe.§

25. If the urine is reddish, and its sediment also of the same color and smooth, it is an indication that the disease will be of still longer continuance, but without danger.

26. Urinary sediments are bad which resemble coarse flour; worse if they resemble small scales:‖ such as are white but very fine, are very bad; and such as are branny are even worse than these.

27. White clouds suspended in the urine are good; such as are black are bad.

28. As long as the urine is reddish and thin, it shows that the disease is not yet concocted.

29. If the disease continue long, and this kind of urine remain, there is danger that

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mations of that viscus. It is remarkable that all such affections of the liver are attended with cough: accordingly, Dr. Cullen notices a cough as one of the characteristics of hepatitis; and from this circumstance, the disease is sometimes confounded with pneumonia. Dissections have shown that cough attends, when only the upper or convex part of the liver is affected, and the diaphragm and lungs are necessarily involved in the inflammation. The diagnostic usually laid down for the discrimination of the two diseases, is that in hepatitis the cough is dry, whereas expectoration attends the cough in pneumonia. This remark is calculated to mislead; the cough in the first stage of pleurisy also is dry, and hence by this circumstance alone cannot be distinguished from the cough of hepatitis. The only diagnosis derived from the cough by which the hepatic affection can be distinguished from pneumonia is, that in the former it supervenes in about forty-eight hours: whereas, in the latter, it is one of the first symptoms. The œdema is the consequence of the interruption to the return of blood from the lower parts; and the costiveness is the result of a diminution or suspension of the biliary secretion.

‡ If the patient is so insensible to external impressions as to sleep during the day, or so exquisitely sensitive as to remain awake at night, he is certainly in a dangerous state.

§ The original words λεῖος and ὁμαλός, which we have rendered *smooth* and *equal*, are so nearly synonymous, that it is difficult to mark the difference between them in an English translation. The sense of the word λεῖος is given in the Lexicons as lævis, non asper, planus; and ὁμαλός is rendered planus, similis, æquabilis, so that the former word seems to be applied to equality of surface, and the latter to equality of composition, or homogeneity.

‖ The latin versions generally render this word (πεταλώδεες) *quasi folia*; but πέταλον signifies *lamina* also.

the patient will not survive until the urine be concocted.

30. The worst kinds of urine are such as are fœtid and watery, and black and thick.

31. In men and women black urine is the worst; but in boys, that which is watery.

32. When the urine continues thin and crude* for a long time, and the other symptoms are favourable, you may expect an abscess in the parts below the diaphragm.

33. Oil, floating on the surface of the urine, and resembling cobwebs,† is to be condemned, for it is a sign of colliquation.

34. It is proper to examine the cloudiness of the urine, to observe whether it rises or sinks, and of what color it is. That which precipitates, having the colors aforesaid, is to be considered good and laudable; but that which rises is bad.

35. But take care that you be not deceived; for, if the bladder is diseased, it may yield urine of this discription: in this case the sign does not apply to the system generally, but merely to the bladder.‡

36. The vomiting of bilious and pitutious matter is exceedingly useful, provided it is neither too thick nor too abundant. The vomiting of unmixed matter is injurious.

37. If the matter vomited be porraceous, or livid, or black, of whichever of these colors it may be, it is to be considered bad.

38. If the same person vomits of all these colors, it is a very fatal symptom.

39. But the livid vomiting, if of an offensive odor, denotes very speedy death.

40. And all putrid and offensive smells, in all *cases* of vomiting, are bad.

41. In all affections of the lungs and pleura the expectoration ought to come on speedily and easily, and to be of a well-mixed yellow color.

42. For if a yellow, or reddish expectoration come on a long time after the commencement of the disease, or be attended with much cough, or be not well mixed it is bad.

43. A yellow, unmixed expectoration, is dangerous; when white, viscid, and round, it is useless.

44. It is very bad when green and frothy; and when so imperfectly mixed as to appear black it is worst of all.

45. It is also bad if nothing is expectorated; if the lungs do not throw off the excreted matter; but from its accumulation in the throat a rattling is produced.§

46. The coryza and sneezing which precede, or supervene diseases of the lungs and of the pleura, are always bad. But in other dangerous diseases, sneezing is rather beneficial ||

47. In inflammation of the lungs, if the expectoration is yellow and a little tinged with blood in the beginning of the disease, it is salutary, and gives great relief. But *if it last* until the seventh day, or longer, it is not so safe.

48. All expectoration is bad which does not relieve the pain; that which is black is the worst, as has before been stated, (No. 44.) That is best of all which gives relief.

49. Diseases of these parts, which are relieved neither by expectoration, by alvine discharges, by blood-letting, by purgatives, nor by diet, will run into suppuration.*

50. Those suppurations are very dangerous, which come on whilst the expectoration is yet bilious, whether the bilious matter be alone, or mixed with pus: and especially, if the suppuratiou has come on with this expectoration, after the disease has attained seven days. Unless some favorable *change* occur, there is reason to fear that death will happen on the fourteenth day.

51. Among the favorable symptoms may be enumerated, bearing the disease well, easy respiration, absence of pain, the expectorated matter being easily thrown up by coughing, an equal warmth and moisture over the whole body, absence of thirst; the urine, the alvine discharges, the sleep, and the perspiration, if such as described above, are to be considered good. If all these appear thus, the patient will not die. If some, but only a few of these symptoms appear, the patient will not live beyond the fourteenth day.

52. Such as are contrary to these are bad *symptoms*, viz: the disease being badly sustained, laborious and quick respiration, con_

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* *Crudity*, in the language of the ancient physicians, is used in contradistinction to concoction, a term applied to that process, by which they supposed the morbid matter was rendered fit to be separated from the healthy fluids.

† Oil floating on the surface of water forms various figures like net work; the same appearance is observed in urine which has stood a sufficient time for the separation of its oleaginous parts. The author, doubtless, has reference to the same appearance in the word ἀραχνοειδης, like cobwebs.

‡ A calculus, or a morbid irritability of the mucous membrane of the bladder, generally known by the term *catarrhus vesicæ*, may very much influence the appearance of the urine.

§ This rattling is an invariably fatal symptom, unless when attendant on the advanced stage of croup. It here indicates a detachment of the membrane, and is consequently favorable.

|| Sneezing has been observed to be a symptom of convalescence: hence the French complimentary benediction—"Dieu vous benisse." So far as sneezing indicates a return of the natural sensibility of the organ, the remark is consistent with experience.

* If the disease continue obstinate for seven days a suppuration may generally be expected. It is, however, impossible to establish any invariable rule on this subject, for it not unfrequently happens that an inflammation of the lungs will continue unabated for three or four weeks, and notwithstanding terminate in resolution.

tinuance of pain, difficult expectoration, great thirst, unequal warmth, (the body being of different temperatures in different parts,) great heat of the belly and præcordia, and coldness of the forehead, hands and feet; the urine, the dejections, the sleep, and the perspiration being different from the descriptions above, and consequently bad. If any of these symptoms should supervene during this *bilious* expectoration, the patient will die before the fourteenth day, either on the ninth or the eleventh. In these cases then you may venture to pronounce that the expectoration will be fatal, and that death will occur before the fourteenth day. In short, it is by comparing the bad and the favorable symptoms that a prognosis is to be obtained. In this way any one may be able to ascertain the truth.

53. Some abscesses break for the most part on the twentieth day, but sometimes on the thirtieth or fortieth; others again continue until the sixtieth.

54. You may know the commencement of a suppuration from the very day that the patient first has the *secondary* fever, or is seized with chills; and if instead of a pain he has a sense of weight in the diseased part; for these usually occur at the commencement of suppuration. From this time you are to expect the breaking of the abscess within the aforesaid period.

55. To *ascertain* on which side an abscess may be, it is necessary to make the patient turn *from side to side*, and to notice on which he feels pain and most heat; when he lies upon the sound side he will have a sense of weight from above. The abscess is upon that side in which he experiences this weight.

56. All abscesses may be distinguished by these signs. First, if the fever does not intermit, but is slight during the day and high at night, and is attended with profuse sweats. There is a disposition to cough, but nothing considerable is expectorated; the eyes become hollow, the cheeks red, the nails curved; the fingers, particularly at their extremities, are hot; the feet swell, the appetite is destroyed, and pustules† break out upon the body.‡

57. All abscesses of long standing are attended with these signs, in which confidence may be placed. But such as are recent, manifest themselves by the symptoms which *we have noticed*, as occurring in the commencement of suppuration, and by a greater difficulty of breathing.

58. It may be known whether an abscess will break early or late by the following signs. If in the commencement there is pain, and the difficulty of breathing, the cough and the expectoration continue, you may expect it to break on the twentieth day, or even sooner. But if the pain is more moderate, and the other symptoms are proportionably milder, it will break at a later period. But pain, dyspnœa, and expectoration necessarily occur before the rupture of the abscess.

59. Those will most probably survive in whom the fever subsides the same day that the abscess breaks, who soon recover their appetite, and are freed from thirst; whose alvine evacuations are small and well concocted; and who expectorate a white, smooth, and equal§ pus, unmixed with mucus, and without pain or violent coughing. If it goes on thus it is well, and the patient soon recovers; but if not, the nearer the symptoms approach to these, the sooner the cure will be effected.

60. Those will die, in whom the fever does not cease, but when it seems to abate returns with increased heat; who are troubled with great thirst, and have no appetite; whose evacuations are liquid; and who expectorate a greenish, blue, pituitous, or frothy matter. If all these appearances take place, death will occur.

61. Of those in whom some only of these symptoms are observed, some die, and others live a long time. But in these cases, as in all others, a prognosis is to be drawn from all the symptoms.

62. In those *cases* of pulmonary disease in which abscesses form about the ears, or break out in the lower parts, and form fistulæ, the patients will recover.‖

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† *Pustules*, &c. Van Swieten notices pustules upon the body in the advanced stage of phthisis. He ascribes them to the clogging of the cuticular vessels in consequence of the thickness and tenacity of the blood from colliquative sweating.—*Comment Aph.* 377. They are more properly ascribable to the copious and clammy sweats which take place. Perhaps the atony of the skin, or that degree of vitiation of the fluids which always attend a hectic, will account for their appearance. Or they may be the result of that intimate intercommunion between the bowels and the skin, which disposes the latter to eruptions whenever the former are affected.

‡ This is a most admirable description. It could not be improved by the most accurate nosologist. The omission of the state of the pulse may be considered by some as a deficiency; but this accurate observer had no doubt ascertained its irregularity and uncertainty at this period of the disease. It may be remarked, that generally the pulse becomes softer, fuller, and more frequent than in the first stage; and has a peculiar quickness, characteristic of the irritability that now exists.

§ Ομόχροον,, equal in color.

‖ A very remarkable case, confirming the truth of this remark, lattely occurred to my observation. A patient laboring under a severe pneumonic attack, which had resisted the usual means, was suddenly relieved of his symptoms by an inflammation of the scrotum. This in-

63. In regard to this subject these things are to be observed. If the fever continues, the pain remains unabated, and the expectoration is not good; if the alvine discharges are not bilious, nor well formed, nor well concocted; if the urine is neither very abundant nor very thick, and does not deposite a copious sediment, and yet all the other symptoms are favorable, and indicate recovery, you may expect these metastases, (or abscesses of this kind.)

64. Abscesses occur in the lower extremities when there has been inflammation about the hypochondria; but form in the superior parts when there has been neither hardness nor pain in the hypochondrium, and when the difficulty of breathing, after continuing for some time, ceases without any evident cause.

65. Depositions and abscesses in the legs are always salutary in violent and dangerous inflammations of the lungs. They are most so when they happen at the time that the expectoration is undergoing a change. For if the tumour and pain come on when the expectoration has changed from a yellow matter into a pus, and is easily brought up, the patient will be perfectly safe, and the abscess will very shortly disappear without any pain. But if he does not expectorate a proper matter, and his urine does not yield a good sediment, there is danger of the joints being injured, and giving the *patient* a great deal of trouble.

66. If these abscesses disappear, (i. e. of the legs,) and no expectoration takes place, and the fever still continues, it is a terrible case; for the patient is in danger of delirium and death.

67. Suppurations resulting from diseases of the lungs are most fatal in old age; but those produced by other causes are most so in youth.

68. Those pains of the loins and inferior extremities which are attended with fever are very dangerous, when leaving the lower parts they ascend to the diaphragm. It is therefore necessary to examine the other symptoms, for, if any bad sign appears, the situation of the patient is hopeless.

69. But if, when the disease is thus translated to the diaphragm, no other unfavorable symptom appears, there is great reason to hope that suppuration will ensue.

70. If when abscesses are opened by the cautery, the pus *discharged* is pure, white, and inodorous, the patient will be preserved. But if it be sanious and muddy he will die.

71. When the bladder is hard and painful it is a most dreadful and fatal case. It is the more so if accompanied by a continual fever: for pains alone of the bladder are sufficient to produce death. The bowels in these cases void nothing unless it be very hard, and with great difficulty.

72. Purulent urine, with a white and equal sediment, resolves the disease.

73. But if no urine is voided, if the pain is not alleviated, if the bladder does not become softer, and the fever continues, there is reason to fear that the patient will die within the first periods of the disease.

74. This event is especially apt to occur in young persons between seven and fifteen years of age.

SECTION III.

1. Fevers come to a crises on the same days on which it is observed that the sick generally recover or die.

2. The mildest fevers, and such as have the most favorable symptoms, cease on the fourth day, or sooner; such as are very malignant, and in which very dangerous symptoms appear, are fatal on the fourth day, and sometimes before.

3. Thus ends the first period of fevers; the second extends to the seventh day, the third to the eleventh, the fourth to the fourteenth, the fifth to the seventeenth, the sixth to the twentieth. Thus then the crises of acute diseases take place within the twentieth day after their accession, and by periods of *about* four days.*

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flammation was so violent, that mortification ensued; and the testicles were completely denuded by the sloughing of the scrotum. The sphacelation was arrested by a blister around the parts; the skin was gradually reproduced; and the patient is perfectly restored, and has suffered no return of the pneumonic affection.† It would be interesting to inquire whether former disease of these parts had predisposed them to this translation; and whether in other instances of metastasis, the secondary affection be in any way connected with such predisposition, or be the result of some peculiar sympathy with the seat of the original disease. The term *metastasis*, I am aware, is unfashionable, and consequently unpopular at the present day, when the doctrine of the translation of morbid *matter* is discarded as absurd. Without intending to revive a dogma so justly exploded, it is conceived that a transfer of morbid *action* may be admitted with certain limitations; and that the etymology of the term *metastasis* justifies its application to this pathological phenomenon. Thus, in mumps, we see the disease suddenly disappear, and fix itself upon the testicles or mammæ. Assalini observes, that it is no uncommon occurrence for ophthalmia to supervene on the sudden cessation of a diarrhœa; and Dr. Dewar notices its remarkable alteration with bowel complaints. The connection between rheumatism and bowel affections is so remarkable and so frequent, that Dr. Akenside was led to declare that dysentery was nothing more than *rhematism of the intestines.*

† The particulars of this interesting case were kindly furnished by my friend Dr. Townsend, of this city, in whose practice it occurred.

* It is not to be imagined that Hippocrates

4. But these periods cannot be laid down exactly by whole days: for even the year itself, and the months, are not exactly divided into complete days.

5. After these in order, *in diseases* of the same character, the first period is *included in* thirty-four days, the second in forty, the third in sixty.

6. In the commencement of these diseases it is very difficult to ascertain *a priori* in what space of time they will come to a crisis, for they commence very much in the same manner. But it is necessary to observe carefully from the first day, and to remark the changes of every fourth day; and thus may the probable termination be ascertained.

7. The course of quartans observes the same order.

8. But it is easier to foreknow *the crises* of diseases which are to terminate in a short time, because from the beginning they differ very much. Those will survive who breathe easily, have no pain, sleep at night, and have all the symptoms favorable. But those will die who breathe with difficulty, are delirious and wakeful, and exhibit other bad symptoms.

9. Such being the case, the prognosis of diseases that are verging to a crisis is to be deduced from their duration and the manner of their accessions.*

10. In the same manner are the crises of puerperal diseases to be ascertained, *calculating* from the labor.

11. Violent and continual pains of the head, with fever, if accompanied by any dangerous symptoms, are usually fatal. But if the pain continue twenty days, without any bad sign, and the fever still remain, you may expect a hæmorrhage from the nose, or an abscess in the lower extremities. If the pain is recent you may expect a bleeding from the nose, or an abscess; and especially if the pain is seated about the temples and forehead.

12. Hæmorrhage is to be expected chiefly in young persons, under thirty-five years of age; suppuration rather in old persons.

13. An acute pain of the ear, with violent and continual fever, is terrible; there is danger of delirium, and of death. As this case is very dangerous, it is necessary to be very careful in observing the symptoms from the very first day.†

14. Young persons die of this disease on the seventh day, and even earlier; but old persons much later. For fever and delirium are less apt to occur in old persons, and hence suppuration rather takes place.

15. Relapses are most fatal at this time of life; young persons die before suppuration comes on. But if a white pus runs from the ear, there is a hope that they will live, especially if any other favourable symptom appears.

16. Ulcers of the fauces, with fever, are bad. And if any other symptom appears which we have before declared to be bad, you may predict that the patient is in danger.

17. Those anginas are very dangerous, and speedily fatal, which produce no sensible change in the fauces or in the throat, which cause great pain, and induce orthopnœa. They produce suffocation on the first, second, third, or fourth day.

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laid these down as fixed and invariable rules for the crises of diseases. He observed nature too accurately to believe her subject to any such determinate periods. He laid these down as the usual periods at which diseases terminate; and by an apparent but slight contradiction, which could not have been the effect of inadvertence, seems to have intended to be so understood. He here mentions the 20th day as critical: he frequently elsewhere fixes the critical term at the 21st. This is an evidence that he intended to convey the idea that the crises occurred *about* those periods. We have accordingly translated it so. Our observation is justified further by the remark contained in the succeeding aphorism, and which will be explained by a reference to the Greek calendar.

It has been denied by some that there is a tendency in diseases to terminate at particular periods. It requires a long course of experience, and very attentive observation, to decide this point. Perhaps it would not be of much practical importance were it determined. It might indeed prevent us from interfering with nature's operations, and teach us when to concur with her efforts; but it would affect our treatment, so far only as by leading us to observe nature more carefully, it would enable us to prescribe more judiciously. The efforts of nature, however regular, could seldom accomplish cures so completely and so speedily as they are effected by the vigorous practice of the present day. For a full exposition and defence of the doctrine of critical days, see Cullen's First Lines of Practice, vol. I. sect. 107, Wilson on Fevers, vol. 1. p. 68, and Parr's Medical Dictionary, vol. I. art. *Crisis.*

* The critical days were also called *judicial*, or *indicating* days, as affording a judgment concerning what might be expected at the next critical term. Thus, if an amelioration take place on a critical day, there is reason to expect a more perfect abatement of the symptoms at the next critical period. Or if an unfavorable change occur on a critical day, the next term will bring with it still more dangerous symptoms. Hence it is that Hippocrates recommends in the 6th Aphorism "to observe carefully from the first day, and to remark the changes of *every fourth* day," or of every new period; and hence the direction in this Aphorism, to attend to "the manner of their *accessions*," or to the symptoms which attend every new term.

† *Otitis* is so apt to involve the brain in inflammation, that the cerebral affection is made an important circumstance of its definition in the system of almost every nosologist.

18. Those also which in like manner cause pain, but do excite tumour and redness in the fauces, are very fatal; but when the redness is very great, they are not so immediately dangerous as the preceding.

19. The disease continues longer when the redness is not confined to the fauces merely, but extends to the neck also; in this case the *patient* is more apt to recover if the neck and the breast are involved in the redness, and the erysipelas does not extend inwardly.

20. If the erysipelas does not disappear on the critical days, and the tumour does not extend outwardly, if no pus is coughed up, and the patient is easy, and without pain, death is at hand; or it shows a recurrence of the inflammation.

21. It is safer for the redness and tumour to extend outwardly very soon; because, if they extend to the lungs, delirium ensues, and empyema is generally produced.

22. It is dangerous to cut off, to scarify, or to cauterize the uvula when it is red and tumified; for inflammation and hæmorrhage may ensue. It is therefore proper at this time to effect the cure by other means. But when the uvula is separated *as it were*, forming what we call σαφυλη,* (*the grape,*) and the extremity of the uvula is enlarged and rounded, but its upper part is attenuated; it is then safe to perform the operation. It is proper to perform the operation after opening the bowels, if time permits, and the patient is not threatened with suffocation.

23. When fevers cease without evident signs of the disease being resolved, and on days which are not critical, you may expect a relapse.

24. In long-continued fever, in which the symptoms have been favorable, and there is pain without inflammation or any other evident cause, you are to expect abscesses, and painful swellings about some of the joints, and particularly in the lower extremities.

25. These abscesses form more especially, and in a short time, in persons under thirty years of age.

26. You are immediately to expect an abscess, as soon as the fever has extended beyond the twentieth day.

27. *Abscesses* are not apt to form in old persons, even though the fever continue longer.

28. An abscess of this kind may be expected when the fever has been continued. But if it intermit, and be erraticc in its character, and thus be protracted until autumn, it will be changed into a quartan.

29. As abscesses form in those who are under thirty years of age, so quartans attack those principally who are of this age, and upwards.

30. It is well to know that abscesses are most apt to form, and continue longest in winter, but are then least apt to turn inwards.

31. He who, in a fever not of a mortal character, complains of pain in the head, cloudiness of vision, cardialgia, will have bilious vomiting. When rigor accompanies *these symptoms*, and the lower part of the hypochondrium is cold, the vomiting will come on sooner. If at this time the patient drink or eat any thing, he will vomit very soon.

32. Those in whom this pain of *the head* commences on the first day, suffer greatly on the fourth and fifth, and die on the seventh For the most part, however, the pain commences on the third day, and is most distressing on the fifth; in such cases the patients die on the ninth or eleventh day. But if the pain begins on the fifth day, and the other *symptoms* come on in *correspondent* order, the disease will terminate on the fourteenth day.

33. These *rules* hold good both in men and women; and particularly in fevers of a tertian type: they apply too to young persons, but particularly in continued fevers, and regular tertians.

34. When in fever of this kind, head-ache occurs, and instead of a cloudiness there is a dulness of sight, and an appearance of sparkling in the eyes; and, instead of cardialgia, there is a tension of the right or left hypochondrium, without pain or inflammation, instead of vomiting you may expect a hæmorrhage from the nose. But even in this case you are to expect a hæmorrhage in young persons rather than in those who are about thirty years of age, or upwards; in such you may expect vomiting.

35. Convulsions happen in children if the fever is acute, and the belly constipated, if they are wakeful, easily frightened, and scream out; if they change color, and become pale, livid or red *in the face*. They are induced very easily in new born infants, and until the seventh year. But older children, and adults, are not seized with convulsions in fevers, unless some very violent and dangerous symptoms appear, such, *for instance*, as indicate phrenitis.

36. You may predict the death and recovery of children, as well as of others, from the signs which have been individually laid down.

37. I speak here of acute diseases, and of such as result from them.

38. He who is desirous of being able to predict with certainty the recovery or death of *the sick*, and how many days a disease will continue, or in how many it will cease, must understand the whole doctrine of signs, so as to able to judge of all the symptoms, and to compare their relative importance, according to *the rules which* have been laid down with

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* Σταφυλὴ *uvam* significat, proprieque dicitur gargareonis aut columellæ affectus cùm ex fluxione laxior est reddita, et suprema sui parte tenuis, inferiore verò crassior, et livida. Fœsius, Œconomia Hippocratis, p. 351.

regard to the urine and sputa; but *he will especially notice what has been said* concerning the pus and the bile which are coughed up.

39. He must also carefully advert to the character of prevalent diseases; and be well versed in the constitution of the seasons.

40. But as it respects symptoms, and all other signs, he must know and remember, that in every year, and in every season, bad symptoms presage danger, but good symptoms are favorable.

41. For the foregoing signs are true in Lybia, and in Delos, and in Scythia.*

42. And it is not difficult for any one who has learnt how to discern and compare them, to verify the greater part of them in these regions.

43. You must not require the name of any disease, which has not been particularized here. You may know by the same signs all those which terminate within the periods laid down above.

SECTION IV.

The Crises of Hippocrates.

1. The signs of an approaching favorable crisis are the same as those of health.

2. Those sweats are best, and most effectually remove the fever, which occur on the critical days, and completely relieve the febrile *symptoms.* Those, also, are to be considered salutary which arise from the whole body, and afford relief. Those which give no relief are useless.

3. As the disease approaches its crisis, the dejections should become thicker;—they should be yellowish, and not offensive. It is good for round worms to be discharged towards the crisis.

4. The best urine is that which deposites a white, smooth, and equal sediment throughout the whole course of the disease; it shows that the disease will be without danger, and of short continuance.

5. If the disease is relieved by the coming on of a sweat, and the urine appears reddish, and has a white sediment, the fever will return the same day, and will terminate safely in five days.

6. Those who are about to recover shortly will exhibit the most favorable symptoms.—They are without pain and dangerous *symptoms;* they sleep at night, and have the other symptoms of convalescence.

7. In those who, in a fever not of a mortal nature, suffer pain in the head, and other *such* symptoms, the bile predominates. Those who are distressed with pain in the first days of *the complaint,* and suffer more on the fourth and fifth days, will be freed from the fever on the seventh.

8. The crises of fevers take place on the same days on which the sick recover or die. The mildest fevers, and such as have the least dangerous symptoms, terminate on the fourth day, or before; but the most fatal, and such as exhibit the most dangerous appearances, prove fatal on or before the fourth day. The first period, then, ends thus, the second extends to the seventh day, the third to the eleventh, the fourth to the fourteenth, the fifth to the seventeenth, and the sixth to the twentieth. Thus, then, the periods of acute diseases are composed of terms of four days, and extend to the twentieth day.† But they cannot be calculated precisely by days, for even the years and the months are not exactly made up of days.

9. In ardent fevers the symptoms are favorable, if such as appear in health.

10. *Fæces* which have little consistence, indicate recovery in three days; such as are thicker designate it for the next day; and such as are of a proper consistence, for the same day on which they appear.

11. If a jaundice appear on or after the seventh day of ardent fevers, it is a sign of sweating. These diseases have no tendency to sweating, or any other excretion,‡ but they are cured *thus.* When the heat abates, and a moisture succeeds, the fever must necessa-

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* Some commentators suppose that, by a kind of synecdoche, the author intended to designate the three parts of the world, Africa, Asia, and Europe. We do not perceive the necessity of this conjecture to establish the universal applicability of the doctrine of signs; this is already declared by the author in the preceding aphorism. When we remember that the climate of Lybia was exceedingly hot, whilst that of Scythia was the reverse, and that Delos presented an instance of a medium between these extremes, it cannot be doubted that these places were adduced as examples of the truth there laid down.

† The celebrated De Haen, to test the doctrine of critical days, collected and compared all the cases which are related in the writings of Hippocrates. He found that of 163 fevers, 107, or two-thirds of the whole number, terminated on the days laid down as critical. So remarkable a correspondence is greatly corroborative of the doctrine.

‡ The word which we here render *excretion* is ἀφίσασθαι, literally signifying, to form an *abscess.* It is accordingly represented in the Latin versions by *abscessum facere.* The following quotation from Van Swieten's Commentaries will explain the meaning of the text, and, at the same time, justify our translation: "Abscessus nomine vocabatur illud naturæ humanæ molimen, per quod ex sanguine separabantur quædam nocitura, quæ *evacuabantur* de corpore, vel deponebantur ad quædam loca; ideoque distinxerunt veteres bifariam hos abscessus, nempe in illos, qui per *effluxum,* et alios, qui per decubitum in partes quædam fiebant."—*Comment. in Aph.* 402.

rily be terminated, and discharges of urine or fæces ensue, or a hæmorrhage from the nose, or a copious micturition *takes place;* or, in consequence of the great relaxation,* sweating or vomiting *may occur*, and women have their menses *besides*. All these may effect a crisis; and even whatever approaches to these: but *in this case* the crises are different, and not so complete *as in the former* case.

12. If, in an ardent fever, a jaundice supervene on the seventh day, or later, and there be copious and troublesome ptyalism, (this applies to other cases as well as ardent fevers,) and if the fever cease without the appearance of any of these signs, the crisis will be such *as just described*, or abscesses of some large tumours will take place, or severe pains in consequence of the abscess will *be experienced*, or perhaps a colliquation of the humours from heat.

13. Crises† and remissions‡ of those *symptoms* which indicate an ardent fever, show that the disease will be long; but if they are violent, death generally follows. Other ardent fevers (*which have not these remissions*) are not dangerous, and terminate on the seventh or fourteenth day. They usually pass into the lipyria,§ continue about forty days, and terminate in the epialus.‖ The lipyria comes on and remits the same day, leaving a *violent* pain in the head. If the lipyria do not terminate in forty days, but be protracted *beyond this term*, and the headache continue, and be *accompanied* with delirium, purge the patient. If a jaundice supervene about the crisis of an ardent fever, it is not usual for sweating to come on, and it usually terminates in recovery.

14. The tertian¶ fever terminates generally in seven periods.

15. When jaundice appears in violent fevers, on the seventh, the ninth, or the eleventh day, it is a good sign, unless there be hardness of the right hypochondrium,—if so, it is a doubtful case.

16. Acute diseases generally come to a crisis in fourteen days.**

17. Sweats which take place on the third, the fifth, the seventh, the ninth, the eleventh the fourteenth, the twenty-first, and thirtieth days, effect the crisis of the fever. If they do not happen on these days, they indicate much distress.

18. The concoction of urine, effected by degrees, if perfect on the critical days, terminates the disease.

19. It is proper to compare the urine with the *condition* of ulcers. For when ulcers yield a white pus, it is a sign of an approaching cure; but if they produce a sanious humour they are bad. In like manner the urine affords indications: if it is limpid, investigate the cause of the disease, and remark its abatement; if this (*the cause*) has ceased to act, (*the urine remaining the same,*) though the other symptoms are such as they ought to be, no solution of the disease is to be expected.

19. If, during a headache, fever supervenes, and there is neither abatement of the

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* ἢ διὰ ὑγρῖὴν ἰσχυρὴν is the reading adopted by Fœsius, and therefore we follow it; but some versions, with great apparent propriety, read ἢ διαῤῥοίην ἰσχυρὴν, or a profuse diarrhœa, &c.

† The word *crisis* was applied not to the termination only of a disease, but frequently to the changes, whether favorable or unfavorable, which occurred in the state of its symptoms.—"Ex quibus omnibus apparet, crisim tunc vocari in morbis, quando et magnæ perturbationes fiunt, et nova apparent phænomena, simulque hæc sequatur cita *mutatio* morbi in melius vel pejus."—*Van Swieten Comment. in Aph.* 587. It is used in this sense here.

‡ *Remissions*, &c. This may be thought at variance with the fact. It appears to be so, at first sight; for it is well known, that the greater the tendency of a continued fever to remission, the more favorable the case is. The meaning, however, evidently is, that those fevers in which the exacerbations are so great as to be very remarkable, are most apt to be of long continuance; whereas, those in which they are scarcely perceptible are not dangerous, and will most likely terminate shortly.

§ *Lipyria.* This word was applied by the ancient physicians to that species of fever in which the extremities were cold, whilst the internal parts of the body were burning with heat.

‖ The term *epialus* was applied to those fevers in which the patient was seized with rigors in the course of the disease; it is hence called *febris algida, frigida cum tremore*, &c. It is supposed to be the fever designated among the Latins, by the term *quercera*. Gorrhæus, a celebrated commentator on the writings of the ancient physicians, says that it was used to designate continued fevers, in which there were daily exacerbations, attended with chills and increase of heat. Other commentators suppose that it meant a mild or moderate fever, and derive it from ἤπιος, *lenis*, and ἀλεαίνειν, *incalescere*. This etymology seems indisputable, and is confirmed by the sense of the passage. It is reasonable to suppose, that when a fever is verging to a favorable issue, it will abate in violence.—These varieties of fever are not now recognised as distinct species, or designated by particular names.

¶ Some copies read τεταρταῖος, making the remark to apply to quartan fever. But in the 59th Aphorism of Book IV. the same is repeated of tertians, and the remark accords with the experience of modern physicians.

** Or, according to Dr. Sydenham, in 336 hours.

fever nor removal of the pain, the fever is not critical.

20. Many of the symptoms of a slow crisis, which has a favorable tendency, are the same as those of convalescence.

21. Soft tumours of the hypochondria, which are not painful, and yield to the touch, make the crises longer, but less dangerous, than do tumours of a contrary character. The same observation applies to tumours in other parts of the belly.

22. Urine which, when voided, is not clear, though it *afterward* yield a white and smooth sediment, shows that the crisis is distant, and will not be so safe as when the urine is *perfectly* good. If the urine is reddish, and deposites a lateritious and smooth sediment, it signifies that the disease will be of still longer continuance than in the preceding case, but wholly devoid of danger.

23. All gouty affections, not attended with inflammation, terminate in forty days, and exhibit many signs of a slow but favorable crisis. If they have a fatal tendency, the crisis takes place in a day and a night, (24 hours.)

24. The symptoms of debility are the same as those of the operation of a purgative: disturbance of the stomach and bowels, with *evacuations* upwards and downwards, nausea, and such like feelings. If these symptoms disappear in a day and a night, it is well;—if not, you may consider them fatal.

25. The worst sweats are such as are cold, and arise about the neck. They are signs of a long illness, and a fatal termination.

26. Dejections of a mixed nature, (of various colors,) though, indeed, not so speedily mortal as black and other fatal discharges, are not less certainly so. Of this kind are such as resemble scrapings of *guts*, such as are bilious, bloody, greenish, (porraceous,) and black; and which sometimes are composed of all these mixed together, and sometimes of only some of them.

27. If the urine is sometimes clear, and sometimes yields a white and smooth sediment, it shows that *the disease* will be longer and less safe, than when the urine is perfectly good. If the urine is red and limpid for a long time, there is reason to fear that the patient will not be able to bear up until it be concocted. If the other symptoms, however, are salutary, you may expect an abscess in some of the parts below the diaphragm.

28. If, in fevers, the condition of the urine is variable, it is a sign that the disease will be long, and the patient will be sometimes worse and sometimes better.

29. If the urine is variable in the commencement, and, from being thin, becomes thick, and then changes to thin again, the crisis will be uncertain, and attended with difficulty.

30. Cold sweats attending acute fever, are a fatal *presage;* in milder cases they foreshow a protraction of the disease.

31. In whatever part of the body there is heat or cold, there is disease; and from this proceed speedy changes in the whole body.

32. When the body becomes cold, and then hot, and changes of color succeed, these *alternations* denote long continuance of the disease.

33. If the fever does not subside on the coming on of a sweat, it is a bad sign; for the disease is thus protracted, and it shows a superabundance of humours.

34. Cold sweats coming on in fevers, foreshow a long continued illness. A copious perspiration occurring in health, portends disease; less, however, in summer than in winter.

35. If you permit the excretions to stand, and they deposite a sediment like scrapings, if small in quantity, the disease is mild,—if copious, it is severe. It is proper here to clear out the bowels.*

36. When black bile appears in the alvine dejections, if it is abundant the disease is more severe than if it is in small quantity.

37. When the veins pulsate, and the face retains its healthy appearance, and the hypochondria are hard and distended, the disease will be of long continuance, and will not terminate without a convulsion, a copious hæmorrhage from the nose, or severe pain.

38. Tremors of the hands portend a long continued disease, (fever,) or indicate a speedy and unfavorable crisis, which results in death.

39. Those who are to die in a short time have violent symptoms from the commencement: they breathe with difficulty, do not sleep at night, and exhibit other dangerous symptoms.

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* There is difficulty in this passage. It is generally thought by commentators to be imperfect; or, at least, to be an imperfect expression of the idea contained in the 69th Aphorism of Book VII. It is a matter of doubt whether it has reference to the urinary or to the alvine excretion. In the aphorisms it is placed immediately after remarks upon the former, and before an observation concerning the latter. The word ὑποχωρήματα, it is contended by some, is only applied to the alvine discharges; whereas, others admit it to signify sometimes the urine.—To prevent mistake, it may be well to remark, that the aphorism to which we have referred is the 69th of lib. 7, according to Fœsius—67th of Almeloveen and Verhoofd—64th of Heurnius. The French translation of Gardeil renders the passage thus: "Les excrémens qui sortent par l'organe qui leur est consacré, laissez les sortir; s'ils déposent comme des raclures, et qu'il y en ait peu, la maladie est légère; s'il y en a beaucoup, elle est considérable. Dans ce cas, il est bon de laver le ventre."

40. If, in a continued fever the patient suffer most on the fourth and fifth days, and the crisis do not take place on the eleventh, the case is usually fatal.

41. Those who labor under tetanus die within four days; if they survive this period they recover.*

42. If, in ardent fevers, jaundice and hiccough supervene on the fifth day, they are fatal.†

43. Relapses take place in those who, without having fever, are troubled with obstinate wakefulness or disturbed sleep;—whose strength diminishes; who have pains in their limbs, and in whom the fever disappears without the signs of a perfect solution, and on days that are not critical.

44. And although, on the cessation of the fever, a sweat take place, if the urine is reddish, and yields a white sediment, you are to expect a relapse on the same day. These relapses, however, are not dangerous, and terminate on the fifth day.

45. If, after the termination of *the disease,* the urine is red, and has a lateritious sediment, a relapse is to be expected the same day; and, in this case, few recover.

46. The relapse of an ardent fever is usually attended with sweating, especially if the relapse continue as many days as the original disease. The fever returns even a third time, unless the relapse terminate on an odd day; especially if the urine was not concocted, and the other symptoms have not been good; this relapse takes place on a critical day;—sometimes, however, notwithstanding these circumstances, a *third* relapse occurs, and even on a critical day.‡

47. You are to expect a relapse on the dispersion of tumours, which, at the approach of the crisis, have arisen about the ears, but have not suppurated. In these cases you may expect that there will be some deposition about the joints. If the urine is thick and white, like that which is voided on the fourth day of fevers attended with a sense of lassitude, it preserves *the patient* from such depositions: a hæmorrhage from the nose occurs in some cases, but is never critical on the fourth day. Suppuration occurring, cures the disease.§

48. Hæmorrhoidal discharges are beneficial in melancholic and phrenitic affections.

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* This remark is corroborated by modern experience. Dr. Cullen observes, that "the disease often proves fatal before the fourth day; and when a patient has passed this period, he may be supposed to be in greater safety."[1]—Hillary says it puts "a period to life on the third or fourth day."[2] Baron Boyer remarks, that "it generally proves fatal before the fourth day."[3] The fatality of tetanus within four days from its commencement, is more particularly remarkable in those cases which result from wounds of nerves and tendons; and it is said by those who are deeply versed in the writings of Hippocrates, that he seems to have been acquainted with no other causes of this disease.—It is not always true, that the patient is beyond the reach of danger after the fourth; but it certainly is a fact, that the danger diminishes in proportion as the disease is protracted.

† This passage has been referred to, and quoted by some modern writers,[4] to prove that Hippocrates was acquainted with the yellow fever. It is not the design of this note to examine this question; for its solution, it seems to us, can be of no advantage to either of the contending parties. We would, however, observe, that we cannot discover, as Dr. Potter asserts, that "on this, as well as all other occasions, Hippocrates attributes the origin of these symptoms to the *uncommon heat* of the season."—p. 6. That Hippocrates should know that "black vomit is a dangerous symptom," is no evidence of his being acquainted with yellow fever; for it is no uncommon occurrence in our autumnal bilious fevers, and is frequently observed in the low typhoid fevers which prevail in the winter season.

1 Cullen's First Lines, vol. ii. sec. 1206.

2 Observations on the Changes of Air, and the Diseases of Barbadoes, p. 225.

3 American edition of Boyer's Surgery, vol. i. p. 147.

4 See a Memoir on Contagion, more especially as it respects the Yellow Fever, by Professor Potter, of Baltimore, p. 6.

‡ The text at this passage is very difficult and obscure; we translate it literally, but are not confident of having entered into the sense of the original.

§ We have endeavored to discharge our obligation to preserve faithfully the meaning of the text; but, lest the reader should think our translation obscure in this place, we must inform him that this passage presents several difficulties.—The first part of the aphorism is wholly omitted in some versions. The second is evidently taken from the 74th Aph. lib. 4, but is inconsistent with it: nasal hæmorrhages on the fourth day being here condemned, and in the aphorism being commended as greatly conducive to the cure: ἢν δὲ καὶ ἐκ τῶν ῥινῶν αἱμορῥαγήσῃ καὶ πάνυ ταχὺ λύεται. Some commentators assert the meaning of the text to be, "that hæmorrhage occurring in quartans are never critical;" others contend for the meaning we have given. Be this as it may, it is certain that Hippocrates, in many other parts of his works, condemns nasal hæmorrhages on the fourth day, and always designates them by τεταρταῖαι. The last clause, though universally retained, is generally suspected to be the addition of some transcriber:—καὶ τοῖς πῦα ἀποχωρέοντα ὑγιάζειν νουσοις. We think we have preserved its meaning. Fœsius, however, in his note, supposes it to signify that nasal hæmorrhages never cure diseases in which suppuration is the usual termination. With great respect for so high authority, we confess we see nothing in the text to warrant such an interpretation.

49. When mania occurs after the spontaneous cure of diseases,* it is removed by the coming on of a pain in the foot or the breast, or by a violent cough. If the mania disappear without the occurrence of any of these symptoms, blindness ensues.

50. Those who stutter, and have no command of their lips in speaking, have empyema on the removal of *this impediment in their speech.*

51. A violent pain in the lower parts is removed by the occurrence of deafness, or a hæmorrhage from the nose.

52. Mania cures an habitual epilepsy.†

53. A pain of the hips, distortion of the eyes, blindness, tumours of the testicles or mammæ, occurring in ardent fevers, effect a solution of the disease; the same effect is produced by a nasal hæmorrhage.‡

54. If a rigor comes on in ardent fevers, sweating usually ensues. When a rigor comes on in these cases, a solution of the disease is the result.§

55. Tremors, in ardent fevers, are suspended by delirium.

56. If deafness come on in fevers, and the fever be not removed, dilirium ensues necessarily; but it is removed by the occurrence of a nasal hæmorrhage, a bilious diarrhœa, a dysentery, or a pain in the hip or the knee.

57. A chill occurring in fevers, puts an end to them.

58. Those who are suddenly seized with pain, and elevation of the hypochondria, if they have also violent pains about the false ribs, will be relieved by blood-letting and purging,—for fever does not violently attack weak parts.

59. If, in dropsy, water passes off by means of the veins into the bladder or intestines, a cure is effected.‖

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* Fœsius, whom we generally follow, has ὅσοι μαίνονται ἢ αὐτομάτῳ ἀπαλλασσόμενοι, &c. but as this conjunction ἢ seems to us to destroy the consistency of the sentence, we have preferred the reading of Cornarius, by whom it is omitted.

† It is well known that epilepsy is frequently kept up by habit, when the cause which originally produced it has ceased to act. If, then, its return be prevented until the system be freed from the influence of this habit, and forget, as it were, the morbid association to which it formerly was subject, the disease may be radically and effectually removed. Accordingly, the approach of puberty, an attack of fever, a cutaneous eruption, pregnancy, the predominance of some powerful passion, and even the application of a blister, by diverting, as it were, the attention of the system, have completely suspended the disease in persons who had long been subject to it.

‡ These terminations generally are so frequently observed, that it is unnecessary to adduce examples of them. We would remark, however, that tumours of the parotid glands most commonly arise. It cannot be improper to inform the student, for whose use these notes were subjoined, that these parotid tumours should be opened before a fluctuation can be perceived; for the matter which they form is so viscid, that a hardness will remain long after the commencement of suppuration. Indeed, it sometimes happens that no matter will be discharged on first making the incision. It may be laid down as a general rule, that all glandular tumours should be opened early after suppuration takes place. There is, to this rule, one solitary exception: a *bubo* should never be lanced until the textnre of the gland is completely dissolved. Concerning the critical *hæmorrhage*, it may be remarked, that it is generally preceded by a pain in the head, a dimness of sight,[1] an itching of the nose, and the *pulsus dicrotus*,[2] or double-rebounding pulse.—

1 Prognostics, Sect. I. Aph. 32.

2 This pulse gives at each diastole a double stroke to the finger. Can this be the *hæmorrhagic* pulse of surgeons, the impression of which they say is peculiar, but indescribable? This pulse is so peculiar, and is said to be so infallible, that it is related of Galen, that, perceiving it on a certain occasion, he immediately called for a basin, and had no sooner received it, than the blood gushed from the patient's nose.

§ The truth of this observation may at first view appear questionable; but it is a fact, that when shivering occurs in a long-continued fever, a hot stage is induced, which is followed by sweating and a temporary apyrexia at least.—This occurrence, then, is favorable, because it is an evidence of a tendency in the disease to assume the intermittent type.

May not the beneficial effect of cold affusion, as now practised in fevers, be explained upon this principle? It seems to suspend the febrile action, and to change the character of the disease, by inducing a paroxysm of a different type.

‖ These are the most usual outlets of dropsical effusions. Accordingly, diuretics and hydrogogue cathartics are the most effectual means that can be employed in dropsical cases. We subjoin this note to introduce a remedy which combines the advantages of both, and thus fulfils two indications at the same time: I refer to the supertartrate of potass. This remedy is not new; it has been for a long time, and is now almost universally used. But there are circumstances in its administration which so greatly influence its effects, and which are so apt to be disregarded, that its efficacy may be frustrated by the negligence of the prescriber. It is so extremely insoluble as to require twenty times its quantity of cold water to hold it in solution.—When not perfectly dissolved, it is almost inert, and produces no sensible effect, but a disagreeable griping or colicky sensation, and sometimes a slight ptyalism. Now, so large a quantity of water as is necessary to dissolve it, would be injurious in the disease. The addition of a small quantity of the borate of soda will so greatly promote its solubility, as to render very little

60. A profuse diarrhœa occurring in leucophlegmasia, effects a cure.

61. Those who for a long time are troubled with diarrhœa and cough, are relieved by the coming on of severe pains in the feet.

62. If there is a tendency to a change in the nature of the disease, and the patient has not diarrhœa, and passes nothing but wind, it is evident that there is no abundance of humours, and you may give any thing with safety.*

63. In iliac passion give a good quantity of pure wine;† let it be taken cold, and gradually, until sleep is induced, or pain in the legs comes on. The occurrence of a fever, or diarrhœa,‡ removes the disease.

64. A discharge of pus by the ears or the nose, removes violent pains in the head.

65. Those who in *full* health experience suddenly a pain in the head, and immediately lose the power of speech, and snore, die in seven days, unless fever come on.§

66. In violent pains of the head, if any of the superior parts are affected, apply the cupping-glass. If a pain in the hips or the knees, or a difficulty of breathing come on, the *affection of the head* is relieved.‖

67. A diarrhœa occurring in ophthalmia is beneficial.¶

68. If fever supervene in convulsions or tetanus, it suspends them.**

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water necessary for its solution. For a full exposition of the advantages and effects of this article, the reader may refer to Hone's Clinical Experiments and Histories, and Ferriar's Medical Histories and Reflections. A singular method has been lately recommended for procuring a discharge of urine in dropsies: it is, long-continued, gentle *friction* of the abdomen, with the fingers dipped in oil.

* This passage is very obscure. Fœsius considers it imperfect.

† In cases of simple colic, unattended with inflammation, and particularly in such as result from indigestion and flatulence, wine would, no doubt, prove as useful as the more fashionable carminative cordials. As an *antispasmodic*, it has been found very efficacious in hydrophobia* and tetanus.

‡ The word we have translated *diarrhœa* is δυσεντερίη, which is not applied to real dysentery only, but is also used to signify any unusual discharge from the bowels. That this is its signification here is evident from the sense of the passage; and a parallel sentence reads, δυσεντερίη ἄνευ οδύνης, dysenteria *sine dolore*.—Epidem. lib. ii. 1056 fol. Fœsius.

§ In some cases it goes off entirely by diarrhœa, &c. and sometimes by the appearance of *fever*."—*Thomas's Practice, p.* 286.

‖ The meaning of this passage is not very clear. The word πονος, from which is derived the verb which we have rendered *affected*, has so great a variety of acceptations, that it gave occasion to Cicero to ridicule the *inopia verborum* of the Greeks. It signifies usually *labor*, *dolor*, &c. sometimes *fatigatio*, and *molestia** generally, or any kind of injury. The verb πονέω signifies *laboro*, *doleo*; but is also rendered *fatigo*, *lassesco*, and is used in this last sense by Hippocrates himself, in Aph. 48, Book II. It is in this sense we take it here. We conceive it to refer to that peculiar sensation of fatigue or torpor which attends affections of the head. If this acceptation be admitted, the meaning of the passage is very evident.

¶ Cathartics are considered by some as peculiarly beneficial in all inflammatory affections about the head. However this may be, it is a fact that they are serviceable in ophthalmia. Monsieur Assalini found them necessary in the ophthalmia of Egypt, and particularly in those cases which had supervened to diarrhœa.† Dr. Dewar observes, that "it (the ophthalmia) disappeared on the patient being attacked with diarrhœa;"‡ and Dr. Underwood remarks, that the ophthalmia of infants is frequently carried off by the coming on of a purging.§

** The doctrine of *equilibrium* of *action* must be admitted to a certain extent. The adherents of Mr. John Hunter have contended for this prominent principle of his system with a blindness which could discern no exceptions. They thus have deprived it of the only practical importance it could possess; for no general rule can be of much advantage until its exceptions are ascertained, and the cases in which it is applicable are precisely defined. It is not our intention, nor, indeed, would it be proper here, to enter into an examination of the doctrine. Suffice it to observe, that we here see the supervention of one powerful action in the system completely suspending another, and thus verifying and exemplifying the axiom, that "when two affections occur in different parts *of the body*, the more violent will overcome the other."‖ Aphorism 46, Book II. It is upon this principle of *counter-impression* that mercury, wine, and electricity are beneficial in tetanus,

* Dr. Richard Pearson has lately recommended wine in hydrophobia. Celsus was acquainted with its virtue in this disease: he recommends, "multum, meracumque *vinum*, quod omnibus venenis contrarium est."—Lib. v. cap. 27, De Medicina.

* Indeed, so extensively is it applied in this signification, that it is even used for *injustitia*, *iniquitas*, &c. and particularly in the Sacred Scriptures.

† Neale's translation of Assalini's Observations on the Plague and Dysentery, and the Ophthalmia of Egypt. Lond. 1804, p. 140.

‡ Dewar on Diarrhœa and Dysentery, p. 36.

§ Diseases of Children, vol. ii. p. 232.

‖ In accordance with this are the words of the poet:—

"——— where the greater malady is fix'd,
The lesser is scarce felt ———"

69. If convulsions come on in fever, the fever ceases the same day, or on the next, or the third day.*

70. When spasms seize the hands and feet, they threaten mania.

71. When the veins of the hands pulsate, the countenance is good, and the hypochondria are hard and swollen, the disease will be long, but without convulsions.†

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and that ammonia and ether are among the most powerful antispasmodics we possess.—In a late communication from a professional correspondent, I have been informed that the actual cautery has been used in tetanus with success. I forbear to detail particulars, as the case has been laid before the Medical Society of Charleston, South Carolina, and will shortly be published; and, more especially, as I do not approve the hazardous and dismaying practice which was pursued in this instance. I would merely remark, that the application of the cautery produced an instantaneous resolution of an obstinate opisthotonos.

With a reference to this law of the œconomy, Dr. Richard Pearson, of Birmingham, has proposed *the exciting of a fever* in hydrophobia. The indication is certainly to reduce the spasm; and if, as Dr. Rush supposes, fever is a convulsed state of the blood-vessels, and only a grade of convulsive action, the production of fever is an evidence of its fulfilment. The following comment of Sir Conrad Sprengell, upon the 57th Aphorism of Book IV., in which the fact laid down in this passage is repeated, while it is a remarkable coincidence with the theory of Dr. Rush, is very apposite in this place.—"Convulsions," says he, are violent commotions and involuntary contractions of the muscles, but fevers only a less degree of such contraction in the smaller muscular fibres. Hence they are but a less degree of convulsions, and therefore a good sign that the convulsions are going off.*

* This is another example of the equilibrium of action. It may, however, be remarked, that Hippocrates lays it down, that "children above seven years of age, and adults, are not seized with convulsions in fevers, unless some very violent and dangerous symptoms appear."—Prog. Sect. III. Aph. 35. He says, too, that "it is better that a fever supervene in convulsions, than that the latter come on in the former."—Aph. 26. lib. ii. He could not, therefore, have considered the occurrence of convulsions in fevers as always favorable: that they are so sometimes it is not necessary to prove.

† Cornarius and Fœsius consider that this passage should be rescinded, because, if not an interpolation, the reading is certainly incorrect. The latter commentator accordingly gives no translation of it. The aphorism occurs once before in this book, (37,) but it is there stated that convulsions will occur, whereas it is here denied. This circumstance confirms the suspicion that it is not genuine. This deceitful handling of the writings of Hippocrates will account for the many contradictions that occur in his works, and which have brought upon him the charge of inconsistency.

* Sprengell's Translation of the Aphorisms of Hippocrates.—London, 1735.

The following paper on Intermittent Fever, has our approval as the best received by the conductors of this journal, and as such is entitled to the premium offered some time since, for an approved essay on this subject. The author, Dr. Beales, of this city, has made a judicious selection of the most important facts and opinions connected with the history and treatment of this disease. The subject is one of considerable importance, and although the following essay is rather brief, it is believed that the author has gone over the whole ground, and that for all practical purposes his essay is sufficiently voluminous

Concise papers of this sort, are, after all, more useful, because more likely to elicit the attention of the general practitioner, than more elaborate works; and it is to be hoped that the encouragement offered by the conductors of the United States Medical and Surgical Journal, may induce others to the task of compiling practical materials, and that they may soon be enabled to present a series of similar papers to the profession.

Stephen Brown, M. D.
Samuel P. White, M. D.
John Watson, M. D.

New York, August, 1836.

Art. II.—*Prize Essay on Intermitting Fever*, by Dr. John Charles Beales, of New York.

There are but few diseases presented to the observation of the physician which merit greater attention, by reason of their frequent occurrence, than those which are the subject matter of this paper; and although they doubtless have existed from the most remote periods, and prevail, with more or less frequency in all countries, very little progress has been made in elucidating their phenomena, or in absolutely fixing our ideas respecting their causes and essence.

1. *Cause of Intermitting Fever.*—In deciding on the causes of disease, there are some peculiar difficulties which tend to render our exertions unsatisfactory. In Natural Philosophy it would doubtless be inadmissible to apply the terms cause and effect to two phenomena unless the one were perpetually and unchangeably followed by the other; and this severity in the application of these terms would be correct as far as matter in general is interested: but the important distinction must never be lost sight of, that the human frame, with its wonderful organization, is not *mere matter*, that it is subject therefore not only to the general laws which govern matter, but also to specific vital ones, which sometimes modify the former and at others even directly oppose and counteract them; so that a precedent acting on the human body, will sometimes be followed by its consequent, while in other cases, from something peculiar and hidden from our observation, it will not be productive of any evident result. These remarks are particularly applicable to the causes of disease; careful observation has detected that after a human being has been exposed to certain influences, specific disorders have very frequently followed, accordingly it has been induced that those influences were the causes of those diseases, although occasionally upon similar exposure, under apparently precisely similar circumstances, those effects do not follow. We also see that sometimes the same cause is productive of very different effects, as the sudden application of cold to the surface of the body may obstruct the menses, or produce catarrh, or pneumonia; while at others the same effects may proceed from different causes, as diarrhœa may result from obstruction of perspiration, or from improper food.—Thus it is extremely difficult to determine positively on the cause of intermittent fever; and in ascribing it to marsh miasmata we take the general result of observation rather than what can be logically proved.

Although great attention has been attracted to the nature and qualities of this noxious agent, it must be confessed that they have not yet been elucidated in a satisfactory manner: some physicians, on finding that no chemical changes can be detected in the atmosphere, have even doubted their existence; but the mass of evidence that has been gradually accumulated on this point, must satisfy every unprejudiced mind of their potency and activity in the production of the disease which now occupies our attention. If we consider the *localities* of intermittent fever, we shall observe the degree of its prevalence to be in a precise ratio with the extent of marshy and alluvial soil: thus in the more elevated counties of England, it is comparatively a rare disease; while among the fens of Lincolnshire, and Norfolk, it is very prevalent: in Holland, some parts of France and Italy, it is frequent: on the banks of the Mississippi, on the alluvial soils of the west, and on the coasts of Mexico, it is endemic and of constant occurrence; while on the table land of this latter country, it is seldom seen.

2. *Effects of Marsh Miasmata.*—In a work lately published in Paris, by Dr. Nepple, on Intermittent and Remittent Fevers, a most interesting account is given of the general effects of miasmata on the unfortunate inhabitants of La Dombes, in the department of Ain. M. Nepple first states that this part of La Bresse is contained within about fifteen leagues square, which, but for the industry of man, would be a vast uninhabitable marsh; the water has been collected on the least elevated parts, and confined by tanks, after letting it remain eighteen months or two years to fertilize the earth, it is drawn off into other reservoirs, and the moist earth is cultivated and sown, besides these larger lakes there is also an infinity of small ones remaining in their natural state, all these under the influence of a hot sun, swarm with different kinds of insects and reptiles; both the air and water become impregnated with a nauseous odour, which M. Nepple descrides as "*extremement prononcees*," particularly of a summer's evening. The miserable inhabitants of this wretched spot may be immediately recognized by their appearance: their countenances are sallow, thin, and meagre, their flesh flabby, their step slow, they have a debility in all their movements, and a swollen tumid abdomen; it is not rare to see the spleen occupying half the abdominal capacity; the more the belly is swollen, the more the upper parts of the body become reduced; the lower extremities are tumified, varicose, covered with obstinate ulcers, and disposed to gangrene; the veins of these parts are also subject to hæmorrhages difficult to arrest; their intellectual faculties are exceedingly limited, and their moral energy is so weak, that they are equally incapable of a virtuous action, as of one that should lead them to the scaffold; among their maladies intermittent and remittent fevers are the most prominent. Dr. Nepple ascribes the dreadful state just delineated, to the continued inhalation of, and exposure to, the miasmatic atmosphere, the badness of the water, and the almost constant humidity of the air.

The presence of a marsh is not absolutely necessary for the production of miasmata, as they exist wherever there is a collection of putrid and decaying animal or vegetable matter; thus they frequently show their effects in cities where a sufficient attention is not paid to cleanliness. Writers of a century or two back particularly notice the frequent occurrence of epidemic intermittents in both London and Paris. Cold appears to diminish very materially if not to destroy absolutely the influence of this agent, as we seldom

see any persons affected by it after the continuance for some time of a sharp frost.

3. *Humidity.*—Humidity in the atmosphere is a most efficient auxiliary in the production of agues in two distinct ways; first, by holding in suspension a greater number of miasmata, for this reason it is less dangerous to travel over marshes in the day-time, when the sun by expanding the air, causes them to be spread over a larger space, but in the evening the concentration of the moisture, in the shape of dew, concentrates the miasmata and renders them more effective; secondly, by reducing the quantity of fluid thrown off by the exhalants, and thus producing, in some degree, a plethora of the system; at first sight it would appear indeed that we perspire more in damp weather, as by comparatively slight exertion the sweat accumulates in drops upon the surface of the body; but this is because the air being saturated with moisture does not absorb it, whereas in dry weather the insensible perspiration is carried off with great rapidity, and we actually lose a much larger quantity of fluid, although it is not evident to the senses. The city of Mexico is situated near large shallow lakes, which during the rainy season considerably extend their boundaries to be quickly again reduced by evaporation in the dry season; yet an intermittent epidemic is exceedingly rare, and I account for this by the phenomenon just explained. We constantly hear a complaint from foreigners in Mexico, that they never perspire, that is, the perspiration is so quickly absorded by the atmosphere, that they are not sensible of its existence.

Intermittent Fevers then, I think it may be concluded, are produced by marsh miasmata, aided by humidity in the atmosphere; but as has before been stated, the same effect in the human system does not always follow the same cause. Thus several children, apparently in equal health, shall be vaccinated with the same virus, yet only one half of them will have the vaccine pustule. Several persons will be bitten by a rabid dog, yet only two or three will have hydrophodia, though nothing be done to prevent it. In the same manner four or five persons will travel together in the evening through a marshy district, two or three of them will be seized with fever, the others will show no departure from health. Authors have endeavoured to account for this variation by stating, that there exists a predisposition to disease in some individuals and not in others, but this leaves us where we were. What is a predisposition? In what does it consist? Nobody knows.—I imagine it to consist in a preternatural excitability of the nervous system, but as I know of no external indication of such state, the hypothesis is of little practical utility.—However this may be, it is certain that great mental or physical exertion, debility from previous disease, or the operation in excess of the depressing passions, peculiarly predispose to the attacks of intermittent fever.

4. *Seat of Intermittent Fever.*—What is Fever? From the infancy of medical science to the present day, this question has been one of the highest interest, and has been answered in a variety of manners; the hypotheses that have been brought forward, have for a time through the authority and influence of their proposers, been credited and admired, until some new theorist has pulled them down, to build up his own, equally fragile fabric, in their stead. And it may be doubted, whether even now we are any nearer the thorough understanding of this subject. Hippocrates considered fever to be an effort of nature to throw off some noxious matter by which she was in danger of being overwhelmed. This opinion for a long time influenced the schools. The humoral pathologists believed it to consist in "an irregular commotion raised in the blood by nature," as the illustrious Sydenham says, "causing a fermentation" which ends in despumation: "by despumation, I mean nothing more than the expulsion or separation of the febrile matter, now overcome, when what is thrown off, partly resembles yeast, and partly lees as may be seen in other liquors." Dr. Cullen, in his Practice of Physic, declares it to be a spasm of the exhalent vessels; but others think it to be rather a dilatation of the extreme vessels, and the consequent entrance of larger globules of the blood than in the healthy state: Some have mantained its essence to be an affection of the brain; while Broussais, and others, declare it to be an inflammation of the viscera. This last has certainly many arguments in its favour, it is adopted by men of the greatest talent, and in autopsic examinations of those who die of fever, there is seldom wanting some pathological appearance which is triumphantly hel dout by the favourers of this theory, as proofs of its truth. But still, I rather incline in preference to another hypothesis which points to the ganglionic system as the seat of the disease, it appears to me that this idea will account for some phenomena that cannot be otherwise explained. In the majority of cases of simple intermittent fever we have no symptoms of organic affection, but merely of functional disorder; and surely the state of the functions of the viscera may be allowed to be dependent on the health of the great splanchnic nerve, when it is now satisfactorily ascertained that no secoction can go on without it. Persons are frequently attacked apparently in the midst of good health, yet the immediate symptoms show the disorder to have embraced various organs; this is easily explained by supposing the nerve which supplies all those organs, to be affected, while we can hardly imagine how they should in any other manner be so simultaneously disturbed. In some cases we see produced almost instantaneously the most violent symptoms of inflammation, and yet these will all disappear at the approach of the third stage. Is not this a simulation of phlegmasia by a disease in the nervous system? Even where inflammation has actually accompanied the fever, and has been remov-

ed by antiphlogistic remedies, we frequently see the paroxysms of fever continue. How do we cure the intermittent? By tonics. Does not experience teach us that very different treatment is necessary for inflammation of the viscera? That congestions of blood always take place, and inflammations very frequently result in the viscera, I admit, but the congestion is produced by the action of the nerve, the inflammation follows, as it is a well known pathological fact that disordered function will produce a diseased organ. We have many evident instances of the power of the nerves over the circulation in producing temporary congestion. How quickly does the mind, through the agency of the nerves, determine blood to the erectile tissue! How rapidly does thought produce the blush in the girl's cheek! Thus, with me, but little doubt remains that the splanchnic nerve, which, if I may so express it, rules the whole of the viscera, is the first affected by the miasmata; and as we see that each poison acts primarily on one particular tissue and afterwards on other organs, so I believe that in this disease the great sympathetic nerve receives the first shock, and communicates the effect to the various organs. Still it is possible that the miasmata may also have the power, under peculiar circumstances, of equally and originally affecting the vascular system; however, my limits are too small to permit me to enter farther upon this subject at present.

5. *Cause of return of Paroxyms.*—The peculiar distinction between agues and other fevers, is that they pass through all their stages in a few hours, and then leave the patient apparently in good health, to return after a lapse of time, varying according to the type, and once more subject him to the same phenomena.—This frequently takes place with such regularity, that if nothing be done to interfere with its course, we can indicate with certainty the precise hour of its recurrence. Many attempts have been made to explain this periodic return, but without any decided success. It has been stated that close observation will detect some remains of the disease in the circulation, even after the paroxysm has passed over, it is said that there is a langour in the action of the vessels which gradually cause an accumulation of blood in the large internal veins, when all the symptoms are once more brought on, and the paroxysm once more restores in some measure the balance of the circulation; but I cannot agree with this assertion, as, were it correct, we should observe a gradual change in the state of the vascular system from the moment of the cessation of one paroxysm, up to the commencement of the next: but repeated experience proves this not to be the case, as we very frequently cannot discover any difference whatever between the state of the patient, for instance, on the first and second days of the intermission in a simple quartan, which we ought to be able to do were the above hypothesis correct. Besides in very many cases of pure simple intermittents, the most accurate and earnest investigation cannot ascertain any departure from health during the interval; therefore we must look for some other cause for this singular phenomenon. M. Bailly, to explain this, begins by stating that quadrupeds are not subject to intermittent fevers; he thinks therefore that the reason of their taking place in man, is, because he is in a horizontal posture at night, and when he rises in the morning, he places himself in an erect one, changing entirely the gravitation of the fluids, causing a congestion in the abdominal viscera, &c. But it will be a sufficient answer to this theory, that all intermittents are not quotidians, which they should be according to this hypothesis; and as they also may and do attack at all hours, it is difficult to see how they are explained by it. But as Dr. Nepple very justly remarks, it would be ridiculous even seriously to bring further arguments against it. The periodical return of the paroxysms has also been ascribed to the same law by which the uterus acts and intermits during parturition and the heart proceeds to action after reposing a brief period; but the analogy in these cases does not appear very clear, as these organs act in their regular functional operations, being excited thereto by their natural respective stimulus. Perhaps the monthly return of the catamenea is that which is most similar to the point under discussion: we find also many diseases, particularly affections of the nerves, recurring at intervals; and as in the present state of our knowledge no satisfactory explanation can be given of them, we must be content to admit the phenomenon as one of the laws which govern the system.

6. *Phenomena of the Disease.*—Some authors are of opinion that miasmata may remain a long time latent in the system until stimulated to action by some exciting cause, such as exposure to cold, wet, &c. This is rather difficult to understand, but without absolutely denying the possibility of what is thus asserted, it more generally happens that immediately, or within a few days after exposure to the operation of this agent, the following phenomena occur: The person is affected with a sensation of weakness; giddiness and pain of the head; a sickness and weight in the stomach sometimes accompanied by vomiting; pain and oppression in the præcordia; a contraction and paleness of the skin, producing what is vulgarly called goose skin; a coldness along the spine; and the patient feels as if cold water were being poured down his back: frequently in the first paroxysm the cold is not excessive, but in the following ones it usually appears to start from one place and gradually extends over the whole body till it produces violent shivering and chattering of the teeth, the sufferer draws his limbs up to his chest to concentrate the heat, and eagerly begs for an accumulation of coverings, with the vain hope of inducing warmth; the pulse is languid and feeble, frequent and sometimes irregular; the urine is pale; the patient is drowsy and heavy, and the sensibility is impaired: this, which has been called the cold stage, lasts from half an hour to three or four hours, but sometimes all the above mentioned symptoms are not present; occasionally the first stage is not very evident, particularly in the commencement of the fever; however, admitting them to be present in modera-

tion, the patient at length begins to feel irregular flushes of heat which by degrees extend themselves till the temperature of the surface rises above that of health, while to the patient it appears a burning heat: there is now increased pain and throbbing in the head, the face becomes flushed, the eyes brightened, the pulse is full, frequent, and bounds under the finger, the respiration is short and quickened, the urine scanty and high-coloured, the tongue is dry and white, the patient is generally tormented by an excessive thirst, and particularly desires cold drink, the sensibility is augmented and sometimes becomes excessive; these symptoms generally go on increasing from two to eight or ten hours, when a perspiration begins to shew itself and gradually becomes profuse, the urine is more abundant and deposits a sediment resembling brick-dust, the pain of the head ceases, the respiration becomes easy, the pulse returns to its natural standard, the patient commonly goes to sleep, and awakes apparently in perfect health, and frequently in the commencement has no conception that he is likely to have a return of his complaints: the paroxysm usually lasts from four to twelve hours, according to the violence of the attack, the character of the type, or the constitution of the patient: after a certain interval of ease more or less complete, the disorder returns very generally at the same hour.—Authors have divided agues into quotidian when the interval from the commencement of one attack, to that of a second, occupies twenty-four hours, a tertian when it returns every forty-eight hours, and a quartan when it attacks only every third day; besides these they have distinguished double tertians, double quartans, &c., when similar proxysms are repeated in the intervals, but I shall here pay but little attention to these distinctions, as although they differ in some particulars besides the type, yet the same general principles and the same mode of treatment will apply to all; the principal thing being, that there should be a *perfect intermission* between the paroxysms. A quotidian most usually attacks in the spring, has a longer paroxysm, and is more likely to degenerate into a continued fever; while a quartan generally shews itself in the autumn, and is charactized by its obstinacy, it will frequently continue through the winter and only yield in the spring. The cause that determines the difference of type is not ascertained, but whatever it may be, it would not appear to be very potent, as we see them very frequently change their form even in the same patient; indeed when a cure is effected, it occurs very commonly by a change of type, the paroxysm becoming shorter and the interval longer.

I have given above a description of a pure simple intermittent, but we very frequently have it complicated with an inflammation of some of the abdominal viscera, which in that case will be characterized by pain in the part, particularly on pressure, a hard pulse and other diagnostic symptoms of inflammation, which of course *do not intermit.* Many French authors have given several species of intermittents, determined by the specific inflammation which accompanies them, such as intermittent gastric, intermittent cardiac, &c., they have also reported some very interesting cases where different diseases have put on intermittent forms, as cholera, apoplexy, &c., these they have classed under the general head of pernicious or malignant intermittents, as they are certainly fatal if not relieved by art. It is evident that these divisions are appropriate and even necessary in a formal treaties on this subject, but in a paper of this kind I have not space to describe them, while at the same time it must be recollected that inflammation or congestion of any or all of the viscera, do frequently accompany, and are complicated with ague; and the peculiar tendency of this disease to produce enlargement of the liver, and still more frequently of the spleen, has long been observed, while these again too frequently cause an incurable dropsy.

With respect to the peculiar and severe varieties mentioned by the French authors, I may just observe that they so much resemble the common forms of the disease to which they belong, that it is difficult at first to recognize them; but they may be suspected if the symptoms disappear without any adequate cause, if the urine afterwards deposite a brick-dust sediment, and especially if an epidemic intermittent should be prevailing at the time. Of course the periodic return of the disease will dissipate all doubt of its nature, but it is highly important to interrupt, as quickly as posssible, the course of the disorder, as the patient is frequently carried off in the third or fourth paroxysm. For further information on this point, I refer the reader to a most excellent work recently published in Paris, on Intermittent Fevers, by M. Auguste Bonnet.

Perhaps no disease is more modified by the climate, temperature, and the peculiar circumstances of the patient, than that we are considering; also when it appears as an epidemic, it frequently varies considerably from its standard form. Thus sometimes the cold stage is scarcely evident, while in others convulsions, syncope, delirium, or a fatal coma occurs, no reaction taking place: sometimes the hot stage takes on the precise form of the inflammatory fever of a high grade, with a hard frequent pulse, a blood-shot eye, and furious delirium, which may destroy the patient; while at others the cold stage is followed by cold clammy perspiration, the stage of excitement is not very evident, and a train of typhoid symptoms arises, these last varieties are particularly prevalent in hot climates, where bilious intermittents of both these descriptions are constantly met with, and are frequently closed by a fatal dysentery.

Those intermittents which in an epidemic form attack in the spring, are less dangerous and more easily submit to remedial measures than those which take place in the autumn, this I presume is ascribable to the state of the system, which is relaxed by the heat of summer. When an epidemic first attacks, it is difficult to determine its precise nature, and Sydenham mentions that he had difficulty in saving the first patients affected, till he had time to verify the character of the disease. This author was of opinion that particular epidemics returned at regular intervals, and that by a series of observations their advent might be foretold, like that

of a comet; but subsequent investigation has not confirmed this hypothesis. He also says, "It is worth observing here, that if any person be seized with a quartan, who has had it before, though long since, it terminates spontaneously after a few fits, of whatever age or constitution he be." This observation, repeated experience has proved to be generally correct, and also that it is equally applicable to the other types.

There is no doubt that these fevers, particularly those which attack in the spring, have a tendency in good constitutions and under favorable circumstances to cease spontaneously, the unaided efforts of nature gradually restoring the system to a state of health; but though this occasionally takes place, they more usually continue until they have induced great debility, or some organic disease, and though physicians formerly doubted the propriety of interfering with intermittent fevers, this opinion if it at all exist at the present day, is chiefly confined to the vulgar; the medical world having now almost universally agreed that agues, like other disorders, should be removed by their appropriate remedies.

7. *Treatment.*—In the treatment of an intermittent, it is clear that we must consider it under two distinct heads: 1st. That which is to be adopted during the paroxysm; and 2d. The treatment during the intermission.

Our general indications, during the paroxysms, will be to shorten and moderate the different stages, and to obviate as much as possible any particular or extraordinary symptoms. On attentively considering them, the phenomena which present themselves in the first or cold stage, we shall find that they evidently depend on a congestion of the blood in the large veins; every symptom proves this, and its cure as pointed out by nature herself, is to excite a reaction in the vascular system; by waiting, we shall, in the generality of cases, see this take place without our assistance, but sometimes the resources of the constitution are not able of themselves to effect it, and then without aid the patient would die; but as the art of the physician is to assist nature, we can in almost all cases materially shorten and allay the sufferings of the patient, even when these extreme circumstances do not occur. For the fulfilment then of our indication—an antimonial emetic should be immediately given, followed by a smart cathartic, as the bowels in this complaint are peculiarly torpid. The patient should take a hot bath, and be afterwards placed in a warm bed and well covered with blankets, bottles filled with hot water should be applied to the feet, if the collapse should be great, active friction should be made all over the body with flannels sprinkled with hot brandy or salt and water. If the pulse be much oppressed, it will sometimes be found to rise under the use of the lancet, but if it should not, the blood must be immediately stopped. Sinapisms applied to the scrobiculus cordis and extremities will be of great use. The patient, during the application of the remedies, may drink warm diluents, and even diffusive stimuli may be given should his situation be very urgent. It seems hardly necessary to point out that the greater part of these remedies will only be required in extreme cases; but death sometimes takes place in the cold stage, particularly among aged people.

There are many popular remedies which have the same indication in view, although perhaps they are not founded on scientific reasoning, but it cannot be denied that they are sometimes successful; one of these which is frequently had recourse to, among the lower classes in England, is to give the patient a large draught of ardent spirits with pepper in it, and then cause him to run as fast as his weakness will permit, till sweating takes place. Among the Mexican Indians they have a most powerful remedy, which I have frequently seen produce the desired effect. They have a kind of clay oven in the ground, which is called a Temascal, this is heated to a high degree of temperature; the patient is placed inside, and is slightly struck with small boughs sprinkled with water, thus a vapour bath is produced, which seldom fails to cause a profuse perspiration, although the chief virtue is ascribed to the particular species of branch made use of.

On the accession of the hot stage, our desire will be to moderate the reaction, and to produce perspiration as soon as possible. If the excitement be very great, and the cerebral symptoms very prominent, or if a hard pulse and pain in any of the viscera should indicate a tendency to inflammation, a determined bleeding will be absolutely necessary, but a decided impression must be made on the circulation, in fact, I think it best to let the blood flow till faintness be produced. Warm coverings now will rather do mischief than benefit, but the surface of the body may be sponged with cold water if the heat should be excessive. Diaphoresis will be promoted by a combination of antimonials with camphor and opium; many objectians have been raised to this last drug, but united to other sudorifics and especially after venesection it is a most valuable auxiliary; no one can read the observations of Dr. Armstrong in his work on fevers, and those of Dr Lind on the diseases of hot climates, without being convinced of the importance of this drug. The patient may be allowed to drink cold fluids as he most commonly is eager for them.

On the appearance of perspiration, it should be encouraged by lightly covering the patient, and returning to tepid drinks; during the whole of the paroxysm the diet should be limited to a little arrow-root, barley water, or gruel.

8. *Treatment during the Intermission.*—Although by the measures above indicated, we generally can render important service to the patient in mitigating his sufferings, and conducting him with saftey through the attack, yet our great resource consists in our power to arrest the progress of the disease by our treatment between the paroxysms.

Besides the Peruvian Bark, of which I shall speak presently, many vegetable tonics have been recommended for the cure of agues; and as the cinchona is an expensive remedy, it has been considered a desirable object to discover for

the use of the poorer classes of Europe, some other remedy that might be equally efficacious: for this purpose chamomile, wormwood, the bark of the willow, columbo root, and various others have been tried. Dr. Cullen finding, on analysis, that the cinchona contained an aroma and a bitter principle, endeavored to imitate it by joining together two vegetable substances which united might combine its properties; thus, he used to administer oak bark and gentian frequently with success; and Dr. Harrison informed Dr. Paris "that, in Lincolnshire, he never employed any other remedy for the cure of ague than equal parts of bistorta and calamus aromaticus.

Various mineral tonics have also been recommended for the cure of ague; of these, arsenic is decidedly the most efficient, and nothwithstanding a violent outcry has been made against its use, it has repeatedly proved itself a valuable remedy, it is usually given in solution joined with potass; the Pharmacopœias contain a formula for its preparation, which is as follows:—Take of arsenious acid, in very fine powder, purest carbonate of potassa, each, sixty-four grains; distilled water a suffieient quantity; compound spirit of lavender, four fluidrachms. Boil the arsenious acid and carbonate of potassa with a pint of distilled water, till the acid is entirely dissolved. To the solution, when cold, add the spirit of lavender, and afterwards sufficient distilled water to make it fill up exactly the measure of a pint. It is necessary to begin with a small dose of three or four drops of this solution three times a day, but the greatest vigilance is necessary on the part of the practitioner while exhibiting this powerful agent, as it is apt to accumulate in the system, and of a sudden to produce alarming effects, such as a peculiar ædema of the face, cough, dyspnœa, violent head-aches, vertigo, tremors, partial paralysis, and even death. It ought not to be forgotten that the same effects may be produced by its external application, particularly to ulcers. Indeed my highly esteemed Professor Sir B. Brodie, observed in his Experiments on Animals, that death was more speedily produced when arsenic was applied externally to a wound than when taken in the stomach; its use should never be continued for more than twelve or fifteen days in succession; the dose (of the liquor arsenicals) may be gradually increased up to eight drops, but it should be withdrawn the instant any unpleasant symptoms show themselves.—Many empirical remedies contain this substance, but it will be seen that it should never be used except under the immediate superintendence of a physician; with proper care and attention it is certainly a useful medicine. Dr. Paris, in his Pharmacologia, says "It is a very extraordinary fact, that previous to the establishment of the copper works in Cornwall, the marshes in their vicinity were continually exciting intermittent fever, whereas since that period, a case of ague has not occurred in the neighborhood; I have heard it remarked by the men in the works, that the smoke kills all fevers.

Sometimes we can succeed in curing intermittent fever by giving an emetic, or opening a vein at the moment a fresh paroxysm is about to show itself. "M. Brie was called, in the beginning of April, to a mason sixty years of age, this patient was at the time in the last stage of the eigth paroxysm of a tertian fever, a few grains of sulphate of quinine would have prevented the return of a new access, but the man was too poor to afford the necessary expense. Accordingly M. Brie returned the next day some minutes before the presumed return of the the paroxysm. Immediately the first symptoms began to shew themselves, he abstracted a large quantity of blood, the patient instantly went to sleep, and the fever never returned afterwards." See Repertoire Annuel de clinique Medico-chirurgicale Tome, 3.

Notwithstanding however the occasional efficiency of the remedies above described, they are all of far inferior valüe to the peruvian bark; in fact many physicians think that for this disease we need no other medicine. The cinchona has become too well known to render any botanical history of it necessary, I shall therefore merely point out, that of the three kinds recognized by the Pharmacopœias, the red is most usually preferred by physicians, although the Spaniards usually give the preference to the yellow. This medicine should be given immediately after the paroxysm has ceased, in doses of from half a drachm to two drachms every 2 or 3 hours, it being usually considered advisable, that an ounce or an ounce and a half should be taken before the time for the succeeding paroxysm arrives. There is no doubt that the powdered bark is the most efficacious form that can be administered; but very frequently it disorders the stomach, while, at the same time, it is a very nauseous medicine to take: for these reasons many different preparations of it have been made, and by giving two or three of these united, we can obtain nearly all the virtues of the substance itself. Thus a solution of the extract in the decoction is a very eligible form, and its power may be increased by adding to it a little of the tincture; but since the discovery of the peculiar alkalis, the quinia and the cinchonine, which possess nearly all the virtues of the bark, it is but rare that any other preparation is used than the sulphate of quinine: its great advantages are, that it usually agrees well with the stomach, and, being in small bulk, is taken by the majority of patients without disgust. It should be given in doses of from one to three grains every two hours, commencing with the intermission. Should it not succeed in absolutely preventing the recurrrence of another paroxysm, still it will be found to moderate the symptoms and shorten the attack, particularly if proper remedial measures have been made use of during the access. The use of it must be continued up to the moment that the symptoms of a fresh paroxysm appear, when it must be suspended till the intermission again occurs, and then once more brought into action with the dose slightly increased; it may be made into pills with crumbs of bread, or given in solution with any aromatic distilled water, but it will be advisable to add a few drops of diluted sulphuric acid to render it more soluble in the stomach and prevent its decomposition. If it should act upon the bowels, a few drops of

laudanum may be added to each dose. The French physicians usually give it in larger quantities and in only two or three doses, but I have always found the above described method completely efficient, and thus acting we run less risk of exciting the irritability of the stomach, which once induced is a troublesome symptom to get rid of

Dr Murray observes in his Materia Medica, that "Sulphate of quinia being high priced and in general demand, is subjected to various adulterations, such as with sulphate of lime, boracic acid, stearin, sugar and starch. The presence of the first may be discovered by exposing it to a red heat, when the sulphate of quinia will be destroyed and the earthly matter will remain. To detect the second, dissolve a little in alcohol and inflame the spirit, when boracic acid, if present, will give a green color to the flame. Stearin, the most common addition, is known by dissolving the sulphate in dilute sulphuric acid, when the fatty matter will remain unchanged. To detect the sugar, dissolve the sulphate in water, and add carbonate of potash, which will precipitate the quinia; the residue is to be treated with alcohol, which will dissolve the sugar, and afford it on evaporation. Starch is detected by iodine, which gives a blue color with it, but with sulphate of quinia, a precipitate of a cinnamon brown color, (Dr. Barker.)"

Sometimes it will be found inadmissible to give this medicine by the mouth, either because it disagrees with the stomach or because gastric irritation exists, in these cases it may be administered by triple doses in clysters, or for this purpose the powdered bark will be equally eligible; if this mode from any cause should be objectionable, its peculiar effects may be obtained by sprinkling it on a blistered surface, care being previously taken to remove the cuticle. As relapses are very frequent in this disease, the use of the medicine should be continued in all cases for some days after the disappearance of the symptoms; and if the existence of a specific in medicine may be admitted, we must grant that name to the sulphate of quinine in intermittent fever, as it will fulfil our hopes more frequently than sulphur in itch, or mercury in syphilis.

G———, twenty-three years of age, of a sanguine temperament, and of rather delicate health, was attacked with fever on the 3d of September, which began with chills, excessive cold, and shiverings. To these symptoms succeeded great heat, full and frequent pulse, very intense headache, and much thirst—the tongue moist. He had no desire to vomit, and the epigastrium was not painful. On the 4th, 5th, and 6th, he had similar paroxysms, attacking at about ten o'clock in the morning. On the 7th, eight grains of sulphate of quinine were given in three doses, and the disease appeared no more.

Mr. D——, some days since, while at sea, was attacked, without any known cause, with shivering, followed by slight fever, which soon disappeared, but returned at irregular intervals, but without being very severe.

July 27th.—He was attacked to-day with severe shivering and great sensation of cold, and sent for me. I found him with a very hot skin, great thirst, and foul tongue; pulse 112, but not strong; severe pains in the head and back. An emetic of tartarized antimony; barley water. The operation of the emetic was immediately followed by general perspiration.

28th.—As the tongue was foul, and the bowels costive, I gave him two pills of calomel and jalap, to be followed in an hour by a draught of senna and sulphate of magnesia.

29th.—The purge had operated plentifully, and, as there was no return of the disease, I thought him convalescent; but, on the

30th, The paroxysm appeared in the evening, similar in all respects to the last.

31st.—Sulphate of quinine in pills—one grain every two hours.

August 3d.—A scarcely-perceptible access of fever. To continue the pills, one grain and a half every two hours. The fever did not again show itself.

Two questions may now be asked:—1st, Whether we should immediately arrest an ague, or suffer it to continue a certain term? and, 2nd, Can quinine be given in every case of intermittent fever?

As to the first question,—although some very celebrated men think we ought to wait till the sixth or seventh paroxysm before we interfere to check it; yet, it surely cannot be right to prolong a disease, however slight, when we have it in our power to stop it immediately without danger. The advocates for delay admit, that in children, and in weak and aged people, we should lose no time in arresting its course. I therefore cannot see why we should let the young and strong suffer, merely because to them the disease is less dangerous, particularly as the most strenuous procrastinators have not specified any bad result arising from its early cure.

With regard to the second question. The quinine most certainly must not be administered while there exists an inflammation in any of the viscera, or, more especially, in the mucous membrane of the stomach and intestines; in these cases it will be necessary previously to have recourse to general and local bleeding. If the tongue should remain foul, indicating a deranged state of the organs of digestion, it must be remedied by active purges before the quinine will be of very great utility. The following case is by M. Nepple:—

"Montagneux, 35 years of age, of a sanguine temperament, residing since two years in the marshy country (La Dombes), was attacked the past year by a violent quotidian. The 12th of September, 1823, he entered the hospital for the following fever, with which he had been affected for four days. In the

morning, mere coldness of the feet, followed quickly by an intense heat, with pain of the head, livid face, general sensibility of the belly and the hypochondria, teazing pain in the loins, pain in the right shoulder, tongue red and dry, pulse hard and full; moisture commences in the evening, but does not reach to the degree of sweating; the intermission of the fever is complete, but the other symptoms are not diminished.

Fifth day.—Fifteen leeches to the epigastrium, lemonade, and strict diet; paroxysm shorter, and not so strong; intermission still more complete.

Sixth day.—Return of access almost without cold; a large bleeding during the hot stage; blood buffy.

Seventh day.—The symptoms of irritation of the belly and head have disappeared; the perspiration has been copious, but the fever does not the less continue; apyrexia perfect; tongue natural, a little appetite.

Eight day.—Ten grains of sulphate of quinine, with fifteen drops of laudanum, to be taken in two doses.

Ninth day.—Convalescent."

As to those rare varieties of intermittents described by French authors, to which I have before slightly alluded, the treatment, during the paroxysm, will not vary from that which would be appropriate in the common form of the attacking disease; indeed, on the first paroxysm, the physician will probably not ascertain the peculiarities of the malady.—Thus, in intermittent cholera, we should apply precisely the same remedies as though the case were one of cholera morbus; but between the paroxysms the quinine is of more importance, and appears to show greater powers than even in simple intermittent fever. For the better illustration of the treatment of these cases, I will give an example of intermittent cholera, and one of intermittent pleurisy, from M. Bonnet's work on intermittent fevers.—

"Mons. D———, 28 years of age, of a bilious, sanguine temperament, was attacked suddenly, and without any known cause, on the 10th of October, 1831, at eight o'clock in the morning, with frequent vomitings and abundant alvine dejections. Called almost immediately after the appearance of these occurrences, I found the patient in a state of extraordinary weakness, continually (so to express it) working upwards and downwards, and complaining of a cruel pain in the epigastric region. He had, besides, a small, scarcely-sensible pulse, the extremities cold, the tongue red at its edges, and much thirst. I prescribed immediately twenty leeches to the pit of the stomach, sinapisms round the ankles, iced lemonade for drink, and frictions over several parts of the body with camphorated spirit,

"These therapeutic agents were certainly very rational, and I had reason to hope that they would not be without utility. However, as the vomitings ceased completely in the evening, the heat returned to the surface. As, the next day, Mons. D. did not experience any kind of suffering, and as intermittent fevers were at that time prevalent, I did not exclusively attribute the happy change which had taken place to the curative means which I had employed. I believed I had a foundation for thinking that I had to do with a periodic febrile affection. In this persuasion, I advised the use of ten grains of sulphate of quinine, combined with a grain of opium, two ounces of distilled water, and an ounce of syrup of gum.

"The 12th, at eleven o'clock in the morning, the functional disorders that I had observed two days before were reproduced. I had recourse once more to leeches (only applying fifteen), to sinapisms, to lemonade, and to frictions. As, the time before, all the febrile phenomena disappeared in the course of the night. Immediately that the apyrexia had commenced, I ordered the following potion: sulphate of quinine, 20 grains; opium, one grain; sugar and gum arabic, of each a drachm; cinnamon water, two ounces and a half. This time success crowned my efforts. The access which I expected on the 14th failed to appear, and the patient was quickly re-established.

"Mons. L———, 56 years of age, of a sanguine temperament, and of a robust constitution, was attacked, on the 11th of October, 1831, at noon, with chills and trembling, followed by a frequent cough, and a very acute pain in the side. These two last symptoms persisted till the evening, when they totally disappeared. The next day Mons. L. was well, not suffering any thing; he passed the day and night perfectly well: but on the 13th, about eleven o'clock, and without any known cause, the symptoms of which I have above spoken were reproduced; besides, this time he had spitting of blood, and great difficulty of respiration.

"*Treatment.*— Bleeding from the arm, emollient poultice to the chest, demulcent potion, and infusion of mallow flowers for drink.

"*14th.*—The symptoms of yesterday no more existed; the patient only felt a little oppression, and coughed rather often.

"*15th.*—An access precisely similar to the preceding one took place, which was combated in the same manner, and immediately after the apyrexia had commenced, he took the following mixture: sulphate of quinine, 12 grains; sugar and gum arabic, of each one drachm; cinnamon water, two ounces and a half.

"*17th.*—In the morning, the sulphate of quinine was repeated. The access which was expected did not appear, and the cure was complete at the end of five or six days."

It frequently occurs towards the end of an intermittent—particularly if, from neglect or wrong treatment, it has been of long continuance—that the legs and abdomen become dropsical. It was formerly thought that this swelling was critical, but this does not appear to be the case. The peculiar tendency of this disease to produce enlargement of the spleen, has been already noticed. The swelling of the legs is usually removed with ease by the use of stimulating embrocations and bandages. If there should be no organic disease, the ascites will also generally yield to aperients and diuretics. The swelling of the spleen is more difficult to treat; but it is of late years of more rare occurrence, as it may generally be prevented by early arresting the progress of the intermittent; however, when it does exist, it is generally an engorgement of its vessels with black blood, and the frequent application of a few leeches, with aperients, offers the best expectation of relief: a bandage applied tightly round the abdomen, is also useful. The moxa, likewise, has been very highly spoken of for this disease. Of course, where the spleen is hypertrophied there is no remedy.

During the cure of an ague, the patient, if able, should take gentle exercise, and use light, nutritious food, such as the farinaceous vegetables, with a small quantity of beef or mutton, in the middle of the day; this, of course, is meant during the intermission.—Tepid baths are also useful; and, if the disease should prove obstinate, change of air will frequently, of itself, put an end to it.

Prognosis.—In making our prognosis, it will be necessary to take into consideration the constitution of the patient, the season of the year, the type, as well as the degree and duration of the paroxysms. Where these last are regular in their stages, without any extraordinary symptoms, the intermission complete, the patient moderately strong—in short, in a large majority of cases, the prognosis will be decidedly favorable, particularly where the type changes to a milder form—that is, where the intermission lengthens.

When the paroxysms extend themselves, and incline to run into each other, or take on the remittent or continued form; where visceral disease is superadded; when the patient is old, or much debilitated; when the ague is epidemic, particularly in the autumn, our prognosis must be guarded and cautious.

When dropsy, with great debility, occurs, joined to visceral disease or coma, with stertor, convulsions, insensibility of the pupil, involuntary discharge of the urine and fæces, hiccough, starting of the tendons, and picking of the bed-clothes, there will be but little hope of a favorable issue; but as some extraordinary recoveries have taken place under apparently the worst circumstances, our duty is to assist our patient to the last moment

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Art. III.—*Report of Medical Cases in the New-York Hospital.* By N. Shook, M.D. Resident Physician.

Having read the recent and excellent work of O'Beirne, on Defecation, I am induced to report the following cases, as illustrative of his new views in regard to the functions of the large intestines, and as instructive in the treatment of some diseases. I am convinced that sufficient importance has not been attached to the giving, and the mode of giving injections in various diseases. Having seen much difficulty, and little benefit, in the ordinary way of giving injections, in cases where it was highly desirable to evacuate the bowels as soon as possible; and having had, within the last three months, a few cases of the most obstinate costiveness relieved in half an hour, by the introduction of a gum elastic tube up the rectum, twelve to fourteen inches, through which tube a stimulating injection was introduced, I was led to resort to the same treatment in other affections, and generally with marked relief.

The following cases will illustrate the benefit, as well as the mode of this treatment.—

Spencer Seales, aged 35, seaman, admitted into the New-York Hospital the 11th of June, 1836, with severe cutting pains of the abdomen, twisting and tossing his body in various positions, groaning and yelling, saying he had a medicine chest in his belly.

Upon examination, I found the abdomen very much distended, dull upon percussion, and painful to the touch, but upon pressure the pain was eased; pulse somewhat excited, and the tongue coated. He said the captain of the vessel had given him eighteen pills, three doses of salts, two powders, and a mixture of salts and senna, with an injection, which drained the medicine chest, and he was obliged to stop. He was then sent to the hospital, his bowels not moved in fourteen days.

Treatment.—I immediately gave the patient an anodyne, a stimulating injection in the ordinary way, and applied hot fomentations to the abdomen. I then waited four hours, and, finding no effect produced, prepared another injection, two quarts in quantity, containing—tinct. aloes ℥ i. mur. soda ℥ ij. and molasses ℥ iij. In introducing the elastic tube, it passed readily about three inches; the instrument was then felt to be opposed by the contracted parietes of the intestine: the higher it ascended the greater appeared to be the difficulty, until the tube being intro-

duced ten inches, passed rapidly forwards, with the escape of flatus through the tube. The tube is one which I made by cutting an elastic gum æsophagus tube fourteen inches in length, made smooth at each extremity. I then attached to this tube the ordinary injecting apparatus, and passed up nearly the whole quantity prepared. In fifteen minutes the patient had four large evacuations—the first two of hardened fæces. The following day he was directed to take the salts and senna mixture, which operated freely during the day. The second day his bowels were moved without any medicine, and he was discharged cured on the sixth day after his admission.

John Lewis, aged 45, seaman, admitted on the 15th of July, 1836, with delirium tremens and gastritis.

Symptoms.—The patient has great tremor of the whole body, and is exceedingly restless, tossing about in bed, talking, and seeing frightful objects before his eyes; complains of great pain and tenderness of the epigastric region; constant retching and vomiting of green bilious matter; tongue furred in the centre, but clean and red at the tip and edges; bowels not moved in four days.

Treatment.—Immediately after his admission I gave him an eccoprotic mixture of rhubarb and magnesia, and prepared a large purgative injection. In introducing the elastic tube (previously oiled), it passed up readily to the sigmoid flexure of the colon, (there being no fæcal matter in the rectum,) it then ascended with considerable difficulty, as if passing through a contracted aperture. Having introduced the tube twelve inches, the injection was passed up without any difficulty, and for the time increased the tremor and delirium, but, in fifteen minutes, brought away two large consistent stools, and gave great relief. Waiting two hours for the full operation of the cathartic, I then introduced, in the same way, about four ounces of starch and eighty drops of laudanum, which, coming in contact with the now free and exposed surface of the colon and rectum, had the desired effect of allaying the vomiting and tremor, and inducing sleep.—At bed-time another anodyne was given.

I found him the next morning quite comfortable: there being still some pain and tenderness of the epigastrium, a blister was applied, the bowels kept open by cathartics, and anodynes given at bed-time. He rapidly recovered, and was discharged cured on the eighth day after his admission.

I might here give two other cases of delirium tremens treated in the same way, with a like effect; but as they offer no variety, I will pass them by, and briefly state a case of colica pictonum treated in the same way.—

Charles Berry, aged 29, painter, admitted July 25th, 1836. Says he has been a painter four years, and always enjoyed good health until this attack. Three weeks ago he was attacked with severe pain in the abdomen.—A physician gave him repeated cathartics and injections, all without relief. He now comes to the hospital, his bowels not moved in three weeks, having severe cutting and twisting pain in the right iliac region, which region is dull upon percussion: the pains are increased towards evening.

Treatment.—Having administered an anodyne, sol. sulph. morth. gtt. xxx. and applied a large hot poultice to the abdomen, I immediately proceeded to give him an injection. The tube met with considerable resistance at the sigmoid flexure of the colon (as usual); two quarts were then introduced, which caused four large evacuations from the bowels, mostly of scybala and hardened fæces: the relief was immediate.

The following day the injection was repeated, and from this time his bowels were kept open by cathartics. He rapidly convalesced, had no return of the pain, and was discharged cured on the twelfth day after his admission.

A case of tetanus was brought into the hospital the latter part of July last. The elastic tube was introduced up the rectum of the patient, and was attended with a great deal of resistance at the sigmoid flexure. There appeared to be much spasmodic action of the gut; but as soon as the tube passed the sigmoid flexure of the colon, flatus and fæces escaped through it, and the relief was immediate.

Other cases might be stated here, but as they only tend to show still further the efficacy of introducing the tube in giving injections, they are unnecessary.

It may not be amiss to observe, that in no instance have I found fæces in the rectum, as is usually stated by authors; that the fæces, passing freely from the sigmoid flexure of the colon into the rectum, collecting in the rectum, and mechanically distending the sphincter of the rectum, excite the peristaltic motion of the intestines, which effected its expulsion from the body. O'Beirne has endeavored to show, and successfully too, that this theory of defecation is incorrect. It is well known that the sœcum and colon form a great depot for the reception of fæces, and often become very much distended with fæcal matter; and if a free communication existed between the sigmoid flexure of the colon and the rectum, the latter must be distended also, and subject the sphincter ani to constant irritation, as well as interfere with the functions of the bladder. Again, in the post mortem examinations at the hospital, whenever there were hardened fæces found in the intestines, they were in the sœcum and colon, and not any, to my recollection, in the rectum.

The speedy and thorough evacuation of the bowels, in some cases, is of so much importance, and having effected this object simply by dilating the gut at the sigmoid flexure of the colon, and thus passing up the injection, I have been induced to make this statement.

It is hardly necessary to say, in addition, that in cases of great debility, where active cathartics cannot be resorted to, this mode of evacuating the bowels does not at all increase the debility, and causes no pain to the patient.

Art. IV.—*Curious Monstrosity.* Related by Jno. H. Griscom, M. D., New York.

In April, 1836, I attended Mrs. J. F., in labor with her first child. She appeared to be of full form, possessing plenty of *en bon point.* Soon after the birth of the child, which was rather large, she observed that it would not suffer for want of milk, or that she "would have plenty of milk for it." I asked her what she meant by that, and she answered that she had *four nipples.* Astonished and incredulous, I soon after requested permission to witness such a curiosity, which was readily granted. I found the mammæ of enormous dimensions, though perfectly well shaped, with the exception of their being *four distinct nipples*, or outlets for the lacteal fluid, each surrounded by a distinct areola. The principal nipple of each breast was large, and in proportion to the size of the breast, was in the ordinary situation, and presented nothing uncommon, except that the areola of each was exceedingly dark colored, almost black, and very extensive. The extra nipple of the right breast was situated about midway between the normal one and the lower circumference of the breast. Its size was about equal to one of the ordinary dimensions, and had a large areola very dark. The extra nipple of the left breast was, however, very small, being not larger than a small pea, having a mere blush of brown color for an areola, and situated in the same relative situation as the extra right nipple. When viewed altogether they had, as might be expected, a very singular and *outré* appearance, and the good lady had a great many criticisms passed upon her, which, however, her friends found could be well received and repaid with interest. She anticipated a great deal of trouble with the extra apparatus, and the great quantity of milk which it was natural to suppose would be secreted in great abundance by the enormous glands. It was a matter of great curiosity too, to know whether all the nipples were supplied with ducts, and especially the little one upon the left breast. A day or two soon determined this, and though she was strongly in hopes that the extra organs would remain dry, on account of the trouble they would probably give her, she was disappointed, for in due time they all gave vent to a full flow, except the smallest one, from which a small quantity could only come. This last was too small to be of any service in nourishing the infant.

It was observed after the breasts had taken on the secreting action, and were in the vigorous exercise of it, that when a congestion, commonly called "caking," of the milk would occur, that drawing the milk freely from one nipple would not relieve the congestion in the neighborhood of the other nipple in the same breast. I think a very fair inference from this fact is, that each nipple is the outlet of a set of glands entirely separate and distinct from those belonging to the other nipple, and doubtless are separately supplied by mammary arteries, of which, as a consequence, there must be some extra branch.

Upon subsequent inquiries, I found that Mrs. F. had some trouble with her lower nipples, but finally succeeded in drying them up, while the normal ones continued to secrete milk freely.

The above case, seems to me, to well deserve a place of record among the archives of the freaks of nature.

ANALECTA.

I. *General Hospital, Calcutta. Clinical Reports.*

Case 1.—*Of Traumatic Delirium Tremens.*—J. A *Ætat.* 33, was admitted into General Hospital, 16th October, in a state of intoxication, but with sufficient intelligence to understand what was said to him; he had tremors of the hands and limbs, a tremulous white tongue, a feeble, unsteady rapid pulse, and cold, clammy skin. He had been in liquor for several days, and upon the 14th jumped from a window 20 feet, and lighting

on his heels, fell backwards and cut the hairy scalp over the occipital bone, after which he was insensible for some hours. The heels are a good deal swelled and discolored by ecchymosis, and painful on pressure. He complains of slight headache and pain of loins, disordered bowels, with inability to sleep, and sickness at stomach.

R. Ipecacuan. ℈j.

Ant. Tart gr. j. stat. Sum.

17th.—Vomited copiously, but continues incohorent, and shaky, with more of stupor and tremor.

R. Pulv. Jalap. c ʒ ;

Antimon. Tart. gr. i.

18th.—Was very freely purged all yesterday, towards night he became noisy and talkative, and is now in a state of high delirium; the pulse is hard and quick, the skin hot. T. dry, eyes are not injected, but wander wildly, and the pupils are dilated. Upon the accession of these violent symptoms last night, he took 1 gr. of opium with 3 of camphor and 2 of ipecacuan; but the violence of the patient, the acute headache, the hot skin, &c., sufficiently characterise the superventeion of phrenitis; and contraindicate a sedative treatment.

V. S. ad. unc. xx.

Shave the head, and apply cold water.

Haust. purgans. Infus. Senna. commun.

c. Ant. Tart. gr. ½ every 2 hours.

Vespere.—Was composed a little after the bleeding, the blood is firmly cupped and has a bright white buffy coat, p. full and hard, extremities cold.

V. S, ad. unc. xvi.

R. calomel gr. viij.

Ant. Tart gr. ½

Ext Colocynth gr. xv.

19th.—Blood buffy and cupped, serum pale and transparent. Has been furiously delirious all night, attempting to injure himself and others. B. opened twice; Excavations pale and acrid; P. 64, and small, body and extremities cold and moist, the head is hot, T. coated brown.

V. S. lbiss stat.

℞. P. Jalap, C. ℈iv.

Ant. Tart. gr. 1.

Cold dash to the head.

Vespere.—Continues quite out of his mind, but quieter: 4 stools, pale and scanty, T. darkly coated, P. 74, small.

Apply 30 leeches to the temples and

A blister to the nape.

℞. Calomel gr. xv.

Colocynth gr. xv.

Ol. croton g. j. at bed time.

20th.—Slept quietly after mid-night, has had 2 stools this morning: offensive, acrid, mucous discharges with some green bile.

P. 98.—Apply a mustard sinapism to the belly.

℞. Haust. purgans. Infus. Senn. cum.

Magnes. Sulph. et. ant. tart. every 2 hours.

Vespere.—Repeat the pills as last night.

21st.—Several dark watery evacuations have been procured, P. hard and full, 98, T. brown and dry. Some headache, and hot skin, with thirst. Apply xxiv leeches to the temples.

P. Jalap, c. ʒj. ant. tart. gr. ½ now, and

℞. Calomel gr. viij.

Ant. tart. gr. ½.

Ext Colocynth gr. xv. at bed time.

22d.—Copious bright green, very offensive, mucous, and feculent stools. Skin moist, P. soft and quick, manner composed.

P. Jalap, C. ʒj.

Ant. Tart. gr. ½

Vespere.—Contines freely purged, the evacuation more yellow and oily.

℞. Pulv. Ant. gr. vi.

Ext. Hyosciam gr. viij.

23 d.—Slept comfortably and perspired, evacuation as last described, more hurry of manner than yesterday.

Repeat the Jalap now, and the P. Ant. at night, with Pil. Hydrag, gr. vi.

24th.—Composed and tranquil. B. open, stools watery, with a yellow feculent sediment.

Repeat as yesterday.

25th—Gums are swollen. T. white and swollen. Bowels free, no headache.

Repeat the Jalap, p. c. ʒi.

27th to 31st.—Continued to recover gradually, taking ℈ij. of p. Jalap, c. daily, and not allowed to eat any thing. He used a liniment and bandage for the heel, and had simple dressing for the wound of the scalp. Left the hospital on the 31st.

Remarks.—The condition of the vital powers at the time a patient is first submitted to treatment, is a matter of some importance. In most diseases, a change implicating the functions of life, for a period of longer or shorter duration, may be observed to precede the more characteristic deviations of function and action which give names to diseases. The former is too apt to be overlooked in the consideration of the latter, yet such partiality of view is always dangerous, as a guide in the treatment. Thus in the present case, although the particular excitement, which terminated in such acute phrenites, had existed for a considerable time before the manifestation of violent symptoms, we find it attended during the latent period, by so extreme a depression of the conservative powers of life, that there can be no doubt of the result, had attention been directed to the former without distinct reference to the latter. How frequently has life been destroyed in the hunting field, or when an accident has happened, by which a person is stunned and remains insensible longer than the bystanders think right, from the indiscreet use of the lancet or penknife. A coroner's inquest might in such a case bring in a verdict of 'died by the visitation of God,' and friends lament that all was *too late*, while in point of fact any in-

terference would have been premature. In the present case, there co-existed the depressing influences of long intoxication, with succussion of the spine: the reaction, when it took place, on the fourth day, was great, and was promptly and fairly met, but the loss of 2 ounces of blood one moment sooner might perhaps have extinguished life.

India Jour. of the Med. & Phys. Science, Calcutta, Jan. Feb. and March, 1836.

Case II.—*Cholera.*—That spasmodic cholera may be occasioned by the intemperate use of Bengal rum, and many other pernicious compounds of spirituous liquors which our soldiery are in the habit of drinking, is now universally acknowledged. We are not therefore surprised to find that in the general hospital have occurred several cases of cholera from the men of His Majesty's 9th Regiment, recently arrived from Europe. The stimulating effect of ardent spirits is exerted, in the first instance on the stomach, and spreads by sympathy to the head and other parts. The nervous system is thus excited by the force of circulation in the blood vessels of the brain, and vomiting is the consequence of its surcharged state, whilst the bowels affected by the particular quality of the liquor drunk. It is however peculiar to the living fibre to remain only for a given time in the state of excitement, and after the cessation of the disease, the body has been so weakened by excessive excitement, that unless some new stimulus be applied, it does not return to its original condition. Hence all philosophical authors who have written upon drunkenness aver, that it is only by the exhibition of moderate stimulus that the body can resume its former health and vigour. It is scarcely possible however to explain, by demonstration, the scale of excitability. Mr. Christie, it is true, has asserted that yellow fever is a sthenic disease in the first stage, in the second it is a mixture of sthenic and asthenic; which that able writer endeavours to demonstrate by a mathematical scale. Dr. Trotter assures us that a fit of intoxication is somewhat analogous to the above description of yellow fever. According to Dr. Brown, if you begin with a person in good health, and stimulate him to any sthenic disease, he must afterwards fall a degree below what he originally was—a conclusion to which every experienced regimental surgeon must have arrived in his examination of the drunkard. The management of cholera in such a one must be different from that in all other descriptions of patients. The line of treatment is one of great nicety, and, in the following case, which occurred in the general hospital, under that able practioner Dr. D. Stewart, it was pursued most judiciously. In such a constitution, bleeding to say the least of it, would have proved highly injurious, whereas the judicious introduction of sedatives, combined with ammoniæ carbonas, and followed up by free purgation, brought, not only the circulation, but the chylopoietic viscera into healthy reaction.—The carbonate of ammonia is a valuable remedy, not only on account of the diaphoresis which it occasions, but from its peculiar and well known action as an antispasmodic.

October, 1835.—H. Barley, His Majesty's 9th regiment, œtat. 22, a healthy young man lately arrived from England, had been to sleep with the regiment in tents, and exposed to cold and wet yesterday. Admitted at 8 A. M. with the usual symptoms of spasmodic cholera, viz: cold shrunk skin, spasms of the extremities, continued vomiting, and purging of clear watery fluid; imperceptible pulse, distinct mental functions, and a puerile voice. He has been ill since 4 A. M.

℞. Calomel ℈i.
Opi. Ext gr. ij. stat. sum.
And Ammoniæ Carb. gr. xv.
Mist. camphor ʒi. ft. Haust.

Apply a hot mustard sinapism to the belly, and a bag of hot bran to the back and extremities.

Noon.—The vomiting and purging have ceased, the cramps continue, pulse perceptible at the wrist, contracted features, cold perspiration.

℞. Calomel gr. x.
Colocynth Ext. gr. xii.
And ℞. Liq. Ammon. ʒj. Mist. Camphoræ ℥ss. now.

Repeat the draught every half hour, and the pills after three hours.

8 P. M.—Has taken the pills three times, and appeared to be rallying, but is now very low, quite cold, extremities livid, skin bedewed with cold sweat, voice infantile, the pulse is perceptible, very rapid and small.

℞. Calomel ℈i.
Camphor gr. x.
Carb. Ammon. gr. xv. *now*,

and to be repeated at midnight. Enema of Ol. Terebenth, and Ol. Ricini, *aa* ℥i. *hot*, to be thrown up by the long flexible tube of Read's patent stomach pump, *now;* and give carbon. Ammoniæ gr. x. in Aqua Menth. virida. ℥i. every half hour.

1st. *Nov.* 6 A. M.—Pulse steady, voice more sonorous, no cramps. Stools are a shade darker, a light grey fluid, profuse perspiration about head and neck, and more cerebral disturbance than yesterday.

Apply xii. leeches to the nape.
and ℞. Calomel gr. vi.
Colocynth.
Scammoniæ *aa* gr. v.
Ol. Caryophillæ gtts. ij.,
Every four hours to day.

Continue the Carb. Ammonia gr. x. every hour.

Noon.—Warmth of surface natural.

Carb. Ammon. gr. vi. every hour.

8 P. M.—Stools tinged yellow, p. rapid and full, considerable headache, has taken pills 4 times.

Omit the Carb: Ammon. Continue the pills.

Nov. 2—Became very low at midnight, threw up his pills, and a mass of white fibrinous matter. There is some fever now, a rapid small pulse; stools watery and olive colored, headache.

xii leeches to the nape.

Ol. Ricini ℥ i.

Ol. Terebenth, ℥ ss.

Stat. sum.

Noon.—More fever, feculent stools very dark, headache, dry skin.

xvi leeches to the temples, repeat the pills as yesterday now, and after four hours.

8 P. M.—Repeat the pills now, and at midnight.

Nov. 3.—Stools green and pulpy, gums swollen, skin moist and warm.

℞. Ol. Ricini ℥ i.

℞. Infus. gentian stat. sum.

———Senna *aa* ℥ i.

Sodæ Carb. gr. v.

Tinct. Rhei. ℥ i—three times to day.

Nov. 4—Dark feculent stools, slept well.

Repeat the medicine as yesterday.

Vespere.—Copious bilious evacuations, very faint and much exhausted.

℞. camphor gr. iij.

Ext. Hyosciam gr. ij.

Pil. Hydrarg. gr. iv.

Pulv. ipecacuan, gr. i., to night.

Nov. 5—Restlessness and headache, p. quick and hard, skin dry.

x. leeches to the nape.

P Jalap, c. ℥ i.

Nov. 6—Dark brown copious, watery, and feculent stools; apyrexia; gums very sore.

Gargle of Chlorid, Sodæ.

℞. Infus. Senna—Gentian *aa* ℥.

Magnes Sulph. ℥ ij.—Carb. ℥ ss. daily.

Nov. 10.—Alvine evacuations are thin, but of natural color and appearance.

℞. Pil. Rhei. c. gr. x, daily.

Nov. 16—Discharged.

Remarks.—This was one of the earliest of a rapid succession of cases, from the men recently arrived in the months of October and November. The crowded state of the barracks had necessitated the erection of tents on the esplanade, outside of the fort, and probably the utmost vigilance could not prevent the influx of raw fruits, spirits, &c., and the consequent bowel complaints and catarrhs. Many of these were slight, but cholera in its various forms was common.—The milder cases of bilious cholera, with green purging and no general spasms, recovered rapidly after bleeding, a full dose of calomel, and brisk purging.

The worst cases succeeded to no previous irregularity, occurred generally at 3½ or 4 A. M. and came into hospital about 8 or 9 o'clock, at the collapse of the cold stage, still vomiting and purging, and with universal cramps: Hippocratic countenances, clammy sweats, and no pulse.

In 3 cases a slight reaction having been brought about, V. S. was practised, but with bad consequences. Post mortem examination exhibited extreme vascular congestion of the cellular structures of the abdomen, and acute inflammatory congestion at the pyloric end of the stomach: passive candaveric congestion about the spinal marrow and brain. Several cases which recovered, were treated precisely as that described. So long as our limited knowledge and powers deny to us the power to see "into the life of things," and so long as we remain unable by post mortem investigation to elucidate primary lessons, dependent solely on such obscurities as vital action and structural cohesion, we must remain content to follow the indications both as to direction and extent of medical interference, which experience, analogy and observation have pointed out. The term "Choleric Fever," given to the disease by Dr. Johnson, seems to comprehend all the varieties which the disease is capable of assuming; and if the word "Fever" attaches to the nomenclature any thing of theory, it probably comprehends in the present extensive and philosophical use of the term, the true rationale also of the treatment. D. S.

Ibid.

III. *Hospital of the 2nd or Queen's Royal Regiment.*

CLINICAL REPORTS, BY MR. HUNTER.

Bronchitis Acuta.—H. Simons, Æt. 33.—Admitted 14th June, 1835, complains of dyspnœa and cough with frothy expectoration, headache and pain in his loins, which he attributes to cold, caught ten days ago. Aspect healthy, skin cool, tongue white—appetite good, bowels regular, pulse 92, moderate. *Physical Signs:* thorax well formed and resonant, respiration (both thoracic and abdominal) strongly marked, sonorous and sibilious rales over all the chest—V. S. ad. ℥ xii, &c. *Vespere;* Respiration easy since 10 A. M., rales continue.—15th, Dyspnœa exacerbated at 10 P. M. and continues. Apyrexia; pulse 72.—17th, Respiration quite easy, no rale except on full inspiration.—18th, Feels quite well, wishes to return to duty.—Rale audible in left chest on full inspiration. 20th, Weak sibilious rale in left chest on very full inspiration.—21st, No rale, convalescent.

Bronchitis Chronica.—H. Herron, Æt. 28. Admitted 11th August, 1834. States that he caught a severe cold at this station in 1826, from sleeping out in the dew, and that he has ever since been subject to pectoral complaints in Poona; though, with the exception of slight dyspnœa, he enjoyed very good health during the three years the regiment was in Bombay. Since his return to Poona, ten months ago, he has had frequent recurrences, and his symptoms latterly have assumed an asthmatic character, and are much aggravated on any change of weather or situ-

ation, even from one ward to another. *Present state.*—Has dyspnœa and cough with tenacious, sometimes frothy expectoration. Respiration, permanently wheezing. Aspect pale. Apyrexia, pulse 84. *Physical signs.* Chest full, round, expanded, and very resonant. Respiration high and bronchial, with variable snoring and sibilous rales, over all the chest anteriorly. At present more obscure in right subscapular region, and scarcely audible in left. *Diagnosis,* "thickening of the bronchial membrane," and "emphysema," from chronic bronchitis. *Prognosis:* "Incurable." "Totally unfit." "Invalided."

Camp, Poona, 1st October, 1834.

4. *Asthma.*—W. Taylor, Æt. 30—10 years in India.—Admitted 18th May, 1835. Spare habit, sometime passed engaged as a schoolmaster. States that he has not been in hospital for the last seven years, and enjoyed excellent health till two nights ago, when he awoke scarcely able to breathe. That the dyspnœa went off in the course of the day, but returned in a similar manner this morning about 2 A. M.; knows no cause. Feels now much better, but respiration still loud and wheezing. Skin cool, tongue pale, appetite tolerable, bowels regular, pulse 80, moderate. *Physical signs.*—Thorax well formed and resonant. Snoring and sibilous rale over all the chest, V. S. ad. ℥ viii; Calomel gr. iv; tart. ant. gr. ss.; pulv. jalap c. gr. x.; S. S. solut. tartarizat ℥ ij. 2d qq. hora.

Vespere.—Dyspnœa went off about noon; respiration nearly natural, no rale. Tart. Atimon. gr. ss; tinct. opii camph. gtt. xx; mucilag. ℥ iv. m. tertia qq. hora repetend; ung. tart. Antimon. subclav.; spoon diet. 19th, Paroxysm as yesterday; tongue pale; bowels free; pulse 92. Now says he has had two or three paroxysms like the present within the last year, but never more than one at a time, and that he always threw it off by sweating. Wishes something to induce that, cont. haust. et ung.—20th, Paroxysm less severe; tongue now loaded with a thick yellow fur, anorexia; thirst; skin cool; bowels open; pulse 76. Statim calomel grs. x; pulv. jalap c. grs. x; meridie sulph. mag. ℥ iv; cont. haust. ut opus sit; omit ung.—21st, Medicine acted freely; tongue still loaded; slight paroxysm; apyrexia; pil. hydrarg. gr. viii c.; pulv. rhei. gr. iij. ter in die; Cont. Haust.—22d, Vesicular eruption from the ointment, but not copious; Slight paroxysm; Tongue deeply furred; appetite indifferent; bowels rather confined. Pulv. jalap, c. ℈ ij. hirudines xii; epigast. cont. pil.; etiam haust ut oput sit.—22d, Feels quite well; no paroxysm; tongue cleaner; pulse 82; cont. pil. hydrarg. c.; pulv. rhei.—24th, Paroxysm, but not so severe as formerly; respiration bronchial, but no rale; hirudines xii; epigast. cont. alia.—25th, No paroxysm; tongue much cleaner; appetite good; cont. pil. L.C.—26th, No paroxysm; tongue rather white; pulse 88, small; cont. pil.; sulphas magnesia ℥ ij q. q. mane; L. C.—29th, Continues well; tongue clean; appetite good; bowels open; respiration quite natural—Cont. pil. q. q. nocte; mist. aper. amar. ℥ ij. ter in die—H. C.

The foregoing are to show the necessity of the use of the stethescope, in forming a correct diagnosis in pectoral disease, however simple. The first is a case of Bronchitis, which, almost in every instance at Poona, sooner or later terminates in permanent dyspnœa, or, as it might be called, asthma, of which the second is an example. The second and third are to show how necessary for successful practice, it is to be guided by pathological rather than nosological characters. They are both cases of asthma, yet the one is an inflammatory affection of the bronchial membrane, whereas the other, so far as the lungs are concerned, is purely nervous, which was evident from the respiration, as heard by the stethescope in the intervals. Its predisposing cause we suppose to have been a weakly, nervous temperament, and is exciting, gastro intestinal irritation. Formerly in both cases, antispasmodics would have been liberally administered, with the effect of rendering the disease only more permanent. It will be observed in the detailed treatment of the last, that leeches to the epigast. and other means to relieve gastro intestinal irritation, proved the best antispasmodics. These latter remedies would no doubt, be highly useful in the purely nervous, and in certain cases depending upon cardiac disorder; but it has been the confounding of different pathological states under one nosological term, that has thrown many valuable remedies into disrepute.

"Pray, sir, can you tell me what is good for the asthma?" "Yes, if you can tell me what is good for a sore toe." Here the last question seems ridiculous; yet in reality, it is not more so than the first.

Note.—In the course of our practice, we have found, doses of 3 grains daturæ stramon, twice a day, to be most successful in adult cases.

Ibid.

5. *Sympathy between Mind and Body.*—Whence arises, Mr. Editor, the discordance of opinion, concerning the reciprocal action of thought and digestion? Physiologists generally hold that mental effort and gastric indulgence are incompatible; that scholar and gourmand cannot be identical; that belly and brain are rather antagonist than consentaneous forces of the corporeal commonwealth. Is not the question, indeed, settled by our transcendent bard, in his famous allusion to "fat paunches and lean pates?" And yet, that fragrant, though insidious pander to reluctant appetite, Dr. Kitchiner, in his seductive volume, "The Cook's Oracle," broadly asserts an opposite doctrine. Speaking of the redoubtable Dr. Johnson, whose pate and

paunch seem to have advanced, *pari passu, par nobile fratrum!* "Nature gave him an excellent palate and a craving appetite, and his intense application rendered large supplies of nourishment absolutely necessary to recruit his exhausted spirits;"—adding, in italics, the following apothegm: "Animal and intellectual vigor are much more entirely dependant upon each other, than is commonly understood;" and Samuel Johnson himself is made to say, "If a man will not mind his belly he will hardly mind anything else." To be sure, Mr. Editor,—for we must not overlook the maxim, "*Audi alteram partem,*"—our theologians are reputed to enjoy a charter of longevity, and they are learned! and not less so in dietetics, or they are slandered by the lean vulgar. How is it, Mr. Editor? There is surely a question at issue here. How clutch the Harlequin Truth, with his rainbow garb and magic wand? Endued with occasional celerity of wit, I sometimes reach, though cannot secure him, and therefore hesitate to reveal my vision of the chameleon fugitive. Does not the case, however, come within the meaning of "*In mediis tutissimis,* &c." or may not both sides be right? To espouse the latter, though I think we must assume an idiocratic predominance of brain, with which a proportionate compass of bowels, may not be incompatible. B.

Ibid.

6. *Diseased Bladder*—(Communicated by W. A. Green, Esq.)—X. Y., a prisoner, 80 years of age, was admitted into hospital on the morning of October 23d. His symptoms are as follows: swelling of the integuments of penis; pain on making water in the perinæum; shooting thence to pubis, and along penis; his urine dribbles from him at short intervals, each time attended with a return of pain; his tongue brown and dry; pulse feeble. He says he had a similar attack ten years ago. I ordered twenty leeches to the perinæum; ol ricini ℥j. semicupium. mucilag. gum araba ℥j. Tr. opii m. v. sp. æther nitr. m. xv. 4tis. hor. A dose of senna and salts to be given at night, if necessary.

October 24th—The bowels have been freely moved during the night, by the salts and senna; the leeches bled freely; the tongue is moist; this morning great feebleness of pulse—urgent symptoms the same; ordered to repeat both, to repeat mucilage mixture, to drink freely of congee water; sago diet; blister to sacrum. Ev'g: I found the urine dribbling from the man; he was suffering great pain; passed a catheter with difficulty, and with a feeling of obstruction at the prostate gland: immediately a fœtid, thin blood, like fluid, issued through the catheter, afterwards urine slightly discolored passed: great relief was experienced from the introduction.

10 *P. M.*—Again attempted to pass the instrument, but failed.

25*th.*—Urine trickling by drops and great pain; skin dry; tongue moist; feeble quick pulse; the integument of penis considerably swollen; there is hardness over the region of the bladder, and pain on pressing that part of the abdomen; passing the finger up the rectum, the bladder is felt to descend more than usual into the gut: ordered to repeat both; repeat mucilage with sp. æther, nitr. extract opii gr. ¼ 4tis hor.

Evening.—The catheter was passed during the day: the same fœtid bloody humor escaped. The catheter has been left in the bladder at his own request: blood-stained urine flows through it; he is under the influence of opium; tongue remains moist.

26*th.*—He removed the catheter himself during the night; there is stupor this morning, which I attribute to the narcotic; urine escapes in drops from penis; the urinary organs appear to be in a state of turgescence; there is a defined bulging over the bladder in the hypogastrium, and also in the perinæum, according with the track of the urethra, attended with great pain on slight pressure.—Ordered to omit opium, to repeat mixture and bath, to take ol ricini ℥vj. to get an enema of tr. opii ℥ss. in congee water.

Evening.—Much the same: bowels have been moved; stool healthy. Ordered to repeat gr. ⅓ of opium; bath: passed catheter with the same result as before.

27*th.*—The symptom the same: he is sinking.

28*th.*—He died very early this morning.

Post Mortem Examination, seven hours after death.—Upon dividing the abdominal parietes, the cellular tissue and fat covering the abdominal muscles, and extending over the iliac and hypogastric regions, found in a state of slough, infiltrated with pus; a little sanious fluid ran off during the incision of the part: internally, the parietes adhered to the bladder, which was distended; but upon separating them with the fingers, the abdominal peritoneum appeared entire. The bladder presented externally a purple color, its proper peritoneal covering easily separated from it, exhibiting the fat and structures between it and the bladder, of a deep purple color; the large blood-vessels going to the bladder were quite natural. By pressure upon the bladder during the act of removing it out of the pelvis, the same kind of bloody fluid which passed during life, poured from the penis, thus showing that the passage of the urethra existed. Upon dividing the urethra close to the pubis (from within), with a view of removing the bladder, &c. a sloughy cavity, of the capacity of two walnuts, was cut into; a portion of the walls of this cavity was left adherent to internal aspect of pubis: this sloughy cavity surrounded the membranous part of the urethra. The walls of this cavity were partly formed laterally by the levatorani muscles passing the catheter by the penis, and from the bladder outwards, in both cases the instrument presented itself in the

centre of the sloughy cavity: upon the division of the urethra, at least a pint of the before-mentioned thin blood, having a strong ammoniacal smell, escaped from the bladder. The mucous membrane of the bladder was of a deep blue color, studded with granules, ulcerated superficially in patches; it readily peeled off from the muscular coat, and was not generally thickened: about the neck of the bladder the membrane was smooth and natural, the prostate healthy, smaller than usual, the muscular coats of the bladder from two to three lines thick; the individual fibres remarkably developed; the vesiculæ seminales healthy, not at all implicated in the morbid structure. Dividing the perinæum, the adipose tissue and muscles between the anus and urethra were found natural: upon cutting deep as in the operation for lithotomy, the tissue immediately around the course of the urethra was found discolored and sloughy; this condition of parts continued up over the front of the pubis, to join the morbid state of the abdominal parietes. The membranous portion of the urethra lying in the midst of the morbid structure, had not its walls thickened; the two divided extremities were ragged, but this I attributed at the time to several strokes of the knife during the removal of the parts.

Remarks.—The description of the post mortem appearances may not be quite clear; indeed, I am not myself prepared to say whether extravasation had taken place during life or not. I do not know how the sloughy state of the parts immediately around the urethra, throughout the greater part of its course, commencing from the membranous part, and the similarly morbid state of the abdominal parietes, are to be otherwise explained; and yet, during life there was a passage, the urine passed by the proper course, and, moreover, there was not found the usual diffused swelling, such as occurs when the contents of the bladder escape. It is evident that the disease of the bladder must have been of long standing, and that no treatment could be of any avail. The thin dark blood found in the cavity of the bladder, I apprehend, exuded from the blood-vessels of its mucous membrane. There was not a state of the parts during life to warrant cutting down upon the urethra, particularly as the natural channel was open, and a catheter could be introduced. The walls of the sloughy cavity appeared to be chiefly the natural parts consolidated. This condition might have been the result of inflammation, produced by the long-standing disease in the bladder, and thus a sac formed which prevented the diffusion of the extravasated fluid. Ibid.

7. *Observations on Gastroperiodynia*—By Thomas A. Wise, M. D.—As I have not seen any account, by European physicians, of a peculiar disease known in this country by the generic term *sool*, I am induced to offer a few remarks on it, in hopes of drawing the attention of the profession to the subject.

Gastroperiodynia, or periodical pain in the stomach, often commences with symptoms of indigestion and heartburn, succeeded by a feeling of uneasiness in the scrobiculus, cordis slight, and occurring at irregular intervals at first, and lessening gradually, while the pain increases in violence. In severe cases, the paroxysm of acute pain generally occurs rather suddenly, when the stomach is empty, sometimes early in the morning, or three or four hours after dinner, increasing slowly when the digestive process is finished, and the activity of abdominal organs has ceased.

The excruciating pain is confined to the pit of the stomach, particularly towards the right hypochondrium, although the neighboring parts often participate, as the muscles of the loins, &c. The pain is of a cutting or gnawing nature, and during the paroxysm is intense, from which the patient generally obtains temporary relief from pressure. For this purpose he often turns upon his breast, and places a hard ball in the pit of his stomach, on which he rests his body, and keeps rolling from side to side.

A few days since, I ordered an unfortunate person, in this position, to turn round for me to examine him; but such was the agony, that he could not remain without the soothing influence of pressure. As a substitute, he drew from under his clothes a piece of prepared bamboo, an inch in diameter, and a cubit in length, round at one end. This extremity he placed to the pit of his stomach, while he rested the other upon the floor, and, by bending the body over it, produced such a degree of violent pressure, that at first I feared he would injure himself, and even penetrate the abdomen. He continued in this position while I gained the necessary information of his state, and then returned to his former position, commenced rolling from side to side upon the hard ball, placed in the pit of the stomach, and his low wailing proved how intense were his sufferings and wretchedness. This was an acute form of the disease, and, until checked by remedies, it occurred daily, about four o'clock, and he continued in dreadful agony the whole night.

These paroxysms usually occur at intervals of a day or two, and remain from two hours to as many days, with occasional intervals of ease. During these accessions, the state of the pulse, although full, continues slow and natural, and there is not usually more heat of body than is occasioned by the continual movement.

In the intermissions the patient feels well, and all the functions are performed as when in perfect health. The tongue is clean, but sometimes parched, appetite good, and alvine secretions healthy and regular.

So painful are the paroxysms of this form of the disease, that in the Sanscrit works on medicines, it is supposed to be produced by the deadly weapon in the hands of Siva—the destroying power of the *triad;* and so incurable, that when it attacks an individual, it is declared that even Siva himself cannot remove it. As a natural conclusion to such reasoning, those afflicted add—"What use is there in requesting the assistance of a physician?" It frequently happens that the unfortunate individual, in despair of being cured, commits suicide, as the only means left of relieving himself, and of propitiating the anger of the deity. The same fancies have had a most pernicious effect upon the progress of medical knowledge; for, instead of endeavoring, by unceasing exertions, to discover the cause and nature of the disease, with the means of alleviating the sufferings of the afflicted, the Hindoo physician finds a ready excuse for his indifference and ignorance in what he declares to be the will of God.

In the Sanscrit medical works there are eight varieties of *sool* usually described; and as they consider pain in general, and incurable diseases, under this vague term, and have characterised them upon the same fanciful and erroneous theory, which unfortunately pervades all their works on medicine, I have obtained no assistance from these, in many respects, most interesting records.

I have not been able to obtain any certain evidence of the causes which produce this disease. It appears to be the effect of a combination, individually slight, but when occurring in a peculiar constitution, produces this distressing complaint. I have generally known it to occur in the young and robust male, but without being produced by any particular exposure to the weather, or owing to the quantity or quality of the food. The accession seems oftener to occur when the organs are in a state of inactivity, than from causes increasing the nervous susceptibility. I have not seen it in females, although there is no reason why they should not be also affected; but those of a nervous temperament in general are not so liable to it as might be supposed.

A more extensive and careful examination may lead to the discovery of the change in the nerves in this disease, which have hitherto eluded the research of the pathologist.

The severe pain which occurs in paroxysms, the relief obtained by pressure, and the absence of participation in the circulating system, indicates, with sufficient accuracy, the nervous nature of the disease. But we are still unacquainted with the peculiar diseases of the large plexuses of the sympathetic nerve, situated in the scrobiculous cordis and its neighborhood, with those of the eighth pair, &c. These nerves seem to be affected in this disease, much in the same manner as we sometimes find those of the face, arm, thigh, &c. The resemblance of paroxysms of gastroperiodynia to those of tic-douloureux is marked, not only in the nature and severity of pain, but in the means of relief, and the difficulty of curing both diseases. The severe paroxysms of otalgia, which so frequently occur in this country, some forms of asthma, colic, &c. form examples of the same species, varying more from the situation and nature of the parts affected, than from any difference in the disease itself.

The diet I have found most efficacious in gastroperiodynia, is liquid farinacious food, with boiled milk, which in some cases I have seen diminish the violence of the paroxysms.

In strong and plethoric persons, blood should be taken from the arm, and may sometimes be repeated generally or locally, with advantage. During the paroxysms, pressure, heat, tinctures, ether, peppermint, anodynes, particularly opium, henbane, and camphor, are of use in diminishing the severity of the pain.

During the interval, the oxyd of zinc and bismuth, carbonate of iron, sulphate of quinine, are all, in some cases, of use; but it must be acknowledged, that the relief is often of a temporary nature, and, in some cases, they diminish in effect, or even seem to aggravate and prolong the succeeding paroxysm.

I have found the application of moxa, blisters to the loins, and fomentations, only of use temporarily; and that the probability of effecting the cure of this disease by medicine, depends on the severity and frequency of the attacks, and particularly on the length of time the disease has existed.

8. *General Hospital—Puerperal Neuralgia. Nov. 12th.*—Mrs. S——, aged 34, a stout English woman, had been confined twenty-three days previously, and did not nurse her infant. On the 15th day, she had gone out into service, and was much fatigued for several days. On the 20th day, complained of violent pains of the chest and abdomen, back and loins; shivered and vomited. These symptoms were succeeded by profuse perspiration, headache, and costive bowels. She was promptly and fully bled, then leeched, had the hot bath, and was purged.

The headache is gone, but there is universal tenderness of abdomen, inability, in consequence, to draw a long breath; the least pressure, even of the clothes, gives pain; bowels much relaxed; urine pale; skin moist and warm; tongue red and moist; pulse moderate; abdomen flaccid and distended; the pains follow the course of the colon; lochia free.

Habeat Enema. Domestic. Stat and
℞ Calomel gr. viij.
Antimon. Tart. gr. i.
Pulv. cretæ comp. c. opio ℈ij. in chart viij.
One every three hours.

13*th.*—Bears pressure better, but full inspiration gives sharp pain; perspires freely; no headache or thirst; tongue still red; alvine evacuation green and watery.
Ol. Ricini ℥j. statim.
Continue the powders: six daily.

14*th.*—Stools, a yellow, frothy, and mucus fluid; pains not relieved; no urgent symptoms; hot bath, temp. 100, for half an hour; now, pulv. jalap, c. ʒj.: Antimon. tart. gr. j. at noon.

Vespere.—Has been freely purged; some scybalous and offensive matters discharged; examination per vaginam discovers nothing unusual, yet the irritation is evidently uterine; the pains now occur in fits, and pass off entirely for a time; they are confined chiefly to the lower belly.
℞ Calomel gr. x.
Opii gr. ij.
Ipecac. gr. j.

15*th.*—Slept well, and was much relieved from pain; can draw a full breath this morning; pulse soft and moderate; skin moist; stools dark green, pulpy mucus.
℞ Pulv. Scammoniæ c. gr. x.
Jalap c. ʒss.
Aq. Menthiæ ℥j. Stat sumend.

Vespere.—Copious dark evacuation, with griping.
℞ pil. hydrag. gr. x.
And ℞ Ammon. Carb. gr. viij.
Liquor Opii, qts. xx.
Mistur. Camph. ℥j. to be taken at bedtime.

16*th.*—The pain to-day seems confined to the diaphragm; breathing performed by the ribs alone; bowels open; pulse regular.
Repeat the draught, adding:
Vin Colchici, gtt. xx.
Once in six hours.
Warm bath at noon, and liniment, anodyne, and flannel roller to be applied afterwards.
Repeat the pill at bed time.

17*th.*—Bowels have been confined since yesterday; pains relieved; they are felt today in the shoulders, and upper and back part of chest.
Ol. Ricini ℥j. Stat.
Repeat the draughts and pills as yesterday.

18*th*, 19*th*, 20*th*, 21*st.*—Continued the same medicines; the pains shifted about the chest, at times very acute, but gradually abating; no fever has occurred; alvine secretions healthy.

24*th.*—Has been quite free from pain for the last three days; the lochiæ are still copious and paler; feels well. Discharged.

Remarks.—Puerperal flying pains of this sort are very commonly the result of exposure to cold or fatigue. When unattended with headache, obstinate vomiting, or costiveness, and when the pulse continues *soft*, however rapid, I believe that bleeding is not necessary, and even hurtful. They generally yield to the powders recommended on the 12th, and one or two free purges, the warm bath, camphor, and ammonia. Puerperal fever, in its severe form, is a rare disease in Bengal.

9. *Surgical Clinique of Cawnpoor—Encysted Tumour of the Leg.*—Gazee Kachee, aged 20, noticed the commencement of the disease ten years ago, by a small swelling opposite the tibia, which gradually increased until the present time, unaccompanied by pain until within a few weeks since, when the part became tender at the point, corresponding with the small egg-shaped appendix, which conveyed the sensation of fluctuation. The tumour extended from the tubercle to the ankle, occupying the anterior and inner portions of the leg.

The limb being supported by Drs. Campbell and Menzies, who placed their fingers on the arteries as they were divided, an elliptical incision was made by one sweep of the scalpel, commencing from the point opposite the tuberosity of the tibia, and terminating at the instep, which was met at each point by a similar incision on the opposite side, and the tumour, with its enveloping cyst, dissected out.

Five arteries were seized by Weiss' artery forceps, and secured with ligatures. The inner portion of the gastrocnemii, with the whole anterior portion of the leg, was laid bare, forming a rather unsightly wound, which was, however, completely covered when the integuments were brought forward in opposition, and secured by ten interrupted sutures, straps of adhesive plaster, bandage, &c. adhesion by first intention, and the patient recovered without any unfavorable symptom. The hæmorrhage amounted to about two pounds.

10. *Operation in Deux Temps.*—Jhoomloo, Moosulmann child, aged 7 years, in a delicate and irritable state, brought on by unusually severe suffering from the stone for about two years, whereby he had been greatly reduced, and his parents, for the last ten days, had despaired of his life, as he had become quite helpless, came to me for relief, in November, 1834. The operation was undertaken as a last alternative, and at the earnest solicitation of his father. The straight staff and scalpel were the only instruments employed, and there was no difficulty until the introduction of the forceps. The lower end of the stone was repeatedly seized, and as often escaped from the grasp of the forceps,

being evidently retained either by the firm contraction of the bladder, or by a portion of it being encysted. Finding my efforts unavailing, and the child becoming much exhausted, the pulse rapid and small, and profuse perspiration, I desisted from further efforts, administered a full dose of tincture of opium, combined with aromatic spirit of ammonia, and sent him to bed, constant fomentations being applied. The above measures had the most happy effect. The child rallied, the anodyne and soothing treatment was persevered in, and on the ensuing morning the stone was removed in the following manner. An assistant, seated on a chair, placed the patient on his lap, with his back towards him, bent and raised the knees by introducing his arms under the hams, the perenæum being lowered as much as possible, the body kept in the erect position, so that the stone might gravitate as much as possible towards the lower part of the wound. Introducing my finger, I felt the calculus, which was immediately seized by the forceps, and withdrawn. One extremity of the calculus had been lodged in a *cul de sac* of the bladder, as was evident by the form of the stone being of smaller diameter than the rest, and having a clearly defined neck, where it had been compressed apparently by the separated fibres of the muscular coat of the bladder, with which the spasmodic action of the bladder in so irritable a subject, satisfactorily accounts for the impediment. I have not the slightest doubt, that had I persisted in my efforts to remove the stone, the child would have expired on the table, and the expediency of procrastination on the occasion is thus exemplified. Difficulties in lithotomy do sometimes occur when least anticipated, requiring all our self-possession and deliberate reflection, and these occasional difficulties, I dare say, gave occasion to the exclamation of Abernethy: "Oh! egad, 'tis a horrible operation. You don't know what you may be doing."

With reference to your correspondent, Lithotomy *versus* Lithotrity, and his respondent, I would observe that the natives of India, from my experience, infinitely prefer the cutting operation to the other. It alarms, fatigues, and discourages them. After I had perforated the stone in a patient, of which one or two more sittings might have accomplished the destruction, he became most earnest for the operation of lithotomy, which he said afterwards he infinitely preferred to the former operation. The recently improved apparatus of Baron Hourteloup, however, and Mr. Weiss, will, I doubt not, be a great desideratum, and I am most anxious to obtain one, with the intention of using it for adults. Civiale's *virgule à trois branches* is a defective instrument. Whilst the majority of cases, in the proportion of five-sixths, occur in children, the time for "exploding lithotomy, as one of the relics of a barbarous age," is not yet arrived, as expressed by your worthy predecessors. "*In medio tutissimus ibis*," is probably the motto for this and most professional debates.

Since writing the above, I have received from Superintending-Surgeon Smith, a set of lithotrity instruments, which for simplicity and great mechanical power, bids fair to become a most useful instrument in all cases above the age of puberty; and if the Board were to order some to be made, by native workmen, on the pattern, of a smaller size, for children (I would respectfully suggest), I see no reason why the operation should not be undertaken at the earliest age at which the disease occurs.

11. *Troublesome Hæmorrhage from a Bone after Amputation.* Communicated by Mr. Badderly.—On the 23d of December, 1835, a gunner of the horse artillery, in the act of springing his staff, had his fore-arm so shattered by the sudden explosion of the gun, that it became necessary to amputate it above the elbow joint, which was performed twenty minutes after the accident.

A troublesome hæmorrhage supervened, and, on opening the stump two hours after, to discover the source, it was found to originate from the medulla of the bone, from which joint was seen an arterial stream of the size of a small crow-quill, which resisted a variety of methods adopted to check it; nor was it till after the marrow had been destroyed to the depth of a quarter of an inch, by the actual cautery, that the bleeding entirely ceased.

1*st January*, 1836.—No recurrence of the hæmorrhage; stump suppurating.

Ibid.

MEDICAL INTELLIGENCE.

I. ☞$100, *Literary Medical Prize.*—The general expression and wish of the Medical Profession in the city of New York, to have a Medical Journal published in the city, whose pages should be open to honorable competition, formed one of the principal items in commencing this Journal, with a determination to use all possible means to promote American Medical Literature, &c. Although our efforts have not yet been crowned with that success we could have wished, yet we flatter ourselves that we shall not be viewed as indolent pioneers, in endeavouring to remove some of the difficulties that have tended to retard the Medical Literature of our State. Be that as it may, with a view to improve on what we have already done, and to make our Journal more useful to the Practitioners of Medicine; also, to advance the Medical Science of our country, we have concluded to offer a series of premiums for Dissertations on important practical Medical subjects. Although the premiums are offered to the Medical Profession generally, yet we shall be pleased to have them obtained by New York physicians, as we are desirous to show to the Medical world, that the Medical Profession of the city of New York are not so "unpardonably deficient in all that appertains to the profession of Medicine," as lately published by one of our *distinguished brethren.*

The following is the arrangement for the Prize Dissertations:

1st, Intermitting Fever,*. 2d, Remitting Fever. 3d, Typhus fever. 4th, Scarlet Fever. 5th, Puerperal Fever. Twenty Dollars, or a Silver Goblet of the value of Twenty Dollars, with an appropriate inscription, will be given for each Essay. The Dissertations will be required to be written as follows, viz: 1st. The manner in which the diseases commence, or make their appearance, as immediately connected with local causes, &c. 2d. The best mode of treatment. 3d. In detailing the particular parts in the Dissertations, it is desirable to have seperate headings, for contents or index. 4th. With a view to have the subjects as brief and practicable as possible, in no case must the Dissertations exceed twenty pages of the U. S. Med. and Surg. Journal.

It is not expected that the Dissertations shall be all original, therefore candidates will be at liberty to make compilations in a reasonable manner, one great object being to procure practical information; and it is believed all that is really useful to the practitioner, may be embraced within the space allotted to each subject.

The Dissertations must be delivered, (free of expense) to James Webster, Agent for the Journal, or deposited in the Post Office in New York, any time previous to Jan. 1837.

Each Dissertation to be accompanied with a sealed note, with the name and residence of the author: also bearing on the note some device to correspond with the one on the Dissertation. Not less than three respectable and competent physicians, (whose names will be given) will be the examiners of the Dissertations, and award the premiums.

The unsuccessful Dissertations, with the sealed notes unopened, will be returned in such manner as may be pointed out. Should the above plan succeed in a satisfactory manner, it is intended to continue the same through all the important branches of Medicine and Surgery.

New York, March, 1836.

N. B. We are informed that several intelligent Medical writers, have expressed a willingness to become candidates for premiums, provided they were at liberty to select their own subjects. In consequence of which we deem it advisable to state to the profession generally, that they will be at liberty to select their own subject, on which to write prize dissertations for this Journal.—The amount of premiums, general arrangement of matter, examiners, &c., to be the same as those of the prize dissertations on intermitting fevers, &c. We trust this additional arrangement will be satisfactory.

II. *Extracts from* Dr. Steel's *Annual Address, delivered before the New York State Medical Society,* 1836.

1. *Publication of Periodical Works.*—"A circumstance," says a late distinguished writer, "which has materially contributed to the improvement of the knowledge of practical medicine, is the publication of periodical works, whether in the form of journals, or of the transactions of societies. They have brought before the public the daily occurrence of passing events, in a commodious and interesting form, and thus, by exciting attention to them, have tended both to diffuse and increase our knowledge of these subjects."

2. *Observations and Discoveries.*—No physician of any eminence in his profession, can have practised for any length of time, without having

* This is published in the present number.

made some observations and discoveries which, if generally known, would add much to both the science and practice of medicine; the importance then of collecting and embodying the numerous details of information thus obtained, must be obvious to every one. It is only from such sources, patronised and supported by a well directed zeal of the profession, that the science of medicine can ever be elevated to its proper rank and station among the great and distinguished institutions of our country.

3. *The State of New York*, great in its dimensions, affluent and liberal in its resources, distinguished for its enterprise and improvements, and honored for its great and eminent men, has an envied, but just claim to aspire to the most exalted rank in science and all the liberal professions; and, if the profession of medicine does not secure her proud and honored station there, it can only be imputed to a want of proper exertion, or to an unwarrantable jealousy and want of union among its members.

4. *Medical Societies.*—"Well regulated Medical Societies have been found to contribute to the diffusion of science, and particularly the knowledge of the healing art," this society was originally incorporated, and the experience of thirty years* evinces the importance and utility of the institution, and furnishes the most satisfactory evidence that, under a proper direction of its concerns, and a due degree of vigilance and perseverance on the part of its members, it is destined to be ranked among the most scientific and useful institutions of our country.

A combination of the interests, talents and experience of the practising physicians throughout this widely extended state, was a project of no small importance to the profession, and evidently formed one of the most prominent inducements which gave origin to the society.

5. *Respect and Gratitude.*—Let us not neglect to notice with respect and gratitude, those eminent and highly distinguished individuals, who in the infancy of the society, associated themselves together for the purpose of superintending its advancement, and to whose zeal and professional distinction it is much indebted for the important station which it now occupies.

Usefulness, however, with all the honored preferments of life, furnishes no exemption from the grave: and a period of thirty years makes fearful breaches in a community composed of individuals, who, at the commencement of their association, had arrived at the meridian of life. It is not therefore a matter of much surprise, that many of our valued associates have already finished their labors here and have been gathered to their fathers. The recollection of their usefulness will be cherished and preserved by their survivors, and history will record their names to swell the proud catalogue of those whose lives have been devoted to the cause of science and the glory and honor of their country.†

* The law incorporating Medical Societies in each county, and a general State Society, was passed April 4, 1806.

† With a view of making the profession fully acquainted with the New York State Medical Society, we devoted parts of No.'s 16, 17, 18, 19 and 20 of our Journal in giving a condensed history of that nstitution from its incorporation, 1806, to 1835, inclusive, embracing analysis of the most interesting papers read before the society, &c.; also the state of the Medical Profession in the State of New-York previous to the organization of the society.—*Eds. U. S. Med. & Sur. Journal.*

III. *Extracts from an Address delivered before the Medical Society of the county of New York, July* 25, 1836. By James R. Manley, M. D., President.

1. *Variety of Medical Character.*—In the medical profession is found a greater variety of character than in any other; it seems as it were a great moral menagerie in which every quality of head and heart finds a place, simply because there is a quality attaching to humanity which may not be directed by interest in its appropriate exercise; the cunning can find dupes; the ignorant can find those more ignorant than themselves; the braggart can find simple ones to believe his tales of wonder; the knaves by calculation, can find fools by nature; in short the number of the credulous, the stupid, the prejudiced, the vain, the vicious, and the timid, offer abundant temptation for the display of all those various arts which disgrace the profession, and render the science which ranks by right first in the catalogue of human benefit, the last in the scale of human confidence.

2. *First Impressions.*—The great mass of the community act from first impressions, they arrive at conclusions, often from very narrow premises; and in this case, although wrong, they for the most part, have attained to the conviction that the practice of an art which admits the exercise of so much fraud and folly, must of necessity be conjectural, and that its hazards countervail its benefits.* It is in this way, and in this way only, that we can account for the indifference which they manifest on all subjects connected with the improvements of medicine. Here the apparent paradox finds a ready solution; and although we may, and do regret that there is such abundant evidence to cherish these unfavorable impressions; we are bound by every obligation which conscience and honor can impose, to undeceive the multitude; to show them the wrong which they inflict upon themselves by judging the whole from the baser sample; and to convince them by our individual conduct and opinions, that although we *may be scandalized* we *ought not to be condemned.*

(*Will be continued in the next number.*)

Look out, Homœopathists!!

* In proof of the practical operation of such opinions, although denied in terms by all intelligent men, who have only to advert to the fact that almost every physician on his first visit finds that his patient presumes to be his counsellor, in addition to stating his case, he suggests his own remedies with deference however to his supperior judgment. And in cases where friends or relatives are the patients, many persons feel at liberty to prescribe, the opinion of the doctor notwithstanding; indeed so general has this practice become, that those who would shrink from the responsibility of giving their advice when asked, respecting the purchase of a house, a horse, or a lot of cotton, and would kindly refer you to others who know more on these several subjects; will, nevertheless, *obtrude* their advice in cases of disease when, for any thing they know to the contrary, the consequences if followed out may terminate in death. If this officious ignorance be not arrested by a larger measure of intelligent moral sense, the consequences will be deplorable; for it cannot admit of a doubt that many of the items which make up our bills of mortality if called by their proper names whould have the character of *homicides*—and homicides too, by the hands of friends!

☞ Communications of every description concerning the U. S. Med. and Surg. Journal *must* be made to James Webster, the Publishing Agent, otherwise no attention will be paid to them.—Communications through the post office, must be post paid unless otherwise directed.

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COVENTRY.

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JOHN P. METTAUER, M. D., Professor of Surgery and Surgical Anatomy.

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E. CUTBUSH, Dean of the Faculty.

Geneva, August 30, 1836. JOHN G. MORGAN, Reg.

NOTICE TO CORRESPONDENTS.

We make our kind acknowledgements to those subscribers who have been prompt in paying their subscriptions; and those in arrears will oblige by making early payment.

Dr. John W. Francis, and Dr. Devan, are respectfully informed their communications will be thankfully received.

The interesting papers on Dental Surgery, by E. Parmly, Esq., and Dr. Stout, also a review of Dr. Joseph Parish's valuable practical work on Strangulated Hernia, and diseases of the Urinary organs, &c., will be published in our next number.

Oxide of Iron.—This valuable preparation in case of poisoning by arsenic, is for sale at the drug-stores of Dr. Chilton, No. 263 Broadway; Dr. Hart, corner of Broadway and Chambers street, Milnar & Gamble, 193 Broadway, and Dr. Mitchell, No. 35 Fulton st., New York.

Medical Topography.—It gives us pleasure to state that we are making arrangements with a competent and talented gentleman to furnish us with a Medical topography of our state. This will account for our not giving an analysis of the interesting "Medical Topographical Report of Tompkins County, by Dr. Bacon;" published in the transactions of the State Medical Society, 1836.

Medical Law of the State of New York. "No person coming from another State or country shall practice Physic or Surgery in this State until he shall have been examined and licensed by the Censors of the State Medical Society." We have been asked, "does the above law apply to persons being citizens of the state of New York, going out of the state to obtain a medical education?" We reply, we are informed from good authority that they will be considerad as coming from another state or country. We are also informed that owing to the great facility in which diplomas, &c., are obtained, that examinations on all the branches of Medical Science will be rigorous.

We are happy to learn that the Messrs. Harper have in press a little work, which we think will be highly useful to medical students and practitioners. Its title is, the *Anatomist's Manuel, Translated from the French of* J. L. Bayle, *by* A. Sidney Doane, a. m., m. d., of New York. The book contains a concise and clear account of the human body, expressed in very simple terms, and accompaniad also with practical directions for preparing the different parts for dissection. Its size fits it particularly for the lecture room or anatomical theatre, and the price of it will be much less than that of other books on the same subject. The work has already passed through four editions in France.

We have been sbown a new apparatus for Fractures of the thigh and leg, by Dr. Woolston of New Jersey, which will be fully noticed in a future number.

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UNITED STATES MEDICAL AND SURGICAL JOURNAL.

No. XXVI.

SEPTEMBER, 1836.

ART. I.—*Annual Address delivered before the Medical Society of the State of New-York, February 5th, 1836, on the Derangement of the Digestive Organs, by* JOHN H. STEEL, M. D., President of the Society.

I beg leave to invite the attention of the Society to the consideration of a class of diseases which have been a source of more anxiety and suffering to the patient, and of more perplexity and disappointment to the physician, than almost any other in the catalogue of human ills: I allude to the Derangement of the Digestive Organs. Although these affections have been amply investigated by many of the most eminent of the profession, and the results of their investigations spread before the public in the numerous publications of the day, yet, if we are allowed to judge from the various modes prescribed in the treatment of these complaints, or to draw our conclusions from the success of the practice. we are led to infer that the pathology of these affections is still less generally understood than many others of a more complicated and alarming character.

It is not consistent with the object of this dissertation, nor can it be deemed necessary by the audience whom I now address, for me to enter into a minute detail of the organs or functions which are called into action by the mysterious operations of the living principle, for the purpose of digesting and assimilating the various substances which constitute the food of animals, into a proper consistence and quality, fitted to traverse the vast ramifications of the circulating system, and thereby furnish the means of sustaining and invigorating the body.

It will be sufficient for the present purpose simply to observe, that the organs principally concerned in carrying on the important and interesting operations of digestion, embrace the whole extent of the alimentary canal, commencing at the mouth, and terminating at the extreme point of the intestines. The liver, spleen, pancreas, mesentery, omentum, and, indeed, the whole contents of the abdominal viscera, are all, more or less directly or indirectly, concerned in the operations of this mysterious process. These organs are composed of various tunics or membranes, designed for the performance of various functions. Those of most importance are the serous, the muscular, and the mucous membranes, and they are evidently subject to various forms of disease, in some measure connected with, and dependant upon, the peculiarities of structure; and these, again, are believed to be modified by the place of their location, as the stomach, the small intestines, the colon, or the rectum.

All animals possess a stomach or canal of some kind,* calculated to receive the food, and prepare it for the important purpose of nutrition, and this constitutes one of the principal points which distinguish the animal from the vegetable structure.

Among the various classes of animals, the process of digestion is extremely diversified, and evidently more or less adapted to the circumstances and condition of life which the animal is designed to maintain. In man, the organs are said to be less capacious and complex than those of most animals which subsist only on vegetable food, yet larger and more complicated than those of other animals which live entirely on flesh; and hence it is inferred, that man is designated by nature, and made capable, for subsisting either on animal or vegetable food, and, from the peculiar adaptation of his digestive, as well as of various other organs, is believed to be better qualified for every diversity of aliment and climate, than any other animal.

* Cuvier says that he knows of no animal which is destitute of such an organ.

It is from this peculiar structure of his organs that we find him, while in a savage or uncultivated state, in all regions of the globe, adapting his wants to the productions which nature most bountifully supplies. In one country, we find him subsisting altogether on the blubber or oil of the whale, the walrus, or the seal; in another country, fruits and nuts constitute his food. Raw flesh, taken fresh from the victim, is devoured by one class of our species, and the same material is kept until it is tainted and becomes highly putrescent, to furnish the daily repast for another. Roots and farinaceous seeds furnish the entire nutriment of thousands, and whole tribes are known to subsist on gums and vegetable oils.

But it is reserved for civilized man to multiply and refine the articles of his diet, and to feed on a combination of solids and fluids of almost every description; and such has been his ambition to gratify the taste and satisfy the appetite, through the invention of cooking, mixing, combining, seasoning, spicing, &c. that he has reserved but a few articles by which he can satisfy the cravings of his stomach with perfect impunity. Numerous substances have been introduced, either in the form of food or condiments, which are not only innutritious, but absolutely injurious to the organs designed for the purpose of digestion.* It is, therefore, not a matter of surprise that such organs are often deranged; and, indeed, when we take into consideration the quantity and frequency with which such offensive articles are presented to them, it is a matter of some surprise, that they are ever found capable of performing their proper functions at all.

The great variety of symptoms consequent upon a derangement of the digestive organs, induced many of the earlier writers on the subject, to divide the disease into an almost endless variety of forms; and the extensive list of names which they have presented to us, intended to indicate the particular form, have served but little else than to distract the practice, and prevent a true understanding of the malady,† and the more popular and rational division of the present time, that of *organic* and *functional* derangement, although sanctioned by the best pathologists, is still exceptionable, and, in my view, calculated to mislead.

Functional derangement is supposed to be that state of disease in which the office of a particular organ is impaired or deranged, without any perceptible derangement of the organ itself. This position has, in many instances, induced opinions as to the actual state of the organs in these cases, not always in accordance with the facts, and has, of course, led to prescriptions inapplicable, if not absolutely detrimental.

Function is the product or effect produced by the operation of an organized body, or the result of an organic action; and it is impossible to conceive how it can be deranged or altered, except through the derangement of the organ or body which produced it. The function of the heart is the circulation of the blood, and that of the stomach, the digestion and assimilation of the food; and can any one suppose that these functions can cease, or suffer the slightest derangement, while their respective organs continue in a state of perfect health and vigor? Let these organs be subjected to diseased action, no matter how slight, or whether from sympathy with that of remote organs, or from the derangement of their own peculiar structure, it is all the same; the functional derangement, which is sure to follow, gives the first indication of the attack, and constitutes the most prominent symptoms which characterise and distinguish organic disease.

Functional derangement, then, whether of the digestive or any of the other organs, is simply the *indication* of structural derangement; it is the symptom or effect, and, pathologically, does not, nor can not, constitute idiopathic disease.‡

If, then, the diseases which constitute the derangement of the digestive organs are, strictly speaking, *purely structural*, it is important to inquire, what that condition or state of structure is, which produces those functional aberrations in question.

The researches of physiologists have thrown much light on this subject, by demonstrating, beyond the possibility of a

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* It is notoriously true, that many of the articles introduced to the tables of *civilized society*, by what is called the *refinement* of cookery, are such that no other animal, whether biped or quadruped, except man, will presume to taste, even under the pains and penalties of starvation.

Dr. Abercrombie, in his "Practical Researches on Diseases of the Stomach and Intestinal Canal," very justly observes, that "when we consider the manner in which diet is generally conducted, both in regard to quantity, and the variety of articles of food and drink, which are mixed up into one heterogeneous mass, instead of being astonished at the prevalence of indigestion, our wonder must rather be, that, in such circumstances, any stomach is capable of digesting at all."

† "So long," says Dr. Armstrong, in his "Observations on Chronic Diseases," "as we attempt to cover our ignorance by such terms as *nervous*, *bilious*, *dyspeptic*, *spasmodic*, and the like, so long shall our practice be mere experiment in most chronic affections, and," continues this distinguished practitioner, "we shall not, probably, advance in the treatment, until we deduce pathological principles, from cautiously marking the rise and progress of the symptoms, and exploring their seats and effects.

‡ Dr. Abercrombie, whose opinions I have already had occasion to cite, is evidently of a different opinion: he seems to think that there are "cases of derangement of a purely functional character, or not connected with any change of structure, either in the stomach itself, or any of its neighboring parts." But adds, that "upon the strict principles of pathology, it is extremely difficult to ascertain the exact nature of these functional derangements, as they are merely *impaired actions of living parts*;" but concludes, that the following points "are not altogether conjectural."

I. "The muscular action of the stomach may be deficient."

II. "There may be a deficiency of the corresponding and harmonious intestinal action."

III. "The various fluids may be deficient in quantity, or morbid in quality."

If mere retarded or accelerated action constituted disease, it would be very difficult for any one to say when he is well, for there is scarcely an hour in the day when the *action* of the organs is the same. They are constantly excited by exercise, by food, by drink; and they are as constantly retarded by rest, abstinence, and the like. If either of these exciting causes are too frequently resorted to, or are too long continued, a morbidly increased action in some one or more of the organs, is the result, and this constitutes disease. The secreted fluids may be either lessened or increased in *quantity* without any diseased action of their respective organs; but when they become *morbid in quality*, they indicate positive *organic derangement*.

doubt, that all those diseases consequent upon structural derangement, are, so far as they can be discovered, the effect of morbid irritability, or, in other words, diseases of excitement, modified by the peculiarity of structure.

The discovery, from autopsic examinations, that in many cases where the derangement of the digestive organs constituted the most prominent features of the complaint, not the slightest vestige of organic disease could be found, gave origin to the unphilosophical opinion, that the functions of the organs might be impaired, while the organs themselves remained uninjured, and led to the belief, that many of those affections were dependent on relaxation, weakness, or debility of the parts or organs. But if we are right in the opinion, that functional derangement is entirely dependent upon that of structure, we are constrained to believe that all those affections which indicate a derangement of the digestive organs, whether demonstrable by the dissecting knife or not, are the result of the same proximate cause—irritation, or morbid excitement.*

Debility, like the derangement of function, is not disease, but the mere evidence of it, or it may, when suddenly induced, operate as an exciting or predisposing cause. It occurs in its purest and most frightful form from the immediate abstraction of large quantities of blood, or the long forbearance of necessary food, but neither case can be considered as constituting actual disease; it is but the effect of a suspension of a portion of the powers of life from simple inanition, and all that is required to be done is to staunch the blood, or, in other words, remove the organic lesion, preserve the natural warmth of the extremities, enjoin rest and a suitable (but cautious) supply of nutritious food, and, unless the vital principle has been too far expended by the long continuance of the cause, the patient, in a few hours, is restored to health and vigor.

Debility, weakness, or exhaustion, in its most simple form, is an occurrence of every day's experience; it arises from the exertions, depletions, and deprivations incident to the cares and duties of our existence; the organs of locomotion become impaired, and their functions, of course, deranged, for which rest and food furnish the safe and certain remedy. It is extremely doubtful whether the debility arising from the more complicated and protracted derangement of particular organs, differs, in any essential respects, from that of the most obvious and simple form: both are dependent on organic derangement, and while the causes which produce the morbid state of the organs continue to operate, no remedy will remove the debility.

Physiological researches have demonstrated that the irritability or morbid excitement which constitute the derangement of the organs of digestion, may be situated in various parts of the alimentary canal, as the œsophagus, stomach, small intestines, colon, or rectum, and that it is often confined to some one of the structures which compose these organs, as the peritoneal, the muscular, or the mucous membranes. It is of importance to ascertain the location of the disease, and the particular structure of the organ affected, for these are circumstances which are found greatly to modify the character and symptoms of the disease, and serve to influence our judgment as to the result of its termination. In almost all cases, particularly those of recent occurrence, the disease is confined to one particular organ, and frequently to a small surface of that organ, or a portion of some one of its membranes. The excision of an elongated uvula, which has continued for months, and produced a considerable degree of irritation about the throat, effected the immediate cure of an obstinate case of indigestion, which evidently had its origin with that of the irritated fauces, and the removal of hæmorrhoidal excrescences has, in some instances, produced the same effect, in cases equally obstinate.

It is likewise of importance to acquire a knowledge of the exciting or predisposing causes which give origin to the affection;—these are various, and extremely diversified in their character, but the details connected with a full enumeration of them, and the mode in which they operate to produce disease, would occupy too large a space for admittance in a communication of this kind: it is proper, however, to state briefly, that they are generally such as are believed to predispose to diseases of excitement in other parts of the system, and which operate to produce that peculiar morbid irritability or susceptibility of organs or parts which render them more liable to be excited by external agents, or the operation of ordinary stimuli. Among these are usually enumerated:—

Weakness or debility from inanition or over excitement.

Intemperance in the use of nutritious and high-seasoned food.

Intemperance in drinking ardent spirits.

The frequent and improper use of drastic and irritating medicines, and particularly those of the class denominated tonic and stimulant.

Improper compression of the body, so as to lessen the aperture of the abdomen and compress the viscera.

Indolence, or the want of proper exercise.

Excessive gluttony.

* In numerous fatal cases of malignant cholera, a careful examination of the abdominal viscera afforded *no* evidence adequate to account for the phenomena of the complaint or its rapid termination; and yet, I believe, it is satisfactorily settled, that this appalling disease consists principally in an irritation or morbid excitement of the gastro-intestinal tissues, or some one of them.

Filthiness of the exterior surface of the body.

Eruptions or inflammation of the skin, suddenly dispersed.

There are, probably, many other causes, with the operation of which we are not so familiarly acquainted, among which may be mentioned that of *malaria*, or an exposure to the influence of the causes which are believed to produce intermittent and remittent fevers.

In slight and recent attacks of indigestion we know but little of the actual state or condition of the organs affected, except what can be gathered from analogy and a careful observation of the symptoms. As persons attacked seldom die in that stage of the disease, cases for autopsic examination are of rare occurrence. We know, however, that inflammation does occur in a variety of forms or degrees of violence, on membranes or organs which we can examine, as the slight thickening and morbidly increased secretions of the mucous membrane of the bronchiæ, of the nose, fauces, &c. occurrences which take place every day, and evince, as clearly and as positively, the existence of excessive or increased morbid excitement of the organs, as the most violent attack of inflammation, although not attended by any of its alarming consequences.

These slight affections of the mucous membranes of the organs just mentioned, from a variety of circumstances, which it is not necessary to mention to the intelligent physician, may, as they frequently do, terminate in ulceration or become chronic, and continue in the same irritable state or condition for years; and may we not, with the utmost propriety, infer that the mucous membrane of the stomach, or any other part of the alimentary canal, may be affected in a similar manner, and continue in that state for a length of time, with but little inconvenience, except an uneasiness after eating, and a slight tenderness about the region of the stomach, or in the vicinity of the organ affected—the very symptoms which give the first notice of digestive derangement.

If, then, the position be acceded to, that indigestion is purely the effect of morbidly increased irritability, or excitement of some of the organs essential to the digestive process, and that debility and functional derangement are merely symptoms of that state of the organs, the indications of cure are simple and unequivocal, and must at once present themselves to the mind of the experienced physician. Abstinence from all irritating or stimulating substances, light diet, rest, and mild aperient medicines, constitute the whole list of remedies required, and, if enjoined at the commencement of the attack, or before the disease has assumed its chronic form, in ninety-nine cases out of a hundred, will be successful.*

In many cases, however, so insidious is the attack, and so insignificant the symptoms which usher in the disease, that the person afflicted feels no alarm, and experiences but little inconvenience in attending to his usual avocations; and as his greatest disturbance is soon after his meals, particularly after that of a full dinner, he very naturally imputes it to a weakness of the stomach, to remedy which he swallows an additional glass or two of wine, or, what is worse, he endeavors to relieve it by liberal potations of brandy, or other stimulating liquors of an equally pernicious character. He pursues this course, in some instances for months, continuing gradually, but almost imperceptibly, to augment his sufferings, rather than to relieve them, until, at length, he loses his appetite, complains of soreness or slight wandering pains, and a sense of tightness about the region of the stomach; his bowels have become constipated, or are slightly relaxed; he is harrassed by frequent and excessive turns of belching, and occasionally throws up his food; his strength is much impaired, and his flesh fast wasting away.

In this situation he applies to his physician, and, ten chances to one, he is told that his case is one of *debility* or *weakness* of the digastive organs, and he is immediately put upon the use of stimulating and tonic medicines, with the avowed design to increase the appetite and restore the *tone* of the stomach, and, as flesh is more readily digested when the stomach is in a healthy condition than vegetables, he is directed to live on a meat diet highly seasoned. He swallows the prescribed articles with avidity, for the directions correspond exactly with his feelings, and serve to confirm his own opinion as to the nature of his disease, and he adheres to them, and pursues them, as a forlorn hope.

Thus he proceeds,—and as one class of tonic remedies fail to produce the desired effect, another is substituted, until the whole catalogue contained in the materia medica have been ineffectually resorted to, and when neither the books nor the physician can any longer furnish materials to prolong the now expiring hopes of the patient, he is sent into the country, if a citizen,—or, if a resident in the country, he is posted off to the city or the sea-board, with almost every organ of the viscera deranged, emaciated to a skeleton, or bloated and distorted by the dropsy, with the

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* The opinion of the distinguished Dr. Armstrong is again in accordance with what I have here stated. "The long catalogue of prescriptions," says that accurate observer, "for chronic diseases, at once indicates that all is not right in our pathology, as it implies that each prescription is liable to fail, and that the whole may be successively required. When we have any thing like principles to guide us, our prescriptions are extremely limited; but when we have no fixed principles to guide us, our prescriptions accumulate with empirical rapidity. This complexity of formulæ," he continues, "undoubtedly arises from that vagueness of opinion which exists respecting the nature of these diseases in their onset and the greater part of their progress."

proffered expectation that a *change of air* may produce the relief which the skill of the physician and the power of medicine failed to effect, After spending a few weeks with no better success than before, he returns to his home, disappointed and disheartened by the gradual and sure progress of the disease, to end his sufferings in the grave.

This is not an extreme case, neither is it a fancied one. The occurrence of similar instances are too frequent to have escaped the attention of the most superficial observer, and must have met the notice of every physician of the least practical experience.

Residing, as I have long done, at a place where invalids annually congregate from various and distant parts of the country, and particularly those afflicted with derangements of the digestive organs, a more extensive opportunity for observation and inquiry has been afforded, than usually falls to the lot of a physician in ordinary practice; and were I to recount the result of my experience, it would furnish a history as startling to the feelings of humanity, as it would be derogatory to the cause of science and the honor of the profession. I am well persuaded that the idea of debility being disease, is fast receding before the researches of the physiologist and the lights of science; but that phantom of our early reading still continues to hover about our imaginations, and, like the ghost of Banquo, haunts and affrights us at every turn.*

From what has been stated, the following positions may be inferred, which it has been the principal object of the foregoing observations briefly to illustrate.

That the powers of the digestive organs of man, when in a regular and perfect condition, are capable of reducing the most dissimilar and differently constituted materials of food, into a healthy and homogeneous mass, suitable for the circulation, and qualified to supply the wants and increase the growth, vigor, and strength of the system.

That this property of the organs is the result of structure, and cannot be changed, altered, or modified in any way, but by an alteration or derangement in the structure itself.

That slight derangements of some of these organs, or their tissues, frequently occur, as in the case usually termed dyspepsia, for which abstinence and rest constitute a certain and speedy remedy.

That functional derangement is but the symptom of organic disease, on which it is entirely dependant.

That these derangements, however slight, are the result, in all cases, of morbidly increased irritability or excitement of the organ or tissue affected, modified and characterised by the peculiarities of structure, and, when neglected or improperly treated, advance into acute inflammation, or are converted into chronic affections, and terminate in engorgement, congestion, effusion, or ulceration.

That in the treatment of the derangement of the digestive organs, stimulating and tonic medicines are absolutely inadmissible, and, in all cases, can have no effect, other than to procrastinate the disease or render it incurable.

That the pathology of organic derangement, the causes which operate to produce it, and the actual state of the organs, so far as that can be ascertained, all indicate the propriety of the antiphlogistic treatment, regulated by a sound judgment and a perfect knowledge of the organs or tissues affected.

It will readily be perceived, by those who have examined the subject, or have made themselves at all familiar with the writings of modern authors, that in the foregoing observations there is no attempt at novelty or the promulgation of new or speculative opinions. The subject has been thoroughly investigated by individuals whose names alone are sufficient to furnish for their opinions, a passport to the mind of the most sceptical, and whose genius and acquirements elevate them far above the common rank of their cotemporaries.

It was about the commencement of the present century, when the medical school at Paris, fostered and patronised by the great genius which swayed the destinies of France, shone with a brilliancy of talents and science which has never been equalled. It was there that the apostles of the profession, Chaussier, Corvisart, Desgenettes, Halle, Pinel, Bichat, Broussais, and a host of others, commenced erecting the "Temple of Medical Science," on the enduring foundation of physiological and pathological anatomy. On

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* It is truly surprising, after all that has been published on the subject, with what tenacity numerous and respectable physicians still adhere to the old practice of prescribing *tonics* and *stimulants* in all cases of chronic affections, and particularly those of the digestive organs. There is scarcely an individual who visits the fashionable watering places of our state, but has tested the *bitterness* of the practice to the full extent of the materia medica, and he resorts to "the Springs" under the injunction, to taste none but the *tonic* waters. Fortunately for the invalid, the tonic properties of the waters are, in most cases, too trifling to merit attention, and what little of that property they do possess, is so blended with properties of an opposite character, that little or no effect, of either a good or bad description, can be expected from it. The superior efficacy of the more aperient waters, however, can be attested by thousands of those who have used them with proper discretion.

It was these abuses of the tonic and stimulating medicines which induced Dr. Armstrong to declare, that "from long and unbiassed observation, he was fully convinced, that most of the medicines called *tonics* are either useless or pernicious, and if they were erased from the pharmacopœias, it would be a real benefit to the profession and mankind, for they only serve to mislead the former, and to tantalize or injure the latter. Tonic medicines generally oppress the digestive functions, or operate as direct stimulants, and in either case they are improper in convalescence; for, by the first, they may destroy the natural appetite, and by the last they may lead to chronic inflammation. So far from such doings being appropriate to a stage of convalescence from acute disease, mild laxatives are most frequently requisite, to preserve a right balance between the ingesta and the egesta; and the practitioner who substitutes the former, will find that his patients will pass better through convalescence, and be afterwards less subject to consecutive attacks of inflammation."

this foundation, those who follow them may build and ornament, but they must not aspire to remove it: it had its origin in the discovery of the "universality of facts" that cannot be controverted.

Trans. N. Y. State Medical Society.

ART. II. *Report of a Committee of the Society on the Varioloid, and the means of counteracting its progress—Read February 3, 1836.*

The committee appointed to examine into the causes of the frequent occurrence of Varioloid or Small Pox, within the last few years, in various parts of our country, among persons who have been protected by vaccination, and to report on the best means of counteracting the evils consequent upon that state of things, having given the subject the consideration their time and circumstances have permitted, beg leave to offer the following report.

From the frequent occurrence of varioloid, within the last few years, strong doubts have been, and are still entertained, by a portion of the medical public, as to the integrity or the purity of the vaccine virus. Indeed, the idea of its degeneration has become a matter of considerable notoriety, and hence some have argued that we must return to inoculation with variolous matter, or resort to the cow again to obtain genuine cow-pox matter.

But this latter alternative is easier proposed than done; for M. Bousquet and others assure us, that the cow-pox, as found in the cow, is an exceedingly rare disease. M. Bousquet has never known an authentic case of it in France, and it is said not to have been met with in England during the last twenty-five years.

The same gentleman assures us, that the vaccine has not degenerated. He says—"Could I lay before the profession the entire correspondence of the academy of medicine, it would be seen, that for one who asserts, more than a hundred deny its degeneration, and the latter are those who have made vaccination their study, and who have incessantly practiced it; thus both facts and opinions concur to prove that the vaccine has lost none of its value."

That we may be able to appreciate fairly the value of the opinions of medical writers and medical practitioners upon this, as upon all other matters connected with the science of medicine, we may mention that M. Bousquet was for several years secretary to the Royal Academy of Medicine, in France, and vaccinating physician to the same institution for the period of ten years, during which time he vaccinated twice a week. He had thus ample opportunities for making the necessary trials and experiments upon the important subject of vaccination. By an order from the government, he prepared a treatise on the vaccine disease, which was published at Paris in 1833. This work was examined before its publication, by Messrs. Husson, Itard, and Chantourelle, who state in their report, that "it was more complete than any other, and that it gave, in their judgment, the best views of the actual state of our knowledge on the subject." If these views be true, and we believe they are in accordance with those entertained by several distinguished medical writers and experienced practitioners, it would seem needless to attempt to renew the vaccine from its primitive source—the cow; and, for the reasons above stated, it is fortunate that it is so.

The question of re-vaccination, as might have been expected, has occupied, and still occupies, much of the attention of the physicians in various parts of Europe and our own country. In Prussia, we find from Rust's Magazine, a circular dated at Berlin, March 15th, 1833, signed by the chief of the military medical staff, declaring that the results of re-vaccination of the army, as already effected, fully proved its necessity, it appearing, that in the guards alone, 1425 out of 2641 exhibited the true vaccine pustule.—The order, therefore, for re-vaccinating all the recruits is made absolute, and the physician-in-chief of every division is required to procure and collect from the several regimental surgeons, correct lists of all the men who have been re-vaccinated, as well as every circumstance coming under their observation connected with the small-pox, and to report the results every year, to the Royal Military Council.

This is followed by a statement, entitled, "Collection of the reported results of re-vaccinating the army."

"Whereas, a number of individuals have been attacked with small-pox, and have died in consequence, notwithstanding that strongly marked scars unquestionably proved their having been vaccinated at an early age, it is nevertheless apparent that in advanced years they still are liable to be infected, and that such is likely to be the age at which they can be admitted to military service."

Hence, on the representation of this fact by the chief staff physician, to the commander-in-chief of the army, an order was issued on the 26th of March, 1831, to all the medical officers of the army, for the re-vaccination of all the men who may appear to be possibly liable to suffer, as well as all the recruits whatsoever, whether they have marks of previous vaccination or not.

This order was attended to by the several corps which it reached, as far as it could be effected, and with the following results. In the third corps of the army, being at Erfurt in 1831, where the small-pox was raging, the 24th regiment of infantry, and the fusileers of the 20th, were re-vaccinated, and out of

6020 men, 2354 exhibited pustules, among which more than one-eighth proved to be of the true vaccine character. In the 8th corps, 2784 were vaccinated, and 925 took, among which, also, about one-eighth proved to be genuine cow-pox.

In 1832, 3942 of the 3d corps were vaccinated, and 1594 exhibited effects, but, as in the rest, somewhat more than one-eighth were true vaccine. In the 5th corps, of 3234 vaccinated, 2535 were effected in the aforesaid proportion. The report goes on to say: "There are great doubts of the extent of the protective agency of vaccination, either from the possible failure of the original vaccination, or from the effect wearing out by time; at all events, enough is established to prove the necessity of the measure; and it is notorious, that after the re-vaccination of the doubtful men and the new recruits of the fusileers battalion at Erfurt, not one became infected, although closely in contact with very many violent cases of small-pox."

Now, without intending to compliment Prussia, we cannot withhold our expression of her being as much in advance of other nations in the important matter of re-vaccination, as she is in her superior system of public school education.

In France, too, the question of re-vaccination has engaged, and still elicits the attention of the physicians, not only in the capital, but in most of the towns throughout the provinces.

The Academy of Medicine has appointed a committee to examine all the doubtful points connected with the subject, before giving any decided judgment, and from time to time various communications are addressed to that body from practitioners residing in the provinces. Among the number is M. Lurott, a physician residing at Bischwiller, who has made several experiments, the results of which possess great interest. Within a period of four years, this physician has vaccinated no less than 3600 persons; and, in the year 1832, when an epidemic varioloid attacked the Canton, he had occasion to repeat the operation on several individuals. Eighty-six persons of both sexes, who had all been vaccinated during infancy, presented themselves for a second vaccination. He says—"With the exception of one or two, their arms were well marked with the vaccine cicatrix, in a perfect form."

The following table gives the results of the operation, which was performed by introducing the matter through seven or eight punctures on one arm only:—

Individuals vaccinated below ten years of age.	Perfect eruption.	Incomplete.	False.
12	0	5	7
From 10 to 20, 36	5	12	19
20 to 30, 32	5	12	15
30 to 40, 6	2	2	2

We are informed that the column of perfect eruption embraces all the individuals in whom the pustules were developed three or four days after the operation had been performed, assuming the true character of the vaccine pustule, and following the same march, with this sole difference, that the duration of the secondary eruption was sometimes two days later than that of a true primary one.

The formation of the pustules was always attended by a secondary fever, and they did not fail to leave a well-marked cicatrix behind them.

The column of incomplete vaccine embraced those in whom the punctures were covered with pustules on the second or third day, but these always assumed an irregular form, terminating in a sharp elevated point, were filled with a dirty yellow serum, and faded on the sixth or seventh day, without being attended by fever, or leaving any trace on the arm.

From the foregoing trials it will be perceived, that of *eighty-six* individuals re-vaccinated, twelve presented examples of a second eruption, so regular and perfect, that it was impossible to distinguish it from the primary vaccine.

Perhaps it may be here objected, that the first vaccination was imperfect and ill done. But M. Lurott affirms that two-thirds of these patients, at least, presented vaccine cicatrices so deep and well defined, as to leave no doubt of the efficacy of the primary operation, "and we are entitled," to use the language of the London Lancet, from whence, by the way, this part of our report is taken, to conclude with him, (M. Lurott,) "that these individuals exhibited examples of two distinct and perfect eruptions of vacciola."

As to the interval of time which elapsed between the two operations and the results which follow from this portion of the table, M. Lurott observes:—

Firstly; That before the age of ten years, re-vaccination has never, in his hands, produced any thing but false vaccine. He has never been able to develope a true and complete eruption when the interval between the two operations was so short.

Secondly; That above the age of ten years, re-vaccination has, in a certain number of cases, completely succeeded.

The proportion of cases in which the operation gave rise to a second rupture, seems in a direct ratio with the interval which elapses between the first and second vaccinations: the longer the interval, the greater the chance of success. Thus, in some cases, the first vaccination which we performed, in the language of M. Lurott, although perfectly well done, has only a preservative effect of a temporary nature, and is limited to a certain number of years. This seems to be the true solution of the question: But what is that limit?

Here our answer cannot be too precise, for it varies according to individual constitu-

tion; but from the experiments of M. Lurott, the effect would seem to last for at least ten or fifteen years after the first vaccination.

A question proposed by the French Academy of Medicine, and which has not yet been satisfactorily answered, has also been investigated by M. Lurott, though, perhaps, in a limited degree, viz: Will the vaccine matter taken from the pustule of a secondary eruption, produce a true primary vaccine disease?

The author answers in the affirmative, on the faith of some experiments, one of which we quote, as it seems very decisive.—

Mademoiselle Bourguignor, aged nineteen years, who had been vaccinated, for the first time, at the age of seven months, the traces of which were exceedingly well marked on both arms, was re-vaccinated in November, 1832. On the seventh day after the eruption, the left arm exhibited pustules of a complete eruption: a few drops of matter were extracted from these, and a portion was introduced, on the same day, into the right arm of a healthy child four years of age;—six punctures were made. A quantity of virus taken from another child who had been vaccinated for the first time, was introduced into the left arm of the same infant, by an equal number of punctures. The boy thus vaccinated in both arms, was brought to M. Lurott for examination on the seventh day. The vaccine pustules were equally perfect on both sides. The progress of the eruption for both was exactly the same, and the cicatrices which remained were as deep on one arm as on the other. The virus collected separately from both sets of pustules, was afterwards inoculated into different individuals, and gave similar results.

From these and other facts bearing directly on this subject, we are entitled to conclude that re-vaccination furnishes a matter as efficacious as that produced by a primary vaccination.

Indeed, we have the analogy of small-pox to support this fact; for experience too often shows that a varioloid may give rise to the development of a confluent small-pox, whether the individual be vaccinated or not.

In the language of the Lancet, "there is some foundation, therefore, for the opinion which begins to prevail among the public, that the preservative effect of vaccination is only temporary, at least in a certain number of individuals; but this, fortunately, does not diminish its value as a prophylactic, for we have it in our power to repeat the operation whenever circumstances may seem to require it."

The Canton of Bischwiller comprises about 25,000 inhabitants, and of these the greater part have been from time to time vaccinated, it is said, by physicians appointed under the government: the number vaccinated may amount to one-thirtieth of the whole population. In 1832–3, small-pox broke out in this district, and attacked 439 individuals, of whom 93 were not vaccinated, and 346 were. Now, on examining these 439 patients, with regard to their ages, we find that 103 were less than ten years of age, 146 from ten to twenty, 156 from twenty to thirty, and 34 from thirty to forty.

The result to be drawn from this comparative statement of ages, is interesting and instructive. The class embracing children below ten years of age, is the most numerous in a population, and contains the greater number of non-vaccinated individuals. Yet the amount of patients in this class is one-third less than in the two following. Whence this difference? The answer must be found in the modifying effects of time, or the preservative power of vaccination. During the eight or ten years which succeed the first vaccination, the preservative effect of the matter is most complete, and gradually loses its influence with succeeding years.

After the age of thirty or thirty-five, the number of patients with varioloid is comparatively insignificant, because after this age the disposition to contract small-pox is very feeble, and hence re-vaccination is not so necessary for those advanced considerably in life, as for the young and middle-aged.

The illustrious Hufeland says, that varioloid attacks, almost exclusively, adult subjects, or those who had been vaccinated some ten or twenty years before; and this fact arises, he says, from the vaccine losing its effects upon the human system after that time, he therefore advised re-vaccination after ten or twenty years.

In corroboration of these views, it may be mentioned by one of your committee, that the persons affected with varioloid in Utica, in the years 1832–3–4 and 5, were those who had had the vaccine disease some fifteen or thirty-five years before; and that there was scarcely a single case in which the disease appeared within ten years from the time of vaccination. Several cases among adults from the age of *twenty-five* to *forty-five*, were seen by one of your committee, and were found to be well marked cases of varioloid, but not a single one where vaccination had been performed within ten years; and in the numerous cases of vaccinia in adults from second vaccination, the virus taken from those subjects produced upon unprotected persons, well characterised cases of the true vaccine disease.

Dr. Stosch, of Berlin, informs us, that forty pupils in an establishment for instruction at Berlin, who had been vaccinated in infancy, took the varioloid in its well defined form, and, in several instances, in its most violent character. The cicatrices from vaccination were all well marked, and all those affected were between the age of fifteen and

twenty, and among these the oldest had the disease the most violently.

Dr. Gregory, too, assures us that he rarely knew a case of varioloid to occur in a person under the age of ten years—in other words, within ten years from the period of vaccination.

The chairman of your committee having had charge of several patients with small-pox in Utica, eleven years ago, used the precaution, being called to attend them, to vaccinate himself.

He had been inoculated with the vaccine at the age of fifteen, and had, as he supposed, well marked scars on each arm. Nevertheless, he took the disease and experienced all the constitutional disturbance which usually attends the vaccine, and had three well formed pustules, from which he took matter, and vaccinated two unprotected children, who also took the disease effectually. Since that time he has re-vaccinated at least one hundred protected adult persons, and, as in his own case, he tested the quality or purity of the matter by vaccinating unprotected children.

A medical gentleman called upon him a year ago, to obtain some vaccine matter; and, on being requested to go and select some for himself, from a child ten months old, which had then been vaccinated in each arm with two kinds of matter, nine days before, the gentleman gave the preference to the set of pustules in the arm, vaccinated with virus taken from the arm of Mrs. G——, aged 35 years, who had had the vaccine in childhood. Her arm exhibited well marked scars.

It should, moreover, be stated, that the operator, in vaccinating the child, used two new lancets, to avoid any mistake in regard to the two kinds of matter—one in vaccinating one arm with virus taken from Mrs. G——'s arm, and the other lancet in inoculating the other arm with matter taken from another child, from a first vaccination.

A few cases of varioloid, as it appeared in Utica, will now be mentioned.

Case 1.—W. T., aged about 44, had been vaccinated at eight years old. He has well marked scars on his left arm: sickened in May, 1834; fever and severe pain in the head for about a week, when the eruption of varioloid appeared pretty generally over his body; symptoms progressed regularly; fever and pain of head so severe as to require two bleedings.

Case 2.—P. T., aged 17, in same family, had been vaccinated at four years old; sickened two weeks after the above case appeared: a well marked case of varioloid.

Case 3.—M. S., aged 50, had been vaccinated at fifteen years of age; sickened in May, 1835; fever; redness of face and eyes, resembling an erysipelatous affection; five days from the attack, varioloid eruptions appeared, and it proved to be a severe case of varioloid.

Case 4.—A. C., aged 38, had small-pox in Wales in infancy: this was a severe case of variola.

Case 5.—C. B., female, aged 34, had been vaccinated at six years of age: after an illness of seven days, she was found to have varioloid.

Case 6.—T. W., female, aged 15, had been vaccinated in childhood: a well defined case of varioloid.

Case 7.—W. C., aged 13, had been vaccinated in infancy: a well characterised case of varioloid.

Case 8.—W. C., aged 20, was vaccinated in childhood: had a severe attack of the varioloid.

In all these cases there were observed to be well formed scars from vaccination. Several similar cases might be narrated, were it necessary, and did time permit.

Much having been said in respect to the vaccine becoming degenerated or injured by eruptive diseases, and some other causes, we think it right to quote M. Bousquet's opinions on this subject. According to him, true vaccinia possesses all its properties from the instant of its formation, and preserves them until the eighth or tenth day. He doubts whether the vaccine virus can be degenerated, or injured by physical irritation, or even by cauterization of the part in which it was inserted. In his opinion, it possesses but one quality which never changes in different subjects. He says, "It is not true that eruptive diseases affect its quality or purity in any manner whatever. Small-pox, and even the virus of syphilis itself, have no effect in impairing the efficacy and purity of the vaccine matter." He assures us that the various experiments which have been made, prove conclusively that the vaccine virus has never been known to carry the poison, or be affected in any manner with the virus of any other disease whatever.

We may here remark, that false vaccinia differs very widely from the true, in its characters and progress. It begins by the first or second day, and is developed with such rapidity, that it attains its height by the time the genuine begins to show itself, the pustule presents no centraldepression, is without the silvery lustre, and has no elevated rim; it rises quickly to a point, and this becomes crowned with a yellow or dirty layer, which bursts, and gives out a single flake of matter. This, when dried, resembles gum in appearance. All this is accomplished in eight or ten days, at farthest. There is now very

little doubt that the spurious vaccine is owing to matter two far advanced, or to the resistance offered by the economy from previous vaccination or variolation.

It is now about forty years since the discovery of vaccination by the philanthropic Jenner.

Before the vaccine disease had come fully in use, its efficacy as a prophylactic against small-pox, was tested in several thousand instances by inoculation with variolous matter, and as scarcely an individual was affected by that disease, the medical public were therefore led to repose the most perfect confidence in the protective virtues of the vaccine disease, and very naturally entertained the hope, that at no very distant period, that most loathsome distemper would be banished from the earth. Such continued to be the pleasing anticipations of many of the medical profession, until within the last few years.

The public, and even the members of the profession, have been much puzzled with the question—"What is the varioloid?" By some it is regarded as a distinct disease from small-pox, while others consider it as merely a modification of that disease.

Without entering into a detailed account of this matter, there are indubitable facts, derived from personal observation and practical experience, which warrant us in regarding varioloid as a mere modification of small pox, producing, in persons unprotected, genuine variola: indeed, in a few instances it has been known to produce the confluent form of the disease, and even death.

The importance of vaccination is urged by Dr. John Bell, in his dissertation on the question—"To what extent has the vaccine disease been found to be a preventative of small-pox?"

He says, "that reason and probability are highly in favor of the truth of Dr. Jenner's opinion, that the security which vaccination offers is in direct proportion to the degree of perfection of the vaccine process; and that, in consequence, it is advisable to re-vaccinate as long as any effect is produced." This dissertation, it will be remembered, obtained the Boylston prize for the year 1825.

Had Dr. Jenner's advice been followed, your committee are of the opinion, that small pox and varioloid would have been much less frequent in Europe and our own country.

Nevertheless, the blessings of vaccination have been incalculable. From all that can be learned, in regard to the main duration of human life in Europe and our own country, it seems that five years have been added within the last quarter of the present century. In 1806, the average duration of human life was twenty-eight years; it is now thirty-three years, there is therefore a gain of five years.

Now we hesitate not to say, that vaccination has contributed more towards this happy result than any other thing or measure which has occurred in our day. Up to the time of the discovery of that happy prophylactic, not less than one-tenth of the whole human race is supposed to have fallen victims to the devastating effects of natural small-pox. Thirty-six thousand persons died in England of that disease in one year, only three years before the discovery of vaccination. By the introduction of vaccination, the most fatal risk to childhood has been banished—thus prolonging the term of existence; and to persons endowed by nature with a good constitution, it affords the means of long life, by removing one great cause of its termination.

In conclusion,—the experiments and observations made by some of the members of your committee, are in conformity with the statements of M. Lurott and M. Bousquet, and hence they feel themselves justified in coming to the following conclusions:—

Firstly; That what has been termed varioloid, is, in fact, small-pox, capable of conveying that disease to persons who have never been protected; and that the degree of modification depends upon the diversified differences in constitution, and the greater or less influence effected by the previous vaccination.

Secondly; That some individuals are more affected by the vaccine virus than others;—that there is strong reason to believe that its protective power is frequently injured or destroyed by time.

Thirdly; That vaccination is a complete protection against small-pox, when the system is fully under the influence of the vaccine disease; but that the best evidence of this influence is to be found in resorting to re-vaccination, until it no longer produces any effect upon the system.

With these views of the subject, your committee would respectfully advise re-vaccination, not only in all cases of doubt, but in all instances where persons have been originally vaccinated in infancy or youth, believing that if this practice should be generally adopted, and proper precautions used in procuring pure vaccine matter, that most loathsome disease would be, in a great measure, if not entirely, banished from the world. All of which is respectfully submitted. JOHN M'CALL, Chairman, JONATHAN EIGHTS, WILLIAM BAY, T. ROMEYN BECK.*

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* Small-pox, varioloid, vaccination, &c. being of such vital importance to the whole human family, we make no apology for publishing the entire report of the committee appointed by the State Medical Society, "to examine into the causes of the frequent occurrences of varioloid or small-pox," and we believe that our readers will feel as we do, much obliged to the gentlemen forming the committee, for their able and satisfactory report.

While on this subject, we beg leave to call the attention of the profession to a paper (published in our last volume—page 264) on the failures of vaccinations, by Dcotor Eights, of Albany. By proper attention to the two communications under consideration, much of the mischief we daily hear of might be avoided.—*Eds.*

ART. III.—*Report of Medical Cases in the New-York Hospital.* By N. SHOOK, M.D. Resident Physician.

TYPHUS FEVER.

The following cases of *Typhus Fever* occurred among a large number of emigrants who arrived at New-York, from Ireland, in the latter part of May, 1836. They were landed from the two vessels, Garonne and Caravan. On board the Garonne were two hundred passengers, of whom two-thirds were laboring under typhus fever at the time the vessel arrived. Fourteen of these were received into the New-York Hospital, circumstances being such as to prevent the admission of a greater number. These cases were noted for their violence and duration, and the most of them were complicated with consecutive diseases. Of the fourteen cases, three terminated fatally: the remainder were discharged cured.

History and Cause.—In giving the history of these cases, it will be necessary to relate the *origin* and *cause* of the fever. It is generally called *ship fever*, and has some peculiarities worthy of notice. The ship Garonne left Liverpool with two hundred emigrants, about the 20th of March, and arrived at Amboy, New-Jersey, on the following 26th of May. The fever broke out before she had been at sea one month, attacking those of middle age, but not the young. The demand for water among the sick became so urgent, that the captain was compelled to make for land, and obtain a fresh supply. The only accessible land was a small island, from which twelve hogsheads were obtained, but it was water of the most filthy and offensive character. Of this the sick were allowed to drink freely. During the voyage no provision was made for their comfort or attendance: they were confined to two apartments, with little or no ventilation. Under these circumstances, when the vessel arrived at Amboy, about two-thirds of the passengers were sick with typhus fever. Their clothes had not been changed since their departure from Ireland: no attendance of any kind was given them; their provisions were nearly exhausted, and of bad quality, added to which, the voyage was unexpectedly protracted. Thus, it is not to be wondered at that typhus infection should be generated, for here were combined the most productive sources of disease. Authors upon the subject of miasmata affirm, that the miasm which arises from the decomposition of human effluvia, is of the most virulent kind; and that that acquires a *peculiar virulence* which is generated and long retained in crowded, filthy, and confined apartments.—Those who were seized with the fever immediately lost all muscular power, and became delirious. Some of them died at sea. In this awful condition they were landed at Amboy, without any provision being made for their relief. Those who did not die at Amboy, found their way to the city, some of whom were admitted at Bellevue, and the number specified above were received in the City Hospital.

There were two striking peculiarities in this ship fever, and, upon inquiring concerning the cases attended in the city, and those at Bellevue, I find that the same symptoms characterized the most of them. These were *raving, dilirium, and deafness.* Throughout the whole course of the disease there was great determination of blood to the brain, and almost entire deafness during the stage of excitement. As that stage passed, hearing immediately began to be restored. During the period of excitement, the patients were uncontrolable, raving with delirium, constantly talking or yelling, and extremely restless; and in this stage, during the whole course of the fever, which continued from eight to twelve days, it was necessary to restrain them in the bed by mechanical means.

Treatment.—That typhus fever, whether simple or inflammatory, is a disease which is always associated with great debility and exhaustion of the vital energies, cannot be denied, but it is incorrect to believe that it necessarily requires the use of tonics and stimulants. The vital powers are debilitated by the influence of the remote cause of the disease, but this should not prohibit antiphlogistic remedies. Inflammation of some important organ may exist, and, if increased by stimulants, become an additional source of debility, and also immediately endanger the life of the patient. The sudden debility with which robust persons are affected, when attacked with typhus fever, is not incompatible with inflammatory action, and danger need not be apprehended from a judicious employment of antiphlogistic treatment. When typhus fever is attended with local inflammation during the stage of excitement, which is the case when this stage is somewhat prolonged, local depletion is of great service.—Much caution is, however, necessary in the use of depletory treatment, for there is always a great tendency to prostration and exhaustion. In regard to the cases in the New York Hospital, the success of depletory treatment exceeded expectation. Tonics and slight stimulants were used in but four cases, three of which terminated fatally. Of these, one was admitted in the stage of collapse, and died the second day after admission. One case of the whole number was attended with iritis, one with amaurosis, four with pneumonia, the remainder with more or less inflammation of the brain. It may be observed, that all the patients who died were landed from the Garonne.

CASE 1.—*Typhus Fever and Amaurosis.*—*Edward McElway*, aged 21, was admitted

into the New York Hospital, June 1st, 1836, with the following

Symptoms.—The stage of excitement was characterized by great prostration of strength —fretfulness; anxiety, and constant desire for drink: the head heavy, confused, and vertiginous; face flushed; eyes congested; lips parched; tongue dry, and covered with brown sordes; teeth and gums are also partially covered with sordes; skin hot and dry; pulse feeble, rapid and irregular; urine scanty, and highly coloured; abdomen distended, and somewhat painful upon pressure; bowels free, the discharges being thin and of a yellow colour; the patient regardless of surrounding objects, and remarkably deaf.

History.—McElway was found in the street, lying upon the pavement, and was thence conveyed to the Hospital; at which time the symptoms above mentioned were apparent. As he could give no account of himself, it was impossible to ascertain the length of time he had been ill, I learned, however, from the passengers of the Caravan that when the vessel arrived, he left apparently well, complaining only of pain in the head. This was four days before his admission into the Hospital. This case goes to confirm the information I received that such of the passengers as escaped the fever on board the vessel were attacked immediately after landing.

Treatment.—June 1*st*, 1836, *P. M.*—The patient remained quiet in bed about two hours after admission. Raving delirium then came on, and it became necessary to restrain him. In this condition he remained with slight remissions of the fever in the forenoon, until the 10th inst. During this time he was almost constantly restrained in bed, and suffering to an intense degree the above named symptoms. The treatment was strictly antiphlogistic; venesection at first, ℥ xii, after which calomel and the pulv. antimon. were given in small and frequently repeated doses. Cups were applied to the temples, though but a small quantity of blood was taken at a time—to this succeeded cold affusion to the head, and blisters to the neck. He was allowed effervescing draughts, and a diet of gruel and arrow root.

9*th Day.*—On the 9th day, the symptoms continuing the same, the following prescription was directed by Dr. Delafield. ℞ pulv. gum camph. gr. L. Pulv. Opii gr. iii. M. ft in pulv. No. x. Cap. un. qu. hora. These powders were commenced on the 9th, P. M., with directions to continue them until sleep was induced, the patient not having slept for several days.

10*th*, *A. M.*—Patient much improved, has taken all the powders of Camp. and Opium; slept the most of the night, and can answer some questions; tongue moist, and clean at the edges; excitement of skin and pulse diminished; slight moisture upon the face and hands; discharges from the bowels unaltered. From this time the patient continued to improve. During convalescence he was directed to use snake root infusion; effervescing draughts and Dover powder at bed-time. The bowels were kept open by an occasional dose of Castor oil. Diet, barley water, gruel, and arrow-root.

13*th.*—On examining the eyes I discovered both pupils dilated and immovable, the patient could not see the finger when passed before them; and complained of dull aching pain across the forehead. The symptoms of typhus had, for the most part, disappeared. Treatment was now commenced for the Amaurotic affection, viz., cupping to the temples; followed by blisters. The blisters were often repeated, and applied alternately to the temples and behind the ears.

20*th.*—The sight has gradually returned, but the pupils remain somewhat dilated. The patient is subject to occasional attacks of pain in the head, dizziness and vertigo. A blister was applied to the nape of the neck and kept irritated by savine ointment.

26*th.*—Convalescent.

July 1*st.*—Discharged cured.

Case II.—*Typhus Fever, with Bronchitis and Iritis.—Julia Scroley*, aged 23, married, was admitted May 27th, with the following

Symptoms.—During the stage of the excitement great prostration of strength prevailed, the countenance was anxious, and expressive of great exhaustion; the face flushed: the cheeks of a dusky redness; eyes heavy, suffused, and watery; lips parched; tongue dry and harsh, but not much coated; protruded with difficulty; thirst urgent; skin hot and dry; heat universally diffused over the whole body; disinclination to mental or corporeal exertion; pulse 100, and somewhat resisting; great deafness; bowels free; abdomen distended, and somewhat painful upon pressure; no discharge of urine in 24 hours.

History.—This patient landed from the Caravan on the 26th May, 1836, was attacked with fever May 23d, and was admitted into the N. Y. H. May 27th. According to the statement of her friends, the disease was ushered in with aching pains in the head, back, and extremities; and with bilious vomiting. Great prostration of strength immediately ensued. Since the commencement of the fever, she has remained in a stupid state. No treatment was attempted.

Treatment.—May 27*th*, *P. M.*—The symptoms at the time of admission indicated the commencement of the stage of excitement, without any local determination. At bed-time Calomel gr. x. were given.

May 28*th*, *A. M.*—Symptoms the same—H. Ol. Ricini ℥ 1. H. Spirit. Nitr. dulc. ℥ 1.—Cap. Coch. parv. ter. in die. Diet, arrow-root.

29*th. A. M.*—Symptoms unaltered. Treatment continued, with the addition of cups to the temples, and cold affusion to the head.

June 2*d*—being the 10th day of the disease,

and 6th of the stage of excitement. The exacerbations towards evening were of a more violent character; the patient exceedingly restless; moaning and delirious towards evening. This day symptoms of Bronchitis supervened: and though only the effect of the great and protracted vascular excitement of the general disease, required immediate and distinct attention. The patient was now directed the following. ℞. Proto Chlor. Hydr. ℈ i. Pulv. Antimon. gr. xv. M. Ft in pulv. No. x. Capt. un. qu. tert. hora. In addition a blister was applied to the chest.

June 3d, A. M.—Found the patient asleep: the skin moist; pulse 100, and less excited; tongue moist at the edges; sordes about the teeth disappearing. The Cal. and Ant. continued.

P. M. Patient improving,—the teeth and tongue indicated the effect of Calomel on the system, and was therefore discontinued. Bronchial affection diminishing. Spts. Nitr. dulc. continued.

4th, A. M.—Patient improving; the tongue clean and moist; skin, moist; urine copious; discharges from the bowels abundant, and of a yellow colour. From this time the patient continued to improve. Snake root tea was given; and arrow root and gruel as diet.

12th.—Patient still improving; the fever has disappeared, but Iritis has supervened. During the febrile excitement, both eyes were much congested; as it subsided, the left eye improved, but inflammation occurred in the right, and became gradually worse until the Iris was involved in the disease. Although the patient was extremely feeble, and mercury had been employed until the secretions of the system where affected, the present affection rendered it necessary to resort again to the mercurial course. Dr. Delafield therefore directed the following ℞ Protochlor. Hydr. ℈ i. Pulv. Opii. gr. iv. M. Divid. in pill. No. x. Cap. un. ter in die. The powders were continued until the mouth was slightly affected. Cups were applied to the temples. Immediately the inflammation yielded, the eye recovered, and

July 1st, the patient was discharged cured.

Case III.—*Typhus Fever and Bronchitis.*—*Michael Nonen*, aged 25, admitted May 20, 1836.

Symptoms—Total prostration of strength; patient lies comatose, muttering inarticulate words; heat of skin excessive; that of the head and chest being greater than of the other parts of the body; face flushed; cheeks of a dusky redness; eyes suffused and watery: lips dry and parched; tongue dry and covered with a dense dirty white fur; teeth covered with sordes; can neither speak nor be roused; pulse 100, with considerable tension and fullness. The pulse not corresponding with the extreme prostration and exhaustion which were present, I was induced to examine the patient more minutely; and upon applying the stethoscope to the chest, the local affection was at once detected, though the patient had neither cough nor expectoration. The sibilant and mucous rhonchus could be distinctly heard throughout both lungs. In some parts of the right lung the sibilant rhonchus was audible without the instrument at 6 and 10 inches from the chest. At times the rhonchus resembled the cooing of a dove, or the clicking of a valve, and was sometimes distinctly whistling; dry mucous rhonchus on both sides of the chest. Percussion over the right lung gave a dull sound, both anteriorly and posteriorly. Over the left it was more clear. In no part of the chest could the natural respiratory murmur be heard. The patient appeared too feeble to cough and expectorate the thickened mucus which was clogging the small bronchial tubes.

History.—When this patient was admitted he was unable to give any account of himself. His friends reported that he had been sick for six days, and was attacked on board the Garonne, which arrived two days before his admission.

Treatment.—May 20th, P. M.—The general symptoms strongly indicated the use of stimulants, but the local inflammation was of so important an organ, that I determined cautiously to apply cups to the chest, and one to each temple, taking about ℥ vi. of blood. Immediately relief was the consequence, and warranted by this result, the following was directed: ℞. Tinct. Sang. Canad. ℥ i.—Autimon. Tartr. gr. iii. Aquæ Glycyr, ℥ vi. M. Cap. coch. mag. qu. hora.

Evening.—Patient improved. Expectorated a small quantity of thick glutinous mucus, like jelly. Countenance better; said he felt better.

21st, A. M.—Patient much better; expectoration free; febrile symptoms unaltered; pulse more full and slow. The same treatment was continued, with the addition of a blister 4 × 8 to the chest. and cold ablution.

P. M.—The respiratory murmur audible in most parts of the chest; the rhonchus but little altered.

22d—Passed a restless night, with febrile exacerbation and some delirium; the bowels not moved since the 21st, when the evacuations were dark and fluid. Calomel gr. x. were given, followed after eight hours by Castor Oil ℥ i.

23d.—Fever abated; tongue moist at the edges; sordes about the teeth disappearing; skin moist; copious discharge of urine during the night. ℞. Tinct. Sang. ℥ ii. Antimon. Tart. gr vi. Aq. Glycyr. ℥ vi. M. Cap. coch. mag. qu. hora. Diet, arrow root and gruel.

24th.—Patient still better.

28th.—Treatment discontinued. Upon examination of the chest a clear respiratory murmur was every where audible; the rhonchus had disappeared. Percussion gave a clear

sound; tongue clear and moist; skin moist, though a little excited. The patient was allowed the diet of the ward, and continued to convalesce, was

June 4th—discharged cured.

Case IV.—*Typhus Fever and Pneumonia.*—*Mary Conley*, aged 23, admitted May 24th, in stage of collapse.

Symptoms.—Total prostration of strength, countenance dejected, sunken and inanimate; muttering delirium, and mind wandering; tongue dry, cracked, and covered with brown sordes; lips dry and parched; voice faint: respiration short, quick, and anxious; skin dry, with burning heat, that of the chest being much hotter than any other part of the dody; deafness; pulse 90, and somewhat resisting, not the thrilling feeble pulse usual to the collapse of simple typhus; abdomen tumid and painful upon pressure: peculiar fœtor of of the body, with restlessness and tendency to slide down in the bed. Pressure over the chest gave pain, and with the aid of the stethescope, crepitous rhoncus could be heard in the anterior part of the right side, and bronchial respiration in the posterior inferior region of the same side; percussion dull. On the left side the respiratory murmur could scarcely be heard; no rhonchus; percussion clear.

History.—This patient was attacked the 12th of May, on board the Garonne, which arrived the 18th inst. She was received in New-York Hospital, May 24th. During this period the disease was allowed to progress without any remedial treatment having been offered.

Treatment.—In this case it was necessary to resort to tonics and stimulants immediately after admission. Wine whey and arrow root were freely given; sinapisms were applied to the feet, and a blister to the chest. Though stimulants were liberally used, the symptoms of prostration progressed, and the second day after admission the patient died. A post-mortem examination could not be obtained.

Case V.—*Simple Typhus Fever.*—*Catherine Conley*, aged 16, admitted May 24th, 1836, in the *premonitory stage* of Typhus Fever.

Symptoms.—Lassitude; aversion to either mental or physical exertion; peculiar expression of dejection and weakness; heaviness, and giddiness in the head; aching pain in the head, back, and limbs; cramps in the loins, and calves of the legs; pulse slow, irregular, and struggling; skin a little above the natural temperature; tongue moist, and coated with a thin white fur.

History.—C. Conley was admitted with case 4th, the 24th May. She left the vessel without the least symptom of fever, nor did she experience any indisposition until the 23d inst. Though exposed to the same infection and to the same deprivation, she was enabled to resist, by her strength of constitution, their influence, until overcome by fatigue, from constantly watching and attending her sister.

Treatment.—May 24th, P. M. Immediately after admission, the patient was directed a hot bath, and the following emetic: ℞ antimon. tart. gr. i. Pulv. ipecac. ℈i. M.

Evening.—The skin was in a state of free perspiration. ℞. Proto. Chlor. Hydr. Pulv. Antimon. aa ℈i. M. Divid. in Pulv. No. x. Cap. un. qu. tert. hora.

25th. A. M.—Symptoms but little altered, the bowels had been freely moved by the medicine, Cal. and Ant. continued, together with cold affusion to remove the morbid heat and irritation of the skin, and restore its natural functions. Diet, thin arrow root and barley water.

26th.—Patient improved, countenance better, skin slightly moist, urine less highly colored, heat of the skin diminished, the bowels freely acted on by Cal. and the medicine discontinued. H. Spirit. Nitr. dulc. ℥i. Cap. coch. parv. ter. in die.

27th.—From this period the patient recovered strength without the use of medicine, and

June 15th.—Was discharged cured.

Art. IV.—*Case of Poisoning by Arsenic, effecually treated with the hydrated peroxide of Iron.* By J. R. Chilton, M. D., New York.

The patient was a young lady, who had been in the habit of taking calcined magnesia for heartburn. A paper containing powdered white arsenic, labelled, had, without her knowledge, been placed for safety in the same drawer in which she kept the magnesia. She opened the paper containing the arsenic, without seeing the label, and put about a tea-spoonful of it in her mouth in the dry state, (the way she usually took the magnesia) and did not perceive her mistake till after she had swallowed, as near as could be ascertained, a fourth part of it.

About 15 minutes had elapsed from the time she took it, till I saw her. An emetic of ipecac had been administered, which only caused her to throw up a little watery matter.

I found her with her strength much prostrated and complaining of a burning sensation at the stomach, and a feeling in her throat as if she would be suffocated.

It rather singularly happened that at the time I was called to see the case, I was engaged in preparing a quantity of the oxide of iron, to have it in readiness to test the beneficial effects which have of late been attributed to it, in such cases. I took with me about an ounce of it, while yet moist on the

filter, and mingled it with water, and gave her half of it; finding that the stomach retained it, I gave the other half, and commenced kneading the abdomen over the region of the stomach, under the idea that as the stomach was in a torpid state, and the oxide of iron being insoluble in water, and of great weight, it would soon settle to the lower parts, and therefore there might be particles of the arsenic lodged in the coat of the stomach which would not otherwise come in contact with the preparation. This kneading, although it caused considerable pain, was persisted in for some minutes, after which she was allowed to remain quiet. No unpleasant symptoms followed, until about four hours after, when she complained of griping pains in the bowels. I administered a dose of magnesia, which operated freely; and the next day found her free from pain, and only laboring under a little debility, which in the course of a day or two she entirely recovered from.

REVIEWS.

Art. I.—*Mémoire sur une Manière nouvelle de pratique l'Opération de la Pierre.* Par le Baron Dupuytren. *Terminé et publié par* L. J. Sanson, Chirurgien de l'H tel Dieu, &c., *et par* L. J. Begin, Chirurgien en chief à l'H pital Militaire de Strasbourg. &c. *Avec dix Planches.—Paris.* 1836. Grand Folio. Pp. 50.

Memoir on a new Method of Cutting for the Stone. By Baron Dupuytren. *Completed and published by* L. J. Sanson *and* L. J. Begin. *With ten plates.* Grand Folio. *Paris and London,* 1836.

There is no bodily affliction to which the attention of the surgeon has, during all ages, been so constantly directed as stone in the bladder; and there is no operation which has been so variously performed, or upon which so much skill and inventive faculty have been brought to bear, as that for its removal. From the period of Celsus, who described the operation of lithotomy as it was performed by Ammonius of Alexandria and Meges at Rome, down to the present time, there will hardly be found a surgeon or a medical writer of any celebrity who has not devoted some of his pages to this subject. Instruments have been heaped upon instruments, varying in number and complexity, from the simple knife employed in the older times for cutting on the gripe, to the chest of tools which accompanied the surgeon who extracted the stone according to what was called the "apparatus major;" a name which doubtless became associated with the operation in consequence of the multiplicity of instruments made use of in the performance. The bladder has been successively assailed from all sides, and attacked at every point which offered the remotest chance of penetrating to the interior. Cautious timidity, doubtless the offspring of immature knowledge and reckless temerity, the result of utter ignorance, seem by turns to have directed the hand of the surgeon. At one time the seat of mischief was approached with all the slowness and foresight of a wary general, desirous of securing the fortress with the least possible injury to its wall: at another, it was stormed with violence, and carried by a *coup de main,* which, while it succeeded in dislodging the enemy, involved the ruin of half the citadel which had contained him.

It is rather a curious fact, that the particular mode of operation which forms the subject of the work now before us should be almost identical with that described and recommended by Celsus, nearly two thousand years ago. The Baron Dupuytren, in a short memoir on the history of Lithotomy, declares his "new method" to be nothing more than a revival of that which was first promulgated at Alexandria and Rome, somewhat modified indeed by the result of his experience, and reduced to scientific principles by a more accurate knowledge of anatomy.

The Essay, to the consideration of which the succeeding pages will be devoted, was never completed by the Baron, although in the press at the time of his death. An extract from his will, which appears in the title-page, tells us that he appointed MM. Sanson and Begin to bring it before the public. It is therefore the more valuable as being the last of his literary labours, as containing his ultimate opinions, and embodying the results derived from the experience of a whole life. We hasten, therefore, to lay before our readers a condensed view of the memoir, using, as far as our limits will permit us, the author's own words in all the more important passages.

The attention of M. Dupuytren had long been directed to the operation of lithotomy. Dissatisfied with the large average of deaths which followed the removal of the stone, ac-

cording to the ordinary methods, he applied himself earnestly to the task of investigating the causes of so many fatal results; of comparing the relative advantages embraced by the various means which had been resorted to from time to time for the extraction of calculus, as well as the objection to which each was liable; and of ascertaining whether a safer, surer, and a more expeditious mode of entering the bladder might not be adopted; one that would supersede the lateral operation, and the corresponding section of the prostrate gland by the knife or single-bladed *lithotome cachê*, the instruments usually employed in France for that purpose. We shall pass over his observations on these subjects, which include an elaborate and very beautiful anatomical essay on the parts situated between the bladder and perineum, illustrated by superb engravings, in order that we may at once proceed to his description of the "*Méthode nouvelle*," which was the result of his investigations and experience.

"To incise the integuments, and cut through the superficial muscular and aponeurotic layers down to the urethra; to open the canal to a sufficient extent; to make a lateral division of the neck of the bladder and the prostrate gland on either side: these constitute the three principal steps of the new operation, which it was our object to render as easy, as certain, and as safe as is compatible with the existing degree of perfection in the surgical art. To accomplish this, it was necessary to review the instruments usually employed, and to introduce some important modifications of them. Our attention was first directed to the staff, the use of which is to render the canal of the urethra solid, conspicuous, slightly projecting, and easy to enter. The staffs in ordinary use, being too strongly curved, and too much prolonged beyond the curve, were found not to correspond exactly with the canal they were destined to traverse and to occupy.* Their deficiency in bulk, and the smallness of the groove, rendered it difficult to feel them with precision through the walls of the urethra and the soft textures which cover the canal. The consequence of these defects has been, that even skillful surgeons have occasionally found themselves embarrassed in the attempt to discover and open the urethra, or that the knife has missed the groove of the staff, by slipping over its side; or, again, that after its introduction, it has quitted the canal, and passed into the surrounding structures.

"The staff which we have adopted is made of wrought steel, and presents a curve rather more decided than that of the common 'algalies.' It is furnished with an ebony handle, the surfaces of which are rendered flat and rough, in order that it may not slip through the fingers of the assistant whose business it is to hold it. Towards the middle of the instrument, or just in the centre of the curve, it presents an enlargement continued along the extent of about two inches; and this enables it to fill accurately the urethra. The groove is large and deep, with its edges rounded, turned outwards, and as it were everted; so that it may be easily recognized by the touch, even through a considerable thickness of soft parts. The extremity of this instrument is rounded, and terminates in an olive-shaped beak, which enables it to slide smoothly through the urethra, separating the parietes of the canal by unfolding them, and thus opening a passage to the expanded portion which is to follow. Lastly, the groove is gradually reduced in size, until it disappears altogether towards the extremity of the staff: this is done to obviate an inconvenience which has sometimes accompanied the use of the common instrument,—viz. the arrest and retention of the lithotome at the sudden termination of the groove, so as to render its extrication difficult.

"There is no doubt that a convex bistoury, with a firm blade, will sufficiently answer the purpose of dividing all the external parts and opening the urethra. We found it, however, more covenient to employ a double edged knife, rounded towards the point, and with the blade fixed into the handle. Such an instrument makes a nearer section of the tissues, is firmer in the hand of the surgeon, and likewise enables him (when the point is once planted in the groove of the staff) to divide the urethra backwards and forwards, without removing it for the purpose of reversing the direction of the cutting edge.

It cannot be denied that the *lithotome cachê* of Frère Côme, or the *bistouri boutonné*, are either of them competent to effect the division of the neck of the bladder of the prostrate gland on both sides; but for this purpose they require a double introduction and a double manipulation, which not only prolongs the operation, but precludes the possibility of ensuring a symmetrical form to the entire incision, or giving it an equal extent on each side. A double lithotome is capable of obviating these important objections, because the two blades, separating from a common stalk, and expanding in the bladder, cannot fail (on its withdrawal,) to make, through the neck of the bladder and prostrate gland, a double incision, the precise limits of which may be accurately defined." (P. 23.)

The instrument made use of by the Baron in his latter operations, was the double lithotome, invented, or rather improved upon, by M. Charrière. A very minute and technical description of it is given in the text, which we may condense by observing that it con-

* It may be necessary to observe, that the common French staffs are much more curved and prolonged towards the extremity than those used for the same purpose in England. Even the reduction which M. Dupuytren has effected in this respect does not bring the instrument within the English standard, as may be seen by the plate which accompanies the memoir.

sists of two long narrow blades, folding upon each other, and concealed in a case which is slightly curved, and adapted, by its size and shape, to be passed along the groove of the staff into the bladder. Thus, the instrument is introduced through the urethra without injury to the parts, while a mechanical contrivance attached to the handle allows the blades to be expanded after it has been lodged in the bladder: they quit the sheath on either side, and, when separated, resemble the blades of a pair of scissors, with the cutting edges reversed. In this state, the instrument is withdrawn, and cuts its way out. The size of the opening produced, of course depends upon the extent to which the blades have been expanded, their degree of separation being indicated by an index.

Description of the Operation.—" The patient should be placed in the common position adopted for performing the lateral operation. At one period we imagined that the surgeon might retain the staff in the bladder with the left hand, while with his right, he cut into the perineum; but this method, which, perhaps, is feasible in the operation of Frere Jaques, and Frere Come, is not in the present instance to be recommended, as the left hand becomes necessary for the purpose of rendering the soft parts tense, and the left forefinger must be used as a guide down to the groove of the staff. After the presence and probable size of the stone has been ascertained by the staff, the surgeon should give to the latter a vertical direction; so that the straight portion of the instru ent may form a right angle with the axis of the body, while the curve should be kept somewhat elevated towards the symphysis pubis, rather than pressed downwards and backwards upon the rectum. A dexterous and trustworthy assistant should retain it precisely in this position. The surgeon, then, with a double-edged knife, makes a semi-lunar incision across the perineum, cutting through the raphe about six lines anterior to the anus, towards which aperture the concavity of the wound is directed. The skin, the subcutaneous, elastic, cellular tissue, the superficial perineal aponeuroses, and the connexion between the sphincter muscle and the posterior extremity of the bulb, should be successively divided to the same extent as the external incision, until the staff and its groove can be distinctly felt. During this part of the operation, the mind should never lose sight of the direction of the urethra, and its relative position with regard to the intestine. The knife should be carefully kept away from the anterior bulging surface of the gut, and should be made to pursue the direction of an imaginary line, extending from the anus towards the anterior surface of the bladder and the hypogastrium. In more than one instance, while operating on the dead subject, the knife, from being directed too much backwards, has passed into the posterior region of the urethroanal triangle, and pierced the rectum, instead of entering the urinary canal.

" The lower wall of the urethra should then be entered with the point of a knife, having a double-edged blade fixed in the handle; so that, by an easy motion backwards and forwards, the groove of the staff may be laid bare to the extent of about three or four lines. One important remark presents itself with respect to this incision: it is, that the point of the instrument should be carefully retained in the groove, in order to preclude even the possibility of its passing backwards, and denuding or perhaps piercing the rectum; the surface of which, at the apex of the triangle, comes nearly in contact with the prostrate and urethra.

" The nail on the fore-finger of the left hand, which has been retained in the wound, should now be introduced into the groove of the staff, where it serves as a guide for the lithotome, the blunt extremity of which passes with ease through the incision. The convexity of its curve should be directed backwards towards the rectum, so that, while the concave surface is applied to the staff, and accommodates itself to the direction of the parts, it may the more readily be slided onwards into the bladder. The well-known sensation produced by the immediate contact of two metallic bodies, informs us that the lithotome is well placed; the surgeon then seizes the staff with his left hand, raising it towards the pubes, and pushing its extremity more deeply into the bladder; while, at the same time, he introduces the lithotome along its groove.

" The staff should be withdrawn as soon as the flow of urine from between the instruments, and the striking of the calculus, indicate that this second step in the operation has been accomplished. The lithotome is then turned round, so as to direct its concavity backwards, and, after first using it as a sound for measuring the size and ascertaining the situation of the stone, the surgeon expands and slowly withdraws it from the bladder, at the same time gradually depressing the handle towards the anus, until the blades are completely disengaged from the wound. The instrument is thus made to pass over the projection of the rectum, and the possibility of the extremities of the blades approaching too near the walls of the intestine is altogether done away with.

" As soon as the lithotome has been withdrawn, the fore-finger of the left hand should be introduced into the bladder, for the purpose of measuring the extent of the incision, of ascertaining the condition of the parts, and, lastly, that it may serve as a guide for the forceps.—The finger should bear against the posterior wall of the incision, in order to prevent the possibility of the forceps being passed between the bladder and rectum; which accident has been known to occur.

" We should find a difficulty in expressing how greatly the subsequent steps of the operation, for the purpose of discovering, seizing, and withdrawing the stone, become simplified and facilitated, by adopting this method. If the foreign body prove soft and friable, the short and capacious passage allows us to wash out the bladder with copious injections of water, and thus to get rid of even the very smallest fragment that had been retained. It offers similar advantages in those not very uncommon cases, where, from the presence of several calculi, it becomes necessary to reintroduce the forceps, and

to repeat the manipulations for the extractions of the stones again and again.

"The details into which we have thus entered may be considered as affording sufficient evidence of the superior claims which this new method of operating possesses over that which has hitherto received the majority of favorable opinions." (P. 25.)

We shall pass over a short historical record, in which the author shows that he has but resuscitated and modified the old operation of Celsus, in order that we may proceed to the enumeration of the advantages which, in the opinion of M. Dupuytren, are to be derived from the bilateral section.

"1st. It is easier and quicker than most of the other methods, as well as equally safe.

"2d. The incision is made in the largest part of the lower outlet of the pelvis; a circumstance of such paramount importance in all operations for stone, that we may fairly estimate the comparative merit of different methods by taking into consideration the distance of the incision from that point; the operation being more or less eligible as it is commenced at a greater or less distance from the symphysis of the pubes.

"3d. It opens a more direct road from the surface of the perineum to the cavity of the bladder than any of the other methods, and very much facilitates the introduction and the manipulation of the instruments, the extraction of the stone, and the flowing away of the urine.

"4th. It is also better adapted for making an opening proportionate to the volume of the stone, and for extracting it without violence, dragging, distention, or laceration of the parts: it is therefore calculated to diminish the probability of sub sequent inflammation in the neck or body of the bladder, the peritoneum, the kidneys, the cellular texture, &c.

"5th. The prostrate gland can never be completely divided, however freely we may find it necessary to carry the incision through its substance.

"6 and 7th. While it affords the means of making a very large opening, the ejaculatory ducts are secured from all liability to injury. At the same sime it enables us to avoid the large vessels, and prevent the hemorrhage which so often supervenes on the lateral operation.

"8th. Lastly, it is applicable to all ages, to both sexes, and to calculi of every size." (P. 28.)

In this memoir we find two statistical tables; the one showing the result of 356 lithotomy operations, performed in Paris and its environs during ten years; the other exhibiting the issue of eighty-nine cases in which the new method, or bilateral section, was made use of. In the former table the number of deaths are sixty-one, or rather more than one in six; the latter presents a mortality of nineteen, or one in four and two thirds.

Were these tables to constitute our criterion for comparing the relative merit of the two operations, the "new method" would present any thing but a cheering prospect, and is certainly not much calculated to raise our opinion in its favour. It would not, however, be quite fair to submit it definitely to this test, more especially as the eighty-nine operations referred to were performed by various surgeons, all of whom might not be equally skilful, and consequently not equally successful in practising the bilateral section. But we cannot forbear expressing our disappointment, when we find that the advantages, which are so prominently brought forward and so highly extolled in the memoir, fall so short of our expectations, become so feebly maintained, or, it would be more accurate to say, are so palpably contradicted by the result of practical experience, as far as this has yet gone.

It is by no means our intention to throw down the gauntlet before the shade of this distinguished surgeon. We are convinced that our professional brethren will receive with gratitude the legacy bequeathed to them by so great a master; and those even, who, by a long course of practice in the operation for stone, may have fully satisfied themselves as to the best and most efficient method of opening the bladder, will pause, ere they reject as wholly inadmissible the evidence of such high authority. We might justly incur the reproach of national prejudice, of a deficiency in good taste and good feeling, did we attempt to impugn the experience of a long and active life; and it is with feelings of the most profound respect, combined with no small degree of diffidence, that we venture to criticise the opinions to which that experience has given birth. In the foregoing pages we have abstained from introducing any remarks of our own, convinced that we should best consult both the interest and the inclination of our readers by laying before them a condensed outline of the Baron's work, comprising all that is important as regards the operation itself and the advantages which it promises.

We were the more inclined to adopt this course, in the first place that we might do ample justice to the author, and again because the splendid and expensive manner in which the book is got up must effectually prevent it from enjoying a very extensive circulation. We may now, however, be allowed to make a few observations on a subject of so much importance, and perhaps to enter into a brief inquiry;

1st, as to the causes which render the ratio of mortality after lithotomy heavier in France than in this country; 2d, respecting the lateral operation itself, as it is performed by ourselves and by our French neighbours; and 3dly, whether the causes of death are diminished by the "Nouvelle Methode," or bilateral section.

At the commencement of the memoir, M. Dupuytren deplores the heavy average of deaths, which, according to his own statement, consists of one in every five or six patients who undergo the operation. It is to be regretted that the medical literature and records of our own country furnish us with very few similar tables whose accuracy can be depended upon: but we have no hesitation in stating our conviction that the sum-total of cases operated upon in England during the last twenty years would present a

rate of mortality less by one-third than that exhibited in the French report. According to the information which we have been able to collect on the subject, deduced partly from the registers of public institutions, but principally from inquiries among the most experienced lithotomists, the average number of deaths may be fixed at one in eight.

Mr. Crosse, in his late work "On the Urinary Calculus," has furnished us with the account of 704 cases which had been cut at the Norwich Hospital during a period of above sixty years. These present an average mortality of one in seven and about three fifths; and we are inclined to believe that the estimates of the distinguished surgeons who have operated there during the last twenty or thirty years, as well as those of most of the other skilful and successful lithotomists of this country, would display an average of success rather above than below the standard which we have fixed. We again repeat our regret for the scanty information which our statistical reports afford on this subject, a subject of the more importance, because, as it would appear to us that a pretty broad line of distinction exists between the methods employed in France and England for the removal of calculus, it becomes a mattar of the greatest interest to ascertain with the utmost accuracy the result of the two modes of treatment in a large mass of cases.

Dr. Marcet, in his "Essay on Calculous Disorders," gives a statement of 506 lithotomy cases which occurred in the Norwich Hospital between the years 1772 and 1816. Of these, 70 died, or 1 in 7¼. The result of operations since that period, in which there appear to have been 198, has reduced the total amount to 93 in 704, making an average of 1 in 7½, and showing an increase of success during the last twenty years; since of these 198 cases only 23 died, or 1 in 8½.

In 529 out of the total 704 cases, as recorded by Mr. Crosse, the calculus did not exceed one ounce in weight, and in most instances was considerably less: 47 of these died, making an average of 1 in 11¼.

Chesselden, during a period of twenty years, cut 213 patients, and lost 20, or 1 in 10⅝.

We endeavoured to obtain a more complete result of the average mortality, by comparing the tables which Prout, Marcet, Smith, and some others, have taken great pains to collect and furnish on this subject; but the numerous discrepancies which existed in the different statements proved that there must have been some inaccuracy in the source from which they were derived.

According to Dr. Prout, the average number of deaths which occurred in the Leeds Infirmary after lithotomy, between the years 1767 and 1817, was 1 in 7 and four-fifths. In the Bristol Infirmary 1 in 4¼. The mean ratio of mortality in the Bristol, Leeds, and Norwich Hospitals, he estimates at 1 in 7¾.

Assuming, however, that the advantage is on our own side, we will venture to ask whether this advantage does not result from two causes. In the first place from a more judicious selection of cases, in which we can hope to confer benefits by removing the stone; and, again, by a superiority in our method of performing the operation. It not very unfrequently happens that stone is accompanied by other complaints, which preclude the possibility of a successful issue after its removal, more particularly in the adult subject, where renal disorder, or enlargement and disease of the prostrate gland, give rise to the cachectic state, the gradual failing of the powers of life, to general irritation and a train of symptoms, which are apt to be wholly ascribed to the presence of the calculus, and which are therefore expected to subside after its extraction. The organic alterations and functional derangement of the kidneys, with their widely spreading effects on the general system, have been hitherto but little noticed among the French; and we have every reason to believe that many cases, in which we should consider the prospect of the operation as hopeless, and which are susceptible only of palliative measures to render the remainder of life as little wretched as possible, would there be at once condemned to the knife, on the principle that a foreign body existed in the bladder which must be got rid of *coute qui coute.* Indeed, we have reason to doubt whether the previous condition of the patient, the means of preparing him for the operation, or the subsequent treatment, are so seriously weighed and attended to, or so well understood in France as in this country.

We shall presently offer a few remarks on the detail of the operation itself; and we shall now only suggest, in general terms, whether the greater mortality in France may not in some measure be attributed to the exertion of an undue degree of violence for the extraction of the stone; a violence, from the practice of which we are perhaps not wholly exempt, but which certainly is more reprobated and discouraged here by our best lithotomists than is the case among our neighbours. We will ask whether the safety of the patient has not been sacrificed to the *eclat* of the operation; whether a saving of a few seconds of time in the performance is not occasionally sought for, and gained at the expense of a bruised prostrate, a laceration of the neighbouring cellular connexions, and the almost inevitably fatal consequences which ensue thereon? A little less feeling of personal vanity, and we must add a little more attention to the dictates of humanity; a little less desire to secure the applause of the multitude assembled, delighted to see the stone conjured from the bladder into the hands of the operator, yet scarcely understanding how the process was effected; and a little more care and foresight directed towards the ultimate success of the operation, might possibly be more frequently rewarded by the consciousness of lives positively saved by it, as well as by the gratitude of those who had been restored from disease and misery to a state of health and vigour.

We feel the less hesitation in making the foregoing observations, as they involve a general principle which we shall always be proud to cherish and maintain, while we would disclaim in the strongest manner their personal application to the illustrious individual, whose very

work now before us affords the most direct evidence how anxious he was to render the result of his immense experience subservient to the cause of humanity, and with what readiness he employed his splendid abilities to alleviate the sufferings of his fellow-creatures.

In an early part of the memoir, Mr. Dupuytren has enumerated the causes which lead to a fatal termination after the operation of lithotomy; they are shortly these:—Nearly two-thirds of those who perish after the operation, die from the effect of inflammation attacking the bladder, the cellular texture of the pelvis, the rectum, the small intestines even as far as the stomach, the peritoneum, the kidneys, the pleura, the lungs, and the liver. These latter organs being situated at a distance from the seat of operation, cannot, of course, become affected from continuity of texture, but are probably predisposed to disease, and, under the general irritation of the system, take on an inflammatory action. About a fourth of the fatal cases die of hemorrhage and its consequences, while the small residue sink under various concomitant and accidental disorders. These inflammations of the bladder, pelvic fascia, and neighbouring viscera, all seem to have their origin from the immediate vicinity of the incision by which the bladder was entered.

Are they not all referable to one cause, viz: the extreme narrowness and want of room at the part where we seek to divide the prostate and neck of the bladder? This space is so straitened, that we are unable to limit our section within the bounds prescribed by the conformation of the parts, without incurring difficulties of a dangerous nature during the extraction of the stone; while, on the other hand, if we exceed these bounds, we run the risk of introducing a most active source of inflammation into the midst of the pelvis. Thus we occasionally find, on examination, that our incision has been carried fairly and completely through the prostate and neck of the bladder into the adjoining cellular tissue; allowing the entrance of the urine, and giving rise to inflammation which commences in the above structures, and spreads throughout the pelvis to the rectum and peritoneum. Again, we sometimes find the left lobe of the prostate but imperfectly divided, while the surfaces of the section are contused, lacerated, softened, and gangrenous. Here, also, the inflammation will be seen to commence at the wound, and subsequently extend to the pelvic cellular membrane, the rectum, and peritoneum. In both instances, the destructive process originates from the wound itself, but it is produced in each by a different cause. In the one, the knife had at once been carried into those structures where the mischief is so readily set up; in the other, the opening had been too small to allow of the removal of the stone without having recourse to dangerous violence.

Our own experience and observation lead us to concur in the statement of Baron Dupuytren, that the immediate cause of death may, in most instances, be ascribed to an inflammatory and suppurative process, commencing in the cellular tissue around the prostate and neck of the bladder, and extending subsequently to the peritoneum and adjacent structures; but we must be allowed to differ from him as regards the more remote cause of this inflammation, the *fons et origo* which he so strongly refers to the wound itself. At all events, we doubt the correctness of his views as applied to the mode of performing the lateral operation in England, and the principle on which it is conducted. Thus, if the section of the prostate be dexterously performed,—if the knife be carried through that body, with an obliquity outwards and backwards, the subperitoneal cellular membrane which is that most susceptible of injury and morbid impressions, is never entered at all, let the incision be prolonged to ever so great an extent. The bladder is opened altogether outside the fascia, which, after lining the walls of the pelvis, becomes connected to the side of the neck of the bladder and prostate gland, and which thus constitutes a septum between the interior of the pelvis, and the lower outlet of that cavity; a septum which, if the operation be properly conducted, is rendered available for the purpose of excluding our incision from the loose, sub-peritoneal, pelvic tissue, and making it communicate only with the external wound. Under these circumstances, no parts are cut into which are very acutely sensible to the contact of the urine; and, furthermore, the hemorrhage from the divided vessels almost immediately infiltrates the surfaces of the wound, and generally prevents the entrance of the acrid fluid into the cellular membrane.

Neither do we think that M. Dupuytren is more fortunate in his second proposition, where he ascribes a similar train of inflammatory actions to the lacerated and bruised condition of the prostate gland, and commencing from the injured surface itself. It is the dragging forwards of the prostate gland before the forceps, during the unavailing efforts to extract the stone through too small an opening; it is the tearing it away from its connexions to the pubis and rectum, and not the injury to its substance, which produces the subsequent inflammation and suppuration around that body.

Our limits will not allow us to pursue this subject farther; but, in whatever structure we may be inclined to place the original source of mischief, the object of the Baron is evidently to trace it to one cause, viz. the principle of the lateral operation itself; in the performance of which, he considers it impossible to make an ample and sufficient incision, unless we invade structures, the lesion of which will endanger the life of the patient. These arguments may be valid in France; it is most probable that they are so; but we are quite certain, that the same objections do not apply to the lateral operation as it is performed in this country, more especially where the section of the bladder and prostate is made by the knife which was first introduced by Cheselden, subsequently adopted and improved upon by Mr. Key, and now commonly employed by the majority of British surgeons. The instrument which in France is almost universally adopted for the purpose of opening the bladder, is the single *lithotome çaché*, which is

totally inadequate to effect a very free incision. The blade is also made to assume a nearly horizontal direction, in order that the safety of the rectum may be insured: for this instrument is by no means susceptible of the delicate manipulations which may be practised with the knife in the hands of a skilful operator. A double disadvantage is thus incurred. In the first place, the incision is limited by the ramus of the public arch; and, in the second, the horizontal section of the prostate, if carried through that organ, will trench upon parts which it is dangerous to disturb. This is precisely the dilemma of which M. Dupuytren complains, and, to remedy which he has suggested and adopted the "Nouvelle Méthode;" but it appears to us, that his objections urged against the old operation, do not at all impugn its principle, although they certainly militate against the mode of executing it in his country. We believe that our French neighbours are hardly aware of the latitude of incision allowed by the use of a single long-bladed knife, which, under the guidance of a dexterous surgeon, may be carried down by the side of the rectum, sweeping, as it were, round the intestine, and producing a section which it is impossible to accomplish with the single-bladed lithotome caché. The length of the incision is not limited by the ramus of the ischium, because the direction given to the instrument is such, that it would clear the bone, even were it to be carried backwards as far as the sacro-sciatic ligaments. The incision approaches more to the vertical, stretching longitudinally instead of horizontally, and, although it is bounded on one side by the ramus of the ischium and pubis, yet on the other are situated the soft parts of the perineum and the rectum, which will readily accommodate themselves to the passage of the stone, without fear of laceration. Another facility for the extraction of the calculus, is also secured by the very free division produced through the deep perineal fascia; an advantage which is not obtained even by the bilateral operation.

In what, then, do the advantages of the *nouvelle methode* consist when we compare it with the lateral operation as practised in this country? They appear to be simply these:—1. It enables the operator to elude the larger vessels of the perineum.* 2. It avoids the necessity of laying open so great an extent of the urethra, since the canal is cut into much nearer to the bladder. 3. By including both sides of the prostate gland, it allows of a more extensive incision through that organ without completely dividing it, and, consequently without implicating the surrounding plexus of veins, which sometimes prove a fruitful source of hemorrhage. 4. It secures the ejaculatory ducts from all liability to injury.

On the other hand, it must be borne in mind, that the opening into the bladder is necessarily limited to the width of the prostate gland, and that by no means at its broadest part. It must also be remembered, that the transgression of these bounds involves a much greater risk of mischief than can be incurred by the oblique section of the prostate. If we take into consideration the more superficial part of the wound, we shall find that the perineal fascia will be but imperfectly divided, and that the incision, being transverse, must, of course, be limited by the rami of the ischia on either side.

One word on the danger of cutting the rectum during the operation of lithotomy. We believe that this is a circumstance of rare occurrence in this country, although, from the repeated allusions made to it by the Baron, from the care and caution which he recommends, and the rules which he lays down to avoid such an accident, we presume it not so unfrequently happens abroad. Now, at what step of the operation is the rectum in most danger of being wounded? Certainly not during the section of the prostate gland and neck of the bladder. It is during the division of the muscles and fasciæ of the perineum, while seeking for the groove of the staff, and before the urethra is opened, that the integrity of the intestine is likely to become compromised; or, it may possibly incur a risk at a subsequent period, when the knife has been introduced a second time into the bladder, for the purpose of enlarging an opening which was found too small for the extraction of the stone. A competent knowledge of anatomy, and a certain degree of manual dexterity, will, we believe, in either case, insure the gut from all liability to injury; but, if any danger is to be apprehended in the former instance, or during the process of exposing and opening the urethra, we cannot doubt that such a danger is considerably augmented by the adoption of the transverse bilateral section, which brings the knife so much nearer to the anterior surface of the rectum than in the performance of the common lateral operation. The minute directions afforded by the Baron on this subject, during the steps of the first incision, is the best proof of the correctness of our opinion.

Upon taking an impartial view of the subject, in all its bearings, we do not see that the bilateral method is at all calculated to obviate those difficulties, those untoward circumstances, which occasionally present themselves, and which render the operation tedious

* In the subjoined table, out of the nineteen fatal cases, two patients will be found to have sunk from hemorrhage; but, as no statement is made of the precise vessels which were wounded, it is difficult to say whether this was an accidental untoward occurrence, or whether the divided arteries were those which run the risk of injury, and occasionally produce the same fatal result after the lateral operation.—Rev.

and dangerous: we mean the presence of large calculi, a peculiar conformation of pelvis, an unusual depth of perineum, or a diseased and irritable condition of the urinary organs.

When this memoir was first put into our hands, we eagerly perused it, in the hope of finding what has long been a desideratum among lithotomists, viz. a mode of operating which should enable us to triumph over cases of unusual difficulty and embarrassment. We shall leave our readers to draw their own inference as to how far such an object has been attained, and shall merely subjoin, for their inspection, the statement respecting the apparent cause of death in those who sunk after undergoing the bilateral operation. We copy the report verbatim from the table already referred to. This table contains eighty-nine cases: four of these were females, all of whom recovered. Of the remaining eighty-five males, nineteen died, making an average mortality of one in four and a half.

"Among the nineteen fatal cases just referred to, death was apparently occasioned

From cancer of the bladder, in		1 case;
From the trilobular form of the bladder, which retained several calculi in one of its pouches, in		1
From a calculous affection of the prostate		1
From the result of difficulties, depending		
1st. On the narrowness of the perineum,	1	4
2d. On the excessive depth of the perineum,	1	
3d. On the volume of the stones,	2	
From subsequent spasm and delirium,		1
From gastro-enteritis,		1
From laceration of the prostate,		1
From hemorrhage,		2
		12

"In the remaining seven cases,—that is to say, in seven cases only out of eighty-nine operations,—the patients sunk under inflammation of the bladder and the cellular tissue; produced merely by the effect of the operations, which, in themselves, were not accompanied with any unusual circumstances."—

We cannot, in justice to the editors and publishers of this work, pass over, without one word of commendation, the beautiful and indeed magnificent style in which it is produced. The plates are admirable specimens of art, and show the very high pitch to which lithographic engraving has been carried. This is one of the books of which the Brussels press may give us the letterpress, but cannot, we conceive, reproduce either the splendour or the elegance.—*Brit. and For. Med. Rev. July*, 1836.

Art. II.—*An Essay on the Laryngismus Stridulus, or Croup-like Inspiration of Infants. To which are appended, Illustrations of the general Principles of the Pathology of Nerves, and of the Functions and Diseases of the Par Vagum, and its principal Branches.* By Hugh Ley, M. D., Member of the Royal College of Physicians of London, Physician to the Westminster General Lying-in Hospital, Physician-Accoucheur to the Middlesex Hospital, and Lecturer on Midwifery at St. Bartholomew's Hospital. *Illustrated with Plates.—London*, 1836. 8vo. pp. 480.

We have frequently had reason to regret, in common with other practitioners, the various perplexities in which the disease which forms the subject of this essay was involved, and the utterly discrepant opinions that existed concerning it. We may venture, indeed, to assert, that in the lamentably long catalogue of maladies, of which doubtful pathological and therapeutical opinions have been hitherto entertained, none more imperatively demanded impartial and deliberate investigation than the "croup-like inspiration of infants;" in the estimation of some distinguished medical authorities, an alarming and frequently fatal disease, requiring the prompt and decisive practice of free bleeding, "heroic" doses of calomel, and very slender diet;—in the opinion of others of equal eminence, a comparatively harmless, though tedious, complaint, rather aggravated, than relieved, by the treatment adverted to, and requiring for its cure the totally opposite practice of a tonic regimen, quinine, nourishing food, and country air. The very existence, indeed, of the disease, as separate and distinct from croup, has been a source of much dispute on the continent; and even here, (constantly as we have opportunities of observing it,) it is not seldom mistaken for true croup by the inexperienced, and treated accordingly. Dr. Ley, therefore, is certainly not amenable to the charge of writing a book upon either an uninteresting or an exhausted subject.

As we are very desirous of taking as ample notice as possible of his opinions, we shall pass over the curious literary history of the "Laryngismus Stridulus," very briefly. It has been stated by different writers, that this disease has but little attracted the notice of the profession. It appeared, however, to our author, extremely improbable, that a complaint dependent upon the physical agency of causes, which have been always in operation, should have escaped the notice of practical medical writers; and, although it is true that the late Dr. John Clarke first fixed the attention of the profession to the subject, Dr. L. found, as he anticipated, that even from the earliest ages, distinct notices of it were to be met with in medical works. The causes and intimate nature of this complaint, and the appropriate name whereby it should be designated, have

been fruitful sources of contrary opinions; but the account of its characteristic features has been so uniform, that we are enabled at once to identify the disease as described by different writers under different titles. Until the beginning of the present century, this complaint appears to have been commonly described by the vague title of "asthma." In 1761, Dr. James Simpson published an inaugural dissertation, "de Asthmate Infantum Spasmodico." Dr. John Millar* noticed this disease in a separate publication, which has been the source of great controversy in this and other countries. He had seen much of the disease, and identifies it with that described by Simpson, whom he quotes. Dr. Ley finds little difficulty in recognizing, at least in the first stage of Millar's asthma, the complaint which Dr. J. Clarke termed "a peculiar species of convulsion in infant children." In the same year with Millar's book, appeared, in the Philadelphia Gazette, Rush's brief account of this disease.† Underwood‡ briefly notices it; and Dr. Ley refers to Wichmann, as having given the best account of it of any foreign writer. Of late years, this complaint has become more generally known, and many cases of it have been related in the medical journals. Dr. Ley refers particularly to the cases by Mr. Pretty;◊ one by Dr. H. Davies,|| who records the dissection of a fatal case; and the observations of Mr. North, afterward collected and remodelled in his work on the Convulsions of Infants.¶

"The two former writers, however, have been, perhaps, somewhat precipitate in their adoption of the speculative views of Dr. Clarke, as to the dependence of this disease upon vascular congestion within the head; whilst the last, who, when he first communicated his sentiments to the public, had never seen it terminate unfavourably, denied the connexion altogether, and combated with much success the Herculean attacks too indiscriminately made at once upon the disease and upon the constitution. Mr. North has since, in his 'Observations,' with the candour of an ingenuous mind, modified his first statement as to the universally slight character of this complaint. He acknowledges that it may be occasionally fatal, though much less so than has been generally believed; and he mentions one instance in which it destroyed the patient, and in which were discovered, after death, evidences of head affection; but he still denounces, in energetic terms, the heroic remedies so generally employed."—(*Introduction*, p. xlviii.)

Gooch designated this disease by the term of "child-crowing." Some interesting details respecting it were given by Mr. Hood, in the Edinburgh Journal of Medical Science, for July, 1827. Dr. Marsh, in the Dublin Hospital Reports, vol. v., and Mr. Joy, in the Cyclopædia of Practical Medicine, have both contributed to our knowledge of the disease. In another part of the present number, we give an account of the complaint as noticed by the German physicians, with their peculiar views as to its causes. (See Part III. *On Thymic Asthma.*)

History of the Disease.—Few affections of infants are more calculated to excite the attention and fears of the friends and medical attendant than the sonorous inspiration of "crowing children." This distressing malady, always formidable in appearance, and occasionally fatal in reality, consists essentially of a constriction of the glottis, which impedes the passage of air into the chest, even in the mildest cases, and sometimes suspends altogether for a time the respiratory function.—The child has an interruption, more or less perfect, of its breathing, and, after vehement struggles, it at length succeeds in drawing in its breath with a shrill sound, like the peculiar inspiration of croup and hooping-cough, and arising from the same cause, a temporary diminution of the area of the rima glottidis. These attacks are paroxysmal, and vary in frequency, severity, and duration. At first, the intervals are considerable; but, in the progress of the complaint, the attacks become so frequent that the child scarcely rallies from one before another commences. In its earlier stages, the attack is often very slight, and speedily and spontaneously yields, and terminates in a fit of crying, succeeded by refreshing sleep. As the disease advances, it increases in violence, and becomes unyielding in its character. In the earlier periods of the complaint, the attacks generally take place in the night, or after tranquil sleep; but when it is firmly established, and sometimes from the commencement, they come on in the day from trifling or from no apparent causes.

After commenting upon the various and generally inappropriate terms by which the disease is designated, Dr. Ley adopts, as the least obnoxious to objection, the name of "Laryngismus Stridulus," given to it by Mason Good. It points out at once the seat of the affection, and the characteristic symptom. The shrill, sonorous inspiration, so characteristic of the complaint, marks, very unequivocally, its seat. It is evident, that there is an unusual approximation of the sides of the glottis, as in croup or hooping-cough, in which there is also a close approximation of the sides of the rima glottidis.

"Where the closure of this chink is not

* Observations on the Asthma and Hooping-cough. 1769.

† On the Spasmodic Asthma of Children, by B. Rush, M. D. London, 1770.

‡ On the diseases of Children. Edit. 6. Vol. i. p. 51.

◊ London Med. and Phys. Journal, vol. lv.

|| London Med. Repository, vol. xviii.

¶ Practical observations on the convulsions of infants, p. 253.—1826.

perfect, the child struggles for its breath, the respiration is hurried, the countenance generally bluish or livid, the eyes staring, and each inspiration is attended with a crowing noise; where it is more complete, and this state at the commencement of the paroxysm, according to my observation, is much more frequent, the function of respiration is entirely suspended for a while, there is an effectual obstacle to the admission of air, the child makes vehement struggles, by some termed convulsive, to recover its breath; at varied intervals, from a few seconds up to a minute, or, upon some occasions, nearly two minutes, air is at length admitted through the glottis, now partially open, and this rush of air passing through a very narrow chink, produces the peculiar sound. To these symptoms not unfrequently succeed a fit of coughing or crying, which terminates the scene; or, if the glottis be not even thus partially open, the child, at the end of from two to three minutes, at the utmost, will die of asphyxia; pallid and exhausted, it falls lifeless upon the nurse's arm, and it is then that the child is generally said to have died in a fit." (P. 11.)

During the violent struggles for the recovery of the breath, all the muscles supplied by the respiratory system of nerves, are thrown into violent action. The face is pale and cadaverous, and the external veins are turgid with highly carbonized blood. When the attack terminates fatally, it is not uncommon, immediately before death, to meet with true but generally slight convulsions. The peculiar contraction of the flexors of the thumb, fingers, wrists, ankles, and toes, is deemed by many writers an important, if not essential, mark of the disease. Dr. Ley thinks the frequency of this symptom has been over-rated by Clarke, North, and Marsh; he doubts, too, its convulsive nature, and regards these contractions as more nearly allied to feebleness of the extensors than spasmodic contraction of the flexors. This idea is opposed to the general opinion, but we have no doubt Dr. L's. view of the subject is well founded.

"Another symptom which has escaped the notice of the greater number of writers upon this disease, but has not been overlooked by Mr. North, is the sound of muscus in the trachea. 'When the child wakes from its sleep, the breathing is for some moments unusually accelerated, and is accompanied by that kind of noise which an increased secretion of muscus in the air passages would produce." This symptom is rarely entirely absent, but is particularly apt to occur either just before or for some time after a paroxysm. In other cases, however, I have known this symptom amongst the most prominent phenomena of the disease; lasting for weeks, sometimes with little interruption, even for months, and attended from time to time by cough, so like hooping-cough, as to deceive the most experienced. It is this symptom, indeed, which has led to the disease being confounded with the more severe forms of catarrh with increased secretion; and were it not for the freedom of the lining membrane of the fauces, nares, and frontal sinuses, from inflammation, would almost justify the terms 'catarrhe suffocante,' and 'catarre suffocativus,' by which this complaint has been known to some." (P. 15.)

Most writers are agreed in considering that there is a natural association of this disease with convulsions; but it may exist simple and uncombined, as described by Dr. Marsh and by Dr. Ley. The occasional association of this disease with the carpopedal contraction and general convulsions, led Dr. Clarke to consider that it was essentially connected with cerebral congestion and pressure; "but this opinion requires confirmation." Dr. Ley was at first inclined to yield to the high authority of Dr. Clarke, but more extensive and accurate observation led him to doubt, and ultimately to disbelieve, that such connexion is invariable or even general. He has been able to trace little in the symptoms of the disease, in the influence of remedies, or in the appearances upon dissection, to countenance, much less to establish, such relation. This is, in our opinion, a very important point. We are sure, from abundant observation, that Dr. Ley's experience has led him to a correct conclusion, and we are equally convinced of the mischief very often inflicted by those who pertinaciously adhere to, and who shape their practice by, the creed of Dr. Clarke.* Dr. Ley does not deny that the two maladies *occasionally* co-exist.

Causes of the Disease.—Age. All writers agree in regarding this disease as one of infancy and childhood. Even those who allow the greatest latitude, restrict it to within the ages of twelve or thirteen years; the most accurate observers confine its appearance to much more narrow limits. Professor Hamilton describes it "as peculiar to the age of cutting the deciduous teeth." Dr. Ley has seen it in one instance at four or five years of age, and, in a second, at six or seven;" but the great majority of cases unquestionably occur before the completion of the first dentition." This quite accords with our own experience; and we also agree with Dr. Ley, "that its all but exclusive appearance before the age of twelve or thirteen, is probably to be referred to the size of the larynx at that time."

* Dr. Merriman states, (edition of Underwood, p. 139,) "In two cases of the kind, the children died in the fits. They were both opened by Mr. Sweatman, a very skilful anatomist, but not the slightest appearance of cerebral affection could be discovered in either of them. The principal deranged structure discovered, was a collection of small glandular swellings in the neck, pressing upon the par vagum."

Constitution. A constitutional tendency to this complaint may occasionally be traced in whole families. Mr. Pretty states that three children of his own, and three in the family of a patient, were attacked in succession. Mr. North mentions an instance in which three children in the family were successively attacked, and Dr. H. Davies announces it as a general truth. Dr. Ley's experience amply confirms these statements, and we have recently had striking proofs of of their accuracy.

Climate and Season. The disease, says Dr. Ley, is much under the influence of climate and season. In dry, elevated situations, and warm climates, it is little known; and hence the scanty information and erroneous views entertained respecting it by many of the German and some French writers, who frequently pronounce for the identity of a disease of which they know little or nothing, the asthma of Millar, with another with which they are familiar, croup.† But in the south and da per parts of France, the asthma of infants is well known, and is described by Baumes‡ as the "catarrhe suffocant nerveux."

"It is probably to the change in the American climate, in consequence of the inhabited parts of that country being more cleared of its forests of timber, and its greater immunity, therefore, from diseases the result of fogs and damps emanating from the decay of vegetable matters, that the earlier American writers speak with so much confidence of this disease, whilst now they doubt its very existence; and this also probably accounts for the changes of opinion which Rush successively adopted in the intervals betwixt the publication of his letter to Millar in 1770, the publication of his first edition of Inquiries and Observations in 1794, and that of the second edition in 1805, with regard to this disease and its relation to croup." (P. 56.)

The constitutional tendency thus engendered by damp situations and seasons, is much aggravated by sudden vicissitudes of temperature; and hence the frequency of the disease in this country. The knowledge of this fact leads Dr. Ley to offer a few very proper remarks upon nurseries, which are generally but ill protected against such sudden alterations.

Diet. Indiscretions in diet notoriously aggravate the disposition to this disease.

Scrofula. Dr. Ley is inclined to believe that the causes just mentioned predispose to the disease, by establishing a disposition to scrofula.

"The similarity and even sameness of the circumstances which thus increase the tendency, at once, to the constriction of the glottis in infants and to scrofula, the great characteristic of which is glandular enlargement, would render it highly probable that there was some essential connexion between the two, even if there were no more direct and conclusive evidence upon the subject."—(P. 59.)

Facts are given in support of this opinion.

Exciting causes.—Dentition. The most judicious writers upon this disease concur in the assertion that it has much to do with the process of teething. The observation of Cruikshank, that the glands of the absorbents of the neck frequently "swell in children from inflammation of the gums, and alveolar processess in teething, and recover after the teething is over," might have led to the suspicion that such swelling of the glands constitutes an intermediate link in the chain of events; and the experience and observation of Dr. Ley, and of others since the promulgation of his original views, confirm the the suspicion. "Scarcely an instance has occurred to me since my attention has been very strongly directed to the subject, in which there has not been the strongest foundation for the belief that either the glandulæ concatenatæ of the neck or the thoracic absorbent glands had become morbidly enlarged." Instructed by Dr. Ley, we have also paid particular attention to the subject, and in confirmation of his statement, we may observe, that in one family, three children were attacked with this disease. In each, the glands of the neck were enlarged, and in each the symptoms of the disease subsided as the glandular affection was removed by change of air and appropriate treatment.—Dentition is analogous in its influence to that of any other cause of local irritation, common or specific, upon glands situated in the course of those lymphatics which lead from the part excited to the venous circulation in which they terminate.

"The inflammation of the gums or alveolar processes, or enveloping membrane of the teeth, may produce morbid excitement of those glands in the neck, through which the lymphatic vessels from the teeth and gums are passing to their ultimate destination, and cause their enlargement even in the absence of all strumous taint; but still more certainly if such taint exist. This explains the fact noticed by Hamilton, that the complaint has 'appeared in the most robust as well as the most delicate infants,' and the statement of Etmuller, that it is a complaint of children 'plus minusve robustorum.'" (P. 62.)

Inflamed and Ulcerated Scalp, which is common in children from various causes, is generally attended with enlargement of the absorbent glands of the neck, and hence, again, may arise the croupy inspiration.—Dr. Ley observes that "the connection of the inflamed and ulcerated scalp and enlarged

†Vide Albers Comment. de Tracheitide infantum, vulgo Croup vocata, p. 50; and also J C Albersii Comment. Diagnosi Asthmatis Millari. Gottingæ, 1817.

‡Des Convulsions dans l'Enfance. 1789. P. 365.

glands has been rarely noticed, although it has not altogether escaped observation." We hope, and are inclined to believe, that he here under-rates the attention of practitioners to a very common chain of events. We apprehend that every medical practitioner, of even but moderate experience, is perfectly aware of the fact that in such instances there is almost always more or less glandular enlargment. It is a popular and even a professional opinion, that the sudden disappearance of eruptive ailments, produces convulsions and other ailments in children, from the repulsion of acrid matter, rather than from the irritation of existing eruptions. This we have long doubted, and so has Dr. Ley, who has been, we believe, very correctly informed by Mr. Kelson, that reiterated experience had convinced him that, where convulsions were associated with such complaints, they were the result, and commonly in proportion to the extent, of the local excitement; that they had no reference whatever to the retrocession or repulsion of these eruptions; that they ceased as these appeared less angry, or disappeared; and that in such cases, the best mode of obviating the occurrence of convulsion or other serious ailment, was to cure the eruption as speedily as possible. To this opinion we, with Dr. Ley, perfectly assent, "with a modification of the statement founded upon the necessity of attending to any internal cause, of which the eruption and the convulsions may have been the compound result, and of establishing some vicarious discharge, especially by the bowels, where the constitution has long been accustomed to the drain from an extensive surface, whether from the discharge of tinea capitis, crusta lactea, or excoriation behind the ears." As we know this is to a certain extent opposing a very popular impression and prejudice, we may observe that it is supported by the valuable authority of Bateman and Dewees. The latter* gives a caution, also given by Dr. Ley, that the diet should be restricted, and aperients administered, when the drain is suppressed. We know that the general, and as we believe imaginary, fears of the suppression of eruptive diseases in children, often reduces the practitioner to a mere spectator of a long continued, and at least disagreeable and unsightly, malady, when he would, if he were released from the trammels of prejudice, adopt an active and efficient practice. In two cases detailed by Dr. Ley, it appears that the excitement arising from excoriations and acrid discharge behind the ears produced no "crowing" till glandular enlargement took place. When the crowing was violent, the increase of size of the glandulæ concatenatæ could be distinctly traced throughout their whole course; as by proper treatment their enlargment subsided so did the functional derangement of the glottis.

"But the glands required some little time after the disappearance of the eruption completely to resume their original form and size, and, during this interval, a remnant, as it were, of the symptoms remained. It is upon the same principle that I would explain the fact, noticed by Mr. North, which has abundant foundation, that, when this complaint arises from painful dentition, the symptoms do not vanish instantaneously, as if by magic, the moment a tooth starts through the gum. They pass off gradually.' In other words, after the gum and enveloping membrane of the tooth have been relieved from swelling and inflammation by the free use of the gum lance, some time is still requisite for the irritation and tumid state of the cervical glands to subside." (P. 64.)

Head Affection.—Dr. Ley, aware of the practical mischief that has arisen from too readily adopting the opinions of Dr. John Clarke, or rather from pushing these opinions further than that very distinguished writer probably ever intended, argues this topic at much length, and very ably. Various practical authorities are referred to, in confirmation of the author's belief that, although vascular excitement of an inflammatory character within the cranium may occasionally produce the crowing inspiration, the weight of testimony is decidedly adverse to the conclusion that such relation is frequent, or rather that it is direct. "The pathological condition within the cranium may be the cause of the convulsions, and in some instances of the death of the child; but the breathlessness and crowing are the consequence of the enlargement of the glands."

"The head affection may be prior, and produce, by remote and indirect consequence, the laryngeal complaint; they may occur together, as mere coincidences, without any other association than the existence of a constitutional malady, which may be the common cause of both; the cerebral disturbance, again, may be the consequence of the frequent attacks of breathlessness, almost amounting to asphyxia, which, impeding the flow of blood through the lungs, causes accumulation within the cavities of the heart, and, subsequently, venous congestion within the cranium; and this may be followed by effusion of serum into the ventricles or between the membranes of the brain, and, occasionally and remotely, by inflammation and its ordinary consequences." (P. 81.)

Upon some occasions, Dr. Ley has had strong reason to suspect that simple bronchitis and disease of the lungs has, by contiguous irritation, cause enlargement of the bronchial glands, and thus rendered the original disease more intractable, and occasioned the crowing inspiration.

Causes of the Paroxysm.—The symptoms of this disease are not constant: they recur at varied intervals, the intermissions being complete;

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*On Children. Philadelphia, 1826. P. 316.

—"and the various other causes, which authors have enumerated amongst the occasional causes, are just such as excite the paroxysms. In considering these, I shall first notice those which are enumerated by other writers, and principally in the order in which they have noticed them, that it may not be imputed to me that I have allowed my observations to be warped by any preconception, which might be suspected to originate in the peculiarity of my views with respect to this malady." (P. 85.)

After mentioning the causes, of most frequent operation, enumerated by the best authorities, and which are apt to produce the paroxysms, Dr. Ley states that his own experience amply confirms the majority of the facts upon the subject which these writers have adduced: but, he continues,

"No one, however, as far as I know, has traced the mode of connexion of the predisposing and exciting cause of the disease with the phenomena which present themselves in its course; authors generally contenting themselves with alleging that it is a convulsive disease; that it arises from a variety of remote causes; and some, more minute, if not more accurate, in their speculations, referring it to an affection of the head, without, however, even an attempt to explain how it happens that this affection of the head should thus select one set of fibres, connected with this complicated chink, to the exclusion of all the others, although they all are close to each other, and derive their nervous influence from one common trunk." (P. 102.)

It results from the examination,

—"that the causes of the paroxysm are such, as, by natural association without morbid influence, involuntarily close the glottis; that the breathlessness, which commonly precedes the sonorous inspiration, cannot, therefore, be from this closing of the rima glottidis, which, in such cases, is perfectly normal, but must arise from defective power in those agents, whose office it is to open that chink; and, last, that the crowing inspiration, which is nature's imperfect cure of the temporary suspension of breathing, arising from the chink being only partially open for the admission of air, and remaining so until some explosive expiration, such as screaming, crying, coughing, or belching, shall mechanically burst open the flood-gates, and perfect the recovery from the paroyxsm. (P. 103)

We have no doubt that Dr. Ley's claim to originality is perfectly well founded. For many years we have sought in vain for information upon the subject in the works of English and foreign writers, and have only found speculative opinions offered to explain the phænomena of this disease. We shall find ample reason, as we proceed, to come to the conclusion that Dr. Ley's views rest upon a much more solid basis.

Pathology of the Disease.—Dr. Ley dedicates fifty pages of the work to the discussion of this part of the subject, and, as far as we know, the whole train of investigation, as well as the very important and well-ascertained results that flow from it, are entirely original. By nearly all commentators on this disease it has been believed that the temporary suspension of the breathing from a complete closing of the glottis, as well as the subsequent crowing inspiration from its imperfect opening, must have been the result, not of absolute or relative want of power in the opening muscles, but of excessive or anormal contraction of those which close the glottis. Hence the addition to its genuine name by a large majority of writers upon this complaint, of some adjunct or epithet which involves the postulate of its convulsive character. Dr. Ley very impartially examines the arguments that have been adduced to establish the convulsive character of this malady, and, among others, he very fairly criticises and corrects certain opinions that we entertained in common with others upon the subject, until taught better by his arguments and *facts;* and he succeeds in showing very clearly "that there is no sufficient evidence of the spasmodic character of the laryngismus stridulus"—"*It may be*, therefore, that the glottis is closed by the usual exertion of natural agents in the performance of some of the most ordinary functions, as swallowing, &c.; and *it may be*, that it remains partially or totally closed from some want of vigour in those antagonist powers which should again efficiently open that chink for the purposes of respiration; and to these conclusions an investigation of the remote causes, and their mode of operation, has already led me." Adopting, in the early part of his life, but never satisfied with the current pathology of the disease, Dr. Ley was led to make minute and exact enquiries as to the class of constitution most liable to it,—of which the strumous is, beyond all comparison, the most frequent,—as well as into the causes which directly produce it. He found that the complaint arose from causes differing in situation and in essence; and he was driven, for the purpose of obtaining a more satisfactory explanation, to seek for some intermediate link in the chain of events common to them all, and of general, if not universal, occurrence, in combination with the laryngeal affection to which the symptom might be referred.

"The result of this inquiry has been to establish in my mind the conviction, that such common link, be the remote cause of this very peculiar symptom what it may, will, in the immense numerical majority of instances, be found to be enlargement of the thoracic or cervical absorbent glands. All the principal causes of the disease, as contradistinguished from the causes of the paroxysms, are capable of producing such enlargement, and experience confirms what a very general pathological connexion might

have suggested; for I have found the relation between such enlargement and the crowing, when it has occurred, all but universal, and proved by observation during the life of the patient, or the examination of the body in fatal cases; and even in the very few instances in which it may have been difficult to detect the glandular affection, in consequence of the change of form in these glands from the compression of superjacent textures, or from their being within the thorax, the occurrence of similar symptoms might justify more than suspicion of its existence. 'Une maladie ne peut d pendre que d'une espèce de lèsion.'" (P. 113.)

But how happens it that this fact has been so long overlooked? In the first place, the disease is "not commonly" fatal; secondly, examinations after death are generally carelessly conducted: those organs alone are examined which were previously suspected to have been in fault; and, thirdly, the very frequency and notoriety of enlarged bronchial or cervical absorbent glands has prevented them from being particularly noticed.

"But it is not enough thus to have traced such connexion: it is requisite that I should point out what is the nature of the relation which these two occurrences bear to each other,—to associate, in fact, the symptoms as the effect, with the pathological condition as their cause." (P. 114.)

This subject involves the results of minute anatomical research, physiological experiments, and pathological enquiries, and verifies the observation of Sir Charles Bell, that "it is the knowledge of the nerves of respiration distributed on the neck, throat, and thorax, that will enlighten the physician in distinguishing the symptoms of disease." The two clusters or chains of glands, subject, from a variety of causes, during infancy and childhood, to induration and enlargement, are in the immediate vicinity of organs of vital importance in the animal economy, and can scarcely fail, when enlarged, to exercise a pernicious influence upon parts with which they are then in contact. In children, absorbent glands are rarely sufficiently enlarged to encroach upon the area of the trachea, or much to interfere with the circulation of the blood; but they occasionally obstruct lymphatics in their course, and may impair materially the function of neighbouring nerves.* After arguing upon and satisfactorily establishing these points, Dr. Ley comes with apparent necessity to the conclusion that the phænomena of the disease must be accounted for by some influence which the enlarged glands exercise upon the respiratory nerves. In the Appendix, abundant and extremely interesting proofs are given that nerves may be affected in this manner. If there be much enlargement of the glands situated at the root of the lungs before and behind the bronchi, blending with others upon the arch of the aorta, not unfrequently between the origin of the carotids, and which are but continuations of those which follow the course of the trachea downwards, it is highly probable that the recurrent nerve, at its origin, may be subjected to their injurious influence, seeing that this nerve, upon the right side, turns round the subclavian artery, as it emerges from the innominata, behind which the nerve passes close to the origin of the carotid upon that side; whilst the left recurrent winds round the arch itself of the aorta, generally between the carotid and subclavian arteries, upon and about which these glands are situated. If, too, the deeper-seated chain of cervical glands are enlarged, they may affect the recurrent in its course; for they lie in the cellular tissue, which forms a cushion to that nerve. And now the curious and interesting question arises,—what would be the precise effect of such injurious influence, or positive pressure, upon the recurrent? This topic Dr. Ley argues at much length; briefly in the body of the work, but elaborately in the Appendix, where the reader will find the details upon which his statements rest, and may hence determine how far his influence is justified, that this disease, the spasmodic character of which has been conceded without examination, *is more allied to paralysis than to convulsive movement.* We regret that we cannot enter into the very interesting facts which Dr. Ley adduced in proof of this original position. We are satisfied that he has established it, and freely admit the instructive lesson we have received from him.

"This may appear a startling proposition to those whose habitual train of thought and mode of expression have referred to spasm as constituting the essence of this disease. But the prejudices of early education and impressions are not easy to eradicate; and belief, founded upon the presumed infallibility of the teachers whom we revere and the authorities which we respect, is apt to take irresistible hold of the mind, which yields to the seductions of indolence. It was long, therefore, before conviction was forced upon me by the reiterated cases which, since my attention has been more strongly directed to the subject, have presented themselves to my notice; and it may be probably the same with others. I thought '*more majorum*' that there was spasm from excess of nervous energy. The symptoms, however, if minutely examined, are not those of excitement of either the par vagum, or the recurrents; but they bear a striking analogy to those, which the experiments of physiologists have proved to be the result of an annihilation of the powers and attributes of those nerves, as where they have been tied or divided, or where a portion of them has been excised. When these respiratory nerves are excited, either by mechanical

* In the Med.-Chir. Notes and Illustrations, Part I., by Mr. Fletcher, of Gloucester, the student will find very many interesting cases of "Spasms of the Glottis" from various causes—*Rev.*

irritation with a pointed instrument, as in an experiment of Cruveilhier, or by inflammation in conformity with the pathological observations of Breschet, Autenrieth, and Gendrin, and as occurred in an interesting case recorded by Sir Astley Cooper, violent paroxysmal cough, like hooping-cough, has been, I believe, universally the result; but there are no attacks of breathlessness, amounting almost to asphyxia, as occur in this complaint. The other symptoms, also, show in this malady a state of paralysis in the other parts supplied from the same common trunk. So the transverse fibres, behind and connecting the rings of the trachea, losing their contractile power, the sputa accumulate in the air passages; hence the 'prodigious rattling in the upper part of the aspera arteria, resembling that sound which attends where there is phlegm that cannot be got up, scarce sensible when they are awake, but very great when they are asleep,' described by Dr. Molloy,—'that kind of noise which an increased secretion of the mucus in the air passages would produce,' noticed by Mr. North." (P. 124.)

Containing the argument, which he fortifies on every side, Dr. Ley contends that, even if it were conceded that these glands acted by exciting these nerves, it would not only explain, but would be inconsistent with the facts. "Excitement of these nerves would cause contradiction of muscles upon which the nerves are distributed; but this contradiction would open the glottis, not close it; for the recurrents endow the opening, not the closing, muscles with contractile power." But the approximation of the sides of the glottis, thus produced by defective power of the opening muscles, may be either complete or partial. If complete, the child may be carried off by convulsion, or by asphyxia without convulsion. More commonly, however, the glott s becoming gradually but partially open, air rushes through the still contracted aperture, producing the sonorous inspiration so characteristic of this disease; and this commonly announces the partial recovery of the child. It is admitted that the laryngismus stridulus may occasionally depend upon a spasmodic affection of the closing muscles of the glottis;
—"but the general history of the predisposing and occasional causes of the disease, the exciting causes of the paroxysms, and the appearances upon dissection, all point to the conclusions, that such is rarely the case, and that an immense numerical majority of instances of this complaint are the result of a paralytic affection of the recurrent laryngeal nerves, produced by the compression of enlarged and indurated glands in their course." (P. 133.)

Several, and some very plausible objections may be brought foward against these novel views of Dr. Ley's. He investigates those that have yet been made, and alludes to others likely to be adduced; and he succeeds, in our opinion, in satisfactorily showing that the objections to his doctrine are more apparent than real. That the laryngismus stridulus of infants is very frequently mistaken by the public, and not seldom by medical practitioners, for other diseases, some of which more or less resemble and are analogous to it, and others from which it essentially differs, must be a well-known fact to all who are much consulted upon such subjects. The diagnosis of the disease is therefore an important topic, and, in the twenty pages Dr. Ley has devoted to its consideration, he clearly points out the distinction between it and other maladies with which it is so often confounded by the careless or inexperienced.

The *prognosis* in this disease has been a fertile source of variety of opinion.

"Simpson, Hamilton, Clarke, and Gervino consider it as a complaint which very materially implicates the safety of the patient; North, on the contrary, thinks it rarely fatal; whilst Miller, Rush, Underwood, Merriman, and Marsh, alleged that it will generally yield to proper remedies. The means, however, recommended by Miller, Rush, and Underwood, although they resemble each other, differ from those suggested by Merriman; these, again, vary from the remedies advocated by Marsh; and Clarke adopts a practice different from each, and discountenanced by all." (P. 177.)

Dr. Ley's impression is, that, if this disease be treated early, and before the balance of circulation within the head has been much disturbed, that recovery may be expected in the majority of instances; and that those children have a much better chance of escaping who are not subject to any severe discipline, than those who, in compliance with the prevailing doctrine with regard to this complaint, have been freely bled, had large doses of calomel, and such other remedies as the supposition of the invariable dependence of the disease upon cerebral turgescence or excitement has suggested. This doctrine we have always maintained, and more extended observation still further convinces us of its accuracy: and we must be allowed to express our surprise that in spite of the host of facts arranged against it, the bleeding and heroic doses of calomel treatment is pertinaciously adhered to, from the unfounded apprehension that hydrocephalus must result from it, if this "protective" plan be not boldly enforced

"The prognosis in individual cases of this disease is principally founded upon the age of the child, upon the frequency and severity of the attacks, upon the degree to which the glands are enlarged, upon the situation and cause of such enlargement, upon the extent to which the venous circulation within, or in its course from the head, is interrupted, and upon the existence or non-existence of the most formidable of all its combinations, that of arterial excitement and its consequences,

including inflammation, serous effusion, and thickening of the membranes of the brain." (P. 180.)

Treatment. We perfectly agree with Dr. Ley, that the conclusions to which he leads us with regard to the nature of the disease, are calculated to clear up much of the uncertainty and obscurity which has hitherto prevailed as to its treatment.* The primary object must be to ascertain if any of the glands so frequently alluded to are enlarged; to trace the cause of such enlargement, and to adapt our remedial measures to the cause.—we must not infer the non-existence of glandular enlargements because we cannot detect them during life. Tumid glands, even in the neck, may escape detection; if within the thorax they are not to be detected. "But, as similar diseased conditions commonly produce the same or similar results, we infer from the occurrence of the latter the existence of the former." But the pathological condition of these glands only establishes the liability to the attacks. The paroxysms generally require for their production the intermediate agency of some other event, which is to be considered as their exciting cause. It is therefore a second, but important, point in the treatment, to distinguish, and to prevent or to counteract the operation of these causes of the paroxysms.

"As moreover, the attack has been in some, instances suddenly fatal by producing suffocation, the patient can never be considered as quite free from hazard, and it is necessary therefore, so to treat each paroxysm as to shorten as much as possible its duration.—This more particularly requires attention to those instances in which the breathing is completely suspended, for the restoration of which it is sufficient to procure, if practicable, even that imperfect inspiration which the crowing sound implies; for by this is insured at least the temporary safety of the child." (P. 194.)

The disposition to this disease is often a family peculiarity, but occasionally it is generated by the untoward agency of external circumstances, over which we have more or less control. Thus, in dry and elevated though cold situations, it is not frequent: the contrary obtains in low marshy situations. It is more frequent in crowded cities and large manufacturing towns, than in the country. It is more prevalent in winter and spring, than in summer or autumn. The admitted accuracy of these facts suggests appropriate care on the part of the friends, and appropriate counsel on the part of the practitioner, as far as climate, situation and season, are concerned. "Warm clothing, too, is all important." Upon this subject Dr. Ley offers several remarks, which are not merely valuable in reference to the disease under consideration. We have often occasion to lament the folly and pertinacity with which children are exposed, half naked in fact, but in perfectly fashionable attire, to our ever varying climate. This is popularly called "hardening" the child. We regard it rather as an experiment to ascertain how much a child can bear without positive injury to its health. The mischiefs that hence arise are, unfortunately perhaps, not generally of immediate occurrence. If they were, the custom would, we suppose, be speedily abandoned: but in spite of the "hardening" system, a delicate child does not "get on," and sooner or later scrofula appears in some of its forms, especially if there be any hereditary tendency to this, so called, and real "evil." It is very pertinently remarked, that in dry and temperate weather, children ought not to be debarred from exercise in the open air, even if they have the mucous *rále* so frequently observed in this disease. There is no inflammation of the air-passages to be aggravated. In the ordinary language, there is merely an increased secretion of mucus; but Dr. Ley regards the symptom as dependent "upon accumulation of the ordinary secretion of the part in consequence of defective powers of the expelling apparatus, which is either enfeebled or paralysed; and upon this condition, weather has little other effect than as it has a tendency to enlarge or diminish the glandular tumours, upon the direct influence of which that accumulation depends. The warm or tepid bath is a valuable auxiliary in the medical treatment; but let the practitioner remember that if the child is frightened at the water, and cries or struggles violently, it ought not to be employed; for a paroxysm of the disease may thus be very probably produced. Cold bathing is objected to, and wisely, in this complaint. The *diet* of the child is of the utmost importance; it should, if possible, be confined to nature's food, the breast-milk, during the ordinary period of suckling. "The chances of preserving children who have a family proneness to this complaint, will be exceedingly small if it be attempted to bring them up by hand." We know this to be correct; but insuperable difficulties may arise to prevent the child from being suckled. Here we must carefully regulate the quality and quantity of the child's food, and control, as well as we can, the prejudices of nurses.

Asses' milk approaches nearest to the food provided by nature. If cows' milk is used, it should be diluted with about two thirds of sweetened gruel. The grit or barley gruel, prepared barley, and farinaceous food, are more aperient than arrowroot, biscuit powder, flour or rice. If, therefore, there be any tendency to constipation, the food should be selected from the former; if to diarrhœa, from the latter. Care must be taken, too, that the child is not too frequently fed, even upon proper food. The sucking bottle, with an artificial teat, is the best substitute for the breast. The earliest signs of disorder of the stomach and bowels, demand attention, and it must be removed by appropriate change of food and proper medicines. Ibid.

*Dr. Ley refers in a note to the evidence he has received, since the foregoing pages were printed, from different respectable practitioners whom he names, in confirmation of his pathological views of this disease.

ANALECTA.

MEDICO-CHIRURGICAL TRANSACTIONS; PUBLISHED BY THE ROYAL MEDICAL AND CIRURGICAL SOCIETY OF LONDON. VOLUME THE NINETEENTH.—LONDON, 1835.—The first paper in the volume is entitled "*Cases of Fracture of the Neck of the Femur, with the Appearances observed after Death*," by Mr. HOWSHIP; a gentleman who has largely contributed to the pathological and practical improvement of surgery. Nine cases of fractured cervix femoris are related, not for the purpose of demonstrating the complete ossific union which occasionally takes place, but to shew the different attempts made by nature to repair the accidental injury in different cases. These cases also convey a useful lesson to the surgical practitioner, as regards his diagnosis; for in each there was some variety, both in the appearance of the limb, and the symptoms produced. We confine ourselves to the important facts.

CASE I. *Immediate shortening, with Eversion of the Limb. Appearances at three weeks.* The patient had fallen on the trochanter of the right femur, and from that moment was unable to stand or move. The day after the accident, the right limb was an inch and a half shorter than the left, with eversion of the foot. She sunk, and died three weeks after the fall, without much suffering.

Dissection. Fracture oblique. Above, it passed through the cartilaginous margin of the head of the bone, extended obliquely round, and separated the lower part of the neck three-fourths of an inch below its junction with the head. The neck of the femur had lost half an inch of its length by absorption. No appearance of any attempt towards union. Capsule thickened and ecchymosed. The round ligament of a livid color, and wasted so as to be scarcely perceptible.

CASE II. *Slight Eversion. No shortening till six weeks afterwards.—Appearances at two months*, when Mr. Howship examined the body. At first, both limbs measured the same length, the only peculiarity being a slight eversion of the leg and foot. The limb admitted of being moved and raised with facility, and without pain or crepitus. Patient suffered little; but latterly the limb imperceptibly shortened about an inch.

Dissection. Fracture had passed round the cervix near the head of the femur. The ligamentous expansion covering the neck of the bone, was compact in texture, and much thickened. The other changes that were detected, were the apparent result of inflammation. "In the abdomen, the common trunk and internal iliac veins on the left side were filled with a compact coagulum of blood: the common iliac especially was so perfectly filled that it is not easy to understand how towards the close of life, the blood was returned to the heart; although there had been no œdema of the lower limbs." We have in our collection an interesting specimen of a similar kind, taken from a woman who caught cold while she was menstruating. Symptoms of phlebitis came on, and she died in a short time. The abdominal cava, the iliac and femoral veins, are seen completely obstructed by firm, long coagula. In this case, also, there had been no œdematous appearance of the limbs during life.*

CASE III. *Immediate Shortening, with slight Eversion of the Limb.—Appearances at five months.* The day after the accident, great pain was felt on moving the limb, but no crepitus was discoverable. Right limb an inch shorter than the left. The patient, æt. 78, died from sloughing of the integuments covering the sacrum.

Dissection. Fractured head of the femur separated within the capsule, which was thickened, compact, and ecchymosed. Round ligament, wasted and pulpy. The remains of the fractured neck were undergoing absorption.

CASE IV. *Immediate Shortening and Eversion of the Limb.—Appearances at ten months.* A woman, æt. 79, fell on her right side.—The same evening, Mr. H. found the neck of the right femur fractured, with great pain in the joint, inability to bear motion; shortening and eversion of the limb. This patient was imbecile, and would not submit to any treatment; she sank, and died ten months after the accident.

Dissection. Capsule of the hip thickened. The fracture had separated the neck irregularly, about half an inch below its junction with the head. Neck of the femur nearly absorbed; the part remaining being modelled into a little crutch, exactly fitted to receive and support the head, and almost entirely covered with cartilage, attached to the ligament, yet entering into the moving fabric of the new joint.

CASE V. *No immediate Shortening; slight Eversion of the Limb.—Appearances at twenty-two months.* E. B., æt. 79, fell upon the right trochanter. The same day, both limbs were of the same length; knee and foot slightly everted; hip-joint admitting free motion with pain. She could neither stand nor move the limb, complaining of pain in the joint and groin. In this instance it was at first doubtful whether fracture existed. Counter-irritation, by blisters, relieved the pain, and gave an improved power of moving and

*Andral makes some interesting observations on this subject, in his Anatomie Pathologique, t. ii.—*Rev.*

bearing on the limb: bnt the principal purpose for which this plan of treatment was adopted was not obtained, for gradual shortening of the limb took place. Her general health gave way, and she died.

Dissection. Right leg and foot much wasted, and three inches shorter than the left; —head of the femur separated from the shaft by a fracture passing round near the margin of the head. Neck of the femur gone. From the upper part of the basis of the neck of the femur many rounded projections of bone covered with cartilage, were put forth, over which the thickened capsule moved with facility. Round ligament wasted and shrunk.

Case vi. *Immediate Shortening and Eversion of the Limb.* In this case, eight years after the accident, a partial, compact, ligamentous union was found on dissection.—About six years after the injury, Mr. H. met the patient, a woman, æt. 70, walking without crutches. Her right hip, upon which she had fallen, was now nearly as strong as ever. She felt no pain in leaning, or even striking it with her hand.

Case vii. *Slight Eversion, no immediate Shortening.—Appearances at fourteen years.* In three months after the accident, this patient, æt 62, walked well without a stick.—The injured limb was gradually shortened about two inches. On dissection, it was found that the head and neck of the bone were steadied by fibrinous bands, which gave freedom and facility of motion to the newly formed joint.

Case viii. *Immediate Shortening and Eversion of the Limb.—Compact ligamentous union at five months.* M. C., æt. 66, fell on the right hip, and fractured the neck of the femur. Limb was immediately shortened two inches and a half; foot everted. Here was found, after death, a perfect example of compact ligamentous union.

Case ix. *Immediate Shortening. At first slight inversion, and subsequently eversion of the Limb.* This patient partially recovered the power of moving about.

"Cases of Warty Tumours in Cicatrices."—By Cæsar Hawkins, Esq. This paper commences with some very judicious comments on the various meanings assigned by different practitioners to the term *malignant*, as applied to tumours and other diseases.—Hence, of course, great obscurity in pathological anatomy, which might have been avoided by more precise definition. By a malignant disease is meant, by one person, a local and fatal malady, depending upon a constitutional taint, in the way that cancer and fungus hæmatodes are invariably fatal Another calls a disease malignant because it is incurable, and without any definite reference in his mind to the state of the constitution Thus, lupus and the corroding ulcer o the uterus are called malignant, though the disease does not contaminate either the surrounding parts, or the absorbent glands, by the formation in them of a *new structure*, like that developed in the seat of the primary disease; nor is a similar disease established in another part of the body by means of this contamination.

"Even in those diseases which are manifestly malignant, in the more confined sense in which cancer is malignant, there is great difference in the *degree* of malignancy, which the surgeon ought well to understand. Cancer of the breast very often returns in the same part, when removed by the knife; almost always affects the absorbent glands, and the appearance of a similar disease in some internal organ is always apprehended. In cancer of the scrotum, on the other hand, the removal of the diseased part is undertaken with well grounded confidence that the disease will not reappear in the same place; the absorbent glands are often not affected, and scarcely ever is any similar disease found in the liver or any other internal organ.

"But it seems to me that we want some word for those diseases which *do form a new structure*, capable apparently of contaminating the surrounding parts, so that the removal of the whole of the altered structure is necessary, but which *do not*, so far as I know, produce any contaminating influence upon the absorbent glands, and have no tendency whatever to reappear in a distant and unconnected part of the body. Such a disease is familiar to most surgeons in the skin of the face of elderly persons, and is often, but I think erroneously, called *cancerous* and *malignant;* since, if the new structure at its basis be completely taken away, there need be no apprehension of any return of the disease, either in the same part or elsewhere: or at least, if the new structure really possesses the nature of *cancer*, it must be clearly understood that the disease is *cancerous* and *malignant* in the very lowest degree. Of this kind also is the disease which I purpose to describe by the recital of a few cases which have fallen under my observation, and which as far as I know, is not described in any surgical writings.

"The tumour, which I will call the *warty tumour of cicatrices*, makes its appearance in some old scar, many years after the injury which has produced it has been healed, whether a burn, a cut, or a laceration of the skin; and it arises equally from a flogging or a scald, in which the skin alone has been injured, or from a cut or gun-shot wound, which injures also the tendons or bones below the skin, and makes a more complicated cicatrix. There appears in the first place a little wart, or warty tumour, in the cicatrix, which is dry and covered with a thin cuticle, but which soon becomes moist and partially ulcerated, like the warts of mucous membranes, from which a thin, and offensive, and semi-purulent fluid is secreted. In this stage it gives no pain nor inconvenience." (P. 20)

This first stage is shown in a preparation of a tumour removed in 1826, by Sir B. Brodie, in St. George's Hospital, from a soldier who had been repeatedly flogged. The last punishment, of one thousand lashes, had been inflicted eleven years before his admission. In the cicatrix, several warts sprung up, which coalesced to form a tumour. Around this tumour the skin was of a dark livid color, and studded with several smaller warts. The man easily recovered, and had no return of the disease.

In the second stage of the disease described by the intelligent writer, the growth of the tumour becomes more rapid, the warty appearance being in some measure lost; a more solid substance projecting from the diseased skin, which resembles fungus hæmatodes. The tumour is very vascular, and bleeds when touched. Case 2d, also a soldier, from military punishment, affords an example of the second stage. Case 3d, of a woman from a scald, still further illustrates the same points. Case 4, is one of warty ulcer arising in a cicatrix upon the heel, after a wound through the tendo Achillis. Cases 5, 6, and 7, describe the same diseases from other injuries.

Mr. Hawkins concludes his brief but interesting paper by expressing a hope that the remarks he has made may enable any surgeon to recognize the disease in its early stage, when it may be removed by the knife, without losing time in using remedies, which appear to have no influence over its growth. The excision of the warty ulcer may thus prevent amputation, as in some of the cases related, or prevent the patient from being worn out by a disease that might have been eradicated while its size still allowed of the operation. Again too, it must be important for the surgeon to know that this disease is of local origin; that it does not contaminate the constitution, so that no mischief is to be feared after its removal.

Mr. Howship next records "A Case of Abdominal Tumour, with appearances on Dissection." In this short communication we do not perceive any points of practical interest that we could convey by the brief abstract to which we are necessarily confined.

Dr. R. Lee relates a case of "Pulmonary Phlebitis, as a consequence of uterine phlebitis occurring after labour; the only example of this disease that has yet fallen under his notice." The case is doubtless of value from its rarity.

The next contribution to the volume, "Observations on Ulceration of the Cartilages of the Joints, and on Anchylosis," is from the pen of Mr. Herbert Mayo. In a paper by Mr. Key, on the Ulcerative Process in Joints, published in the eighteenth volume of the Medico-Chirurgical Transactions, two opinions are maintained: 1st, that ulceration of cartilage is more frequently dependent upon inflammation of the synovial membrane than is commonly supposed; 2d, that the inflamed synovial membrane is the agent by which cartilage is absorbed; or that cartilage is not so organized as to be capable of self-absorption, as the vascular tissues are, but when appearing to ulcerate, is acted on and taken up either by the capsular synovial membrane, or by a false membrane superadded to the latter, with one or other of which the cartilage is in contact. The first opinion is supported by Mr. Mayo's experience; the second is opposed to the authority of William Hunter and Sir B. Brodie, and is at variance with the facts stated in Mr. Mayo's paper. Mr. Mayo's principal object, however, is not to multiply proofs of vital forces being inherent in cartilages, but to establish certain pathological differences, which he believes to have been overlooked by others, in ulcerative diseases of joints. With this purpose, several cases and dissections are described, which have fallen under his observation. They tend to show that articular cartilages are liable to three distinct forms of ulceration, which may be occasionally combined, but are oftener met with separately. The cases first described are instances of rapid absorption of cartilage, beginning in its synovial aspect; the new surface, if of cartilage, being smooth and unaltered in structure; if of bone, healthy; the absorption of cartilage being attended with inflamation of the capsular synovial membrane. The second series exemplifies chronic ulceration of cartilage, beginning on its synovial aspect, producing an irregularly excavated surface, with fibrous or brush-like projections of the cartilage and synovial membrane, attended with inflammation of the capsular synovial membrane, and sometimes of the same membrane where it is reflected over the cartilage; the bone, and the surface of cartilage towards it, being healthy.—The third set of cases are instances of ulceration of cartilage beginning on the surface towards the bone, attended with inflammation of the adjacent surface of the bone, with inflammation of the synovial membrane, and in some instances with sensible vascularity of the cartilage itself. Mr. Mayo's paper is illustrated by three exceedingly beautiful lithographic drawings. The preparations referred to in the paper, from which the drawings were taken, may be seen in the anatomical museum of King's College.

Mr. W. H. Partridge's case of "Singular Laceration of the Peritoneal coat of the Uterus," as detected on examination after twin-labour, is worthy perusal. The "postscript" to the paper somewhat diminishes the *singularity* of the case previously related; for the author "has met" (in Velpau's Accouchemens, probably, t. ii., p. 193 et seq., where the very same cases are referred to,) with accounts of two other cases of rupture of the peritoneal coat of the uterus, followed by death.

"On the Chemical Constitution of Calcareous Tumours of the Uterus and other Parts." By John Bostock, M.D. F.R.S. &c. —From analysis made by Dr. Bostock himself, and others of equal celebrity, the conclusion arises that these earthy concretions, in whatever part of the body they may be deposited, are nearly similar in the nature of their constituents, although with some variation in their proportions; that, in almost all instances, the phosphate of lime is the predominating substance, while, in certain cases, the carbonate would appear to be the principal ingredient.

'Observations on Fibro-calcareous Tumours and Polypi of the Uterus.' By Dr. R. Lee.—Dr. Lee gives a good abstract of his subject from various authorities, and adds somewhat from his own resources. Bayle has described the fibrous tumour of the uterus as fleshy at its commencement, and of a red colour, like muscular fibre, then as becoming cartilaginous, and in the last stage, osseous. This may be the case with a few examples of the disease, Dr. Lee confesses, but he thinks not generally; and that the greater number of these tumours never exhibit a muscular or fleshy appearance at any period of their existence, but have a fibrous structure, equally distinct when not larger than a pea, and when exceeding in magnitude the head of the human adult.

"Fibrous tumours are developed either in the cellular membrane under the peritoneal coat of the uterus, or between the layers of its muscular or middle coat, or immediately between its middle and mucous coats. When situated between the peritoneum and muscular coat, they give rise to no irritation, hemorrhage or derangement, either in the uterine functions or general health, and their existence even, can only be guesed at during life. But when they attain a large size, and occupy a great part of the abdominal cavity, they produce all the injurious consequences of enlarged ovaria, from which indeed, during life, they are distinguished with difficulty, and death usually takes place from interrupted circulation and long continued pressure on the bladder and other contiguous viscera. Retroversion of the uterus and retention of urine have taken place in the latter stages of the disease." (P. 107.)

"There are no symptoms by which we can positively determine, during life, the presence of fibrous tumours situated between the muscular strata of the uterus: they may, however, be suspected to exist in those individuals who, being advanced beyond the middle period of life, suffer habitually from leucorrhœal discharge, who menstruate profusely, and have frequent attacks of menorrhagia, with sense of weight and irritation in the region of the uterus and adjacent organs. No alteration of structure can be discovered in the cervical portion of the uterus; but when an examination is made, the uterus is felt larger and heavier than natural. The os uteri is neither irregular, indurated, nor painful on pressure, as it is found to be when affected with malignant disease." (P. 112.)

Dupuytren believed that uterine polypi, if abandoned to themselves, ultimately became disorganized by cancer. Dr. Lee doubts the correctness of this opinion, from his own observations; and our own experience quite confirms his scepticism as to its accuracy.

"With respect to the treatment of the various tumours which have now been described, I have a few observations to offer. Iodine, mercury, and all other remedies, have little effect either in arresting their growth or promoting their absorption. Women who have fibrous tumours formed in the walls of the uterus should avoid mechanical pressure of the hypogastrium, violent bodily exertion, and every other cause which may excite inflammation or determination of blood to the organs within the pelvis. Where congestion has taken place, it should be removed by local bloodletting, mild cathartics, and anodynes. Profuse uterine hemorrhage should be controlled by rest in the recumbent posture, cold applications to the hypogastrium, and the internal use of the acetate of lead.

"When any of these tumours pass through the os uteri into the vagina, they may be removed by the ligature or by the knife. If the root is soft and slender, the tumour may easily be twisted off by the forceps. In the course of the last twenty years, Dupuytren states that he has removed two hundred uterine polypi by excision. Hemorrhage has only occurred twice in all the cases, and in both instances it was permanently arrested by the tampon. In eight or ten cases, after the application of the ligature, death took place from the absorption of pus into the system.

"Where the root of the tumour is large and vascular, I am of opinion that a ligature should previously be passed around it, at as great a distance from the os uteri as is compatible with the removal of the disease." (P. 132.)

"Further Remarks on the Ulcerative Process." By C. Aston Key, *Surgeon to Guy's.*—We have, in our notice of Mr. Mayo's paper, adverted to the difference of opinion that exists between Mr. Key and that gentleman with respect to the absorption of cartilage. The doctrines which Mr. Key advances in these "Further Remarks," have not made converts of us. He conceives that cartilage has not the power of self-absorption, but that it disappears either by softening or through action of another surface upon it. The opinions of Dr. Hunter, Sir B. Brodie, and Mr. Mayo, are opposed to Mr. Key's; and, although the point is not easy of direct proof, yet we consider the case given in Mr. Mayo's paper in the same volume, as decisive. This case is the subject of the first figure in the very beautiful plate attached to Mr. Mayo's paper. It appears by the narrative that in less than three weeks the cartilage had almost entirely disappeared from the astragalus in this instance; that what remained was perfectly healthy and not softened, and perfectly adherent; and that there was no fluid in the joint, nor false membrane stretched over the articular surfaces; there was nothing, in short, in the joint, *to begin the absorption of the cartilage but the cartilage itself.* We will not advert to cases in which the evidence is more ambiguous, but of which we have seen many that we have thought could bear no other construction than that which Mr. Key rejects: but, believing that it is now established that cartilage is capable of self-absorption, we venture to assert that it is more reasonable to attribute appearances to this principle, which can be explained by it, than to assume another, which is still more difficult of proof, and not more consistent with analogy.

Mr. Cock's "Remarks on Malformation of the Internal Ear," and *Mr. Thurnan's* "Examination of the Organs of Hearing from the Body of a Boy, Æt. 13, born Deaf" require the diagrams by which they

are illustrated, to render them intelligible. They are both interesting contributions to a subject of which, confessedly, we have yet much to learn. Mr. Cock remarks, that congenital deafness has been almost universally ascribed to paralysis of the auditory nerves, although there is, he believes, scarcely a case upon record in which the nerve has been found altered in its size or texture, unless through the agency of tubercles, hydatids, or some other cause producing mechanical pressure or lesion of its substance. He has examined, within the last two years, the temporal bones of five children who died in the Deaf and Dumb Asylum; and in two of these he detected such palpable deviations from the normal structure as would indicate that a congenital malformation exists oftener than is generally supposed, and therefore that to this cause many cases of deafness may reasonably be ascribed.—We do not pretend to much personal knowledge of this subject; but we must observe, that no malformation of the ear is found upon examination of the majority of persons born deaf, and that it would be safer to attribute the deafness to any other cause than to that which would lead practitioners into utter despair of rendering any service, by any means.

Dr. Seymour relates three cases of *Mental Derangement* successfully treated by the acetate of morphia. The opinion that mental diseases are generally dependent upon inflammation of the brain, and that free bleeding is the proper treatment to be had recourse to, is now abandoned, except by a few routine practitioners, who never move from that degree of professional knowledge at which they quitted their lecture-room. Dr. Seymour's views and doctrines are well known, and have been too frequently insisted upon by various authorities to require any additional confirmation.

Cases and Observations illustrative of Diagnosis when Adhesions have taken place in the Peritoneum; with Remarks upon some other Morbid Changes of that Membrane." By *Richard Bright, M.D., F. R. S., &c.*—Dr. Bright has observed on several occasions, when the circumstances of the disease had rendered it probable that adhesions might take place between the viscera and the peritoneum of the abdomen, that a very peculiar sensation has been communicated to the touch, varying between the crepitation produced by emphysema, and the sensation derived from bending new leather in the hand: and, in each of the cases detailed, he found, after death, that such adhesions had existed in the parts where this sensation was discovered; but in no case has he observed the phenomenon and ascertained that the particular morbid condition did not exist; so that he infers the probability that the same adhesive process had taken place in those cases where no opportunity of examination after death, was afforded. As far as we know, Dr. Bright is original in this observation; we quite agree with him, that it may be of importance to ascertain the existence of such unnatural adhesions, as guiding and modifying not only our prognosis, but our practice. At all events let the actual utility of such information be what it may, according to the present state of our knowledge, whatever symptoms facilitate our obtaining an exact insight into the progress of disease, must be satisfactory to the physician, and may hereafter prove beneficial beyond any thing we can at present foresee." Dr. Bright relates seven cases, in most of which, during the progress of abdominal disease, the "crepitus" he mentions was felt during life. The diagnosis that adhesions had taken place, was verified by dissection. Mr. Copland Hutchinson relates a case, at the end of Dr. B.'s paper, in confirmation of the existence of the diagnostic symptom adverted to, whch adhesions have taken place in the peritoneum.

"On the Medicinal Properties of Creosote." By *J. Elliottson, M.D.* &c.—In the early part of 1834, M. Reichenbach discovered a new principle in pirolignеous acid and all the tars, which he called Creosote, from its property of preserving animal matter: he regarded it as a cure for various diseases. Dr. E. commenced a trial with it at St. Thomas's Hospital, in July, 1834, in cases of phthisis and epilepsy. The medicine proved stimulating. If the first dose exceeded two or three drops, nausea, vomiting, vertigo, headach, and heat of the head, generally followed; but if the dose was at first only one or two drops, many patients bore a gradual increase of it to six, ten, or twenty, without unpleasant effect. Some patients will not bear more than a fraction of a drop of creosote, while Dr. E. knew one lady who steadily augmented her dose to forty drops before it disagreed with her; but the addition of a single drop beyond this produced extreme giddiness, insensibility, and vomiting, followed by headach for several days. It appears more likely to disagree if not well diluted, though the longer it is given, the less dilution frequently is necessary. At first every drop usually requires about half an ounce of water, and few persons can take many drops in much less than half a pint, without experiencing at least considerable heat in the tongue especially, and in the pharynx, œsophagus, and stomach. Dr. E.'s trials with it internally in phthisis "were perfectly unsuccessful." It is no remedy for tubercles: out, where only a single ulcer exists, or but a small number are in the lungs, and there is no disposition to further tubercular formation, it is very useful.

"One young gentleman, with a large solitary cavity in his left lung, has completely recovered, and not the slightest morbid condition is discoverable by the ear. In bronchorrhœa, or that state of the bronchial mucous membrane which consists in a profuse secretion without inflammation, I have seen its inhaltion of essential service. In one instance of this affection, in which the expectoration was extremely offensive, the cure was very rapid. In asthma also, dependent upon morbid excitability of the bronchial membrane, its inhalation is often useful. Even where it agrees perfectly well, the inhalation frequently induces a heat of the tip of the tongue." (P. 221.)

A few epileptical patients for a time had mild or fits, and at longer intervals, from this remedy;

but, except in one or two instances, the disease returned with its former severity, and sometimes appeared to be aggravated. The tranquillizing effect of creosote in some instances of epilepsy encouraged Dr. E. to try it in neuralgia, hysteria, and extreme nervousness; and in this class of cases it frequently succeeded. In rheumatic neuralgia, not inflammatory, Dr. E. imagines the remedy is most successful. The morbid excitability of nervous persons has been frequently abated by it in a remarkable manner; but in this description of persons, we are advised to begin with no more than half a drop, as occasionally more at first produces excitement of the head. Palpitation depending upon mere morbid excitability of the heart has yielded to it far more than other remedies. The "extraordinary power" which the creosote possesses, of arresting vomiting, when not dependent on inflammation or structural disease, Dr. E. "considers to be perfectly established." During inflammation, the stimulant power of the medicine does harm. If structural disease exists, it aggravates pain, even if it arrest the vomiting. A few persons are so disgusted with the smell of tar, that any attempt to take the creosote makes them sick; but, with these exceptions, Dr. E. "knows no other medicine at all to be compared with it in arresting vomiting." He has often seen it succeed after the failure of prussic acid, the most powerful remedy he was previously acquainted with in such cases. In different cases of vomiting different doses are required. In colic and enteritis, it arrests the vomiting long before the bowels are opened, and purgatives are thus retained which were before rejected. Dr. E. has tried it in only one case of vomiting from pregnancy, and with success. In sea-sickness also it has been found advantageous; but at present upon a small scale. Its power, we are assured, is equally great over nausea. When properly given in cases of nausea or vomiting, without inflammation or structural disease of the stomach, Dr. E. has only known it to fail in one remarkable case, which he relates. Having ascertained this power, experiments were made to determine whether, like prussic acid, creosote would prevent other medicines from exciting nausea and vomiting. The result is thus confidently expressed:

"I find it, by daily experience, even to surpass prussic acid in this particular. I have enabled the stomach to bear hydriodate of potass, sulphate of copper, sulphate of iron, and many diuretics, &c., in much larger quantities than those previously rejected. Just as I have often seen it arrest vomiting where prussic acid had failed, so I have seen it enable the stomach to bear medicines when they had been rejected in spite of prussic acid." (P. 230.)

No action is produced upon the bowels by the creosote. It sometimes augments the quantity of urine. Dr. E. once saw it, in doses of a minim three times a day, cause micturition nine times in an hour. In another case, in doses of three minims, it produced severe strangury. In three cases of diabetes, it was thought to do good. Dr. E. speaks favorably, too, of its external application in ulcers that require a stimulus, and in sloughs with offensive discharge. In pruritus prodicis, in toothach applied pure, and in porrigo, it has sometimes been found serviceable. Dr. E. adds, in a postscript, that he has witnessed "its extraordinary power over nausea and vomiting, in at least fifty more cases, in which the stomach was neither inflamed nor diseased." In two cases of glanders contracted from a glandered horse, "the sedulous injection of a weak solution of creosote up the nostril, removed the whole of the symptoms in a few weeks."

So far we have confined ourselves to an abstract of Dr. E's warm eulogiums respecting the creosote, but we cannot quit the subject without observing that, in other and equally judicious hands, with all the required conditions present in the case in which it was given, it has fallen very far short of the virtues ascribed to it in his paper. We sincerely hope that further experience may confirm Dr. E.'s opinions: we fear, nay, we believe, it will not; and that, even in those cases—nausea and vomiting, with inflammation or organic disease,—in which he much extols its powers, the result of accumulated evidence will be, that it sometimes succeeds, more frequently fails, and is even occasionally injurious. The creosote is at least not to be trifled with, with impunity, and we caution practitioners in general, from what we know of its effects, to prescribe it with great circumspection.

Brit. & For. Med. Review, July, 1836.

MEDICAL INTELLIGENCE.

1. *Extracts from an Address delivered before the Medical Society of the county of New York, July* 25, 1836. By James R. Manley, M. D., President.

(Continued from page 40.)

1. "The Moral Culture of the Physician, is a subject of serious concern, which ought not to be overlooked; but as it devolves by necessity on the individuals composing the society, and not on the society in its corporate character, it need not be especially insisted on in this place. I may be permitted to say, however, that the physician who undertakes the task of educating pupils, is lamentably deficient in duty to society, to the profession, to his pupils, and to himself who neglects it. The student commences his medical education at a time when impressions are readily received, which, for good

or for evil, will be matured into settled principles of action. No vocation in the world offers more temptation to swerve from the strict line of duty and propriety. Familiarity with suffering is calculated to render him hard-hearted and indifferent; necessity may render him illiberal and penurious; ingratitude may render him irascible and vindictive; and mortifications of various kinds, acerb and petulent: defeated in his expectations to attain eminence in his profession, he may attempt to compensate himself by indulging an avaricious and mercenary spirit, and to cast away his hopes of reputation for the more probable expectancy of wealth. How necessary, then, that in early life he be furnished with a moral panoply, which will enable him without effort to resist all these temptations?—A mercenary spirit, of all vices in a physician, is the most blighting, since it involves the sacrifice of every thing which can give dignity or grace to his profession."

2. "*Unworthy of Confidence.*—Such a physician, even if qualified, is unworthy of confidence; and he is rarely so; for no well instructed physician can value his profession merely for the profit which it yields: the inordinate love of money bars all such expectation. The patient who places his life in the keeping of his physician, surely has a right to expect that the trust will be guarded with a solicitude with which mercenary motives cannot associate. He has a right to expect that his absolute reliance will be met by a spirit in his physician worthy of such unconditional confidence, and a mercenary spirit is not such. For myself, I am free to declare, that I would rather be the sick tenant of a lodge by the road side, and trust my recovery to the unassisted efforts of nature, surrounded by my family, whose sympathies would alleviate my suffering, though their limited information might mistake the means, than be the proprietor of a well furnished and comfortable home, under the same circumstances, attended by a mercenary physician, who might send me to my account before my time, make my wife a widow, orphan my children, and, at last, receive the extortionate wages of his iniquity through the sale or mortgage of my estate."

3. "*Homœopathists.*—I am induced to touch this subject, in order to introduce to your acquaintance a class of men, some of whom, I believe, belong to this society, who are styled Homœopathists. The doctrine holds a kind of middle rank between absolute quackery and a sublimated philosophy: the one too bald to be mistaken, and the other too intricate and etherial to be understood—at least, by common minds. It is based on the strange assumption that causes are cures, if properly understood, and given in proper doses; that what will produce disease when taken in health in large doses, will cure the same disease when taken in doses so minute as to defy division or comminution.

It is difficult to speak in respectful terms of folly, when it assumes the garb of wisdom; or of fraud, when clothed in the semblance of sincerity. The whole doctrine, if doctrine it may be called, which no man without some tangible illustration can understand, rests upon the bare assertion of some facts and the perversion of others; and the practice of it is so feeble and inert as to stagger the faith of the most credulous. It is, in truth, an apology for doing nothing, so that it differs from bold imposture, which would destroy, and is marked by a cunning only, which pretends to cure. That I may be understood, I will relate a fact in illustration.

It is assumed that belladonna will produce a disease similar to scarlatina, it is therefore the appropriate remedy to be exhibited to cure it, and the following is the recipe:—Mix one drop of the expressed juice of the belladonna with one hundred drops of alcohol; take one drop of this diluted mixture, and add to it another hundred drops of alcohol, and repeat this process of dilution sixty times, and then give one drop of the last mixture to the sick child, as a dose, to be repeated every two or three or four hours, as there may be occasion.

This, my friends, was the serious advice of a homœopathist, in a serious consultation not long since, in this city! The dose of belladonna thus prescribed (or rather recommended, for it was not given), was that part of a drop which could not be put in terms by the most intelligent mathematician; and the child to have taken the entire drop in the same state of dilution, (the menstruum being water,) would have been obliged to swallow more than could be contained in all our northern lakes, with the Erie canal and Hudson river in addition; and if the original drop had been mixed with the head waters of the river Mississippi, above the falls of St. Anthony, and the child had been required to take one spoonful from the same river at New Orleans, every three hours, allowing time for the current to have reached so far, the remedy would have been overdosed!!! Are not the ravings of a tenant of Bedlam philosophy compared with this? Does not the absurdity of practice like this, call for an expression of marked disgust?"

II. The Homœopathist, or Domestic Physician. By C. Hering, M. D. Allentown, Pa., 1835.

> "Mankind consists (awake or lull'd)
> Of two vast tribes—the gulls and gull'd."

The golden age of the poets is again approaching. Discovery follows upon discovery in such rapid succession, that disease, both of body and mind, will soon be banished from our earth. Love and anger, and sorrow and shame, can be now removed by a few pellets not larger than a grain of gunpowder. As even fear can be put to flight, there will be henceforward no cowardice except among the ignorant.

"Fear is often combined with fright and anxiety, and the same medicine indicated there, will answer here. When children are very fearful, No. 3 will help, if given in the evening; No. 5, in the morning.

"In cases of silent, inward grief, with shame, suppressed anger, great affliction recurring instantly to the mind, grief from unrequited love, loss sustained which one cannot forget, or when something preys upon the mind, give No. 4, which in many cases may be repeated next day."

Should any of our readers have a wife of irritable temper, he will find a remedy in No. 17.

Notwithstanding all the efforts of the temperance societies, the vice of drunkenness still prevails, and causes much affliction. In the fifty-third page we have the following remedy:—

"When a man has become an habitual drunkard, and no admonition can induce him to abstain from his vice, we would advise his unfortunate wife, his children, or brothers, or friends, to administer to him the following remedy, in a secret manner:—

"Put a live eel into a bucket or narrow tub, pour wine over it, and let it die; draw this wine in bottles, and give it to the drunkard, and let him drink as much as he will.—You may proceed in the same manner with brandy, which, however, ought to stand for a short time before being put into decanters."

No one will deny that the above remedy is of far more practical benefit than the discovery of Van Helmont.

"When," says he, "a person makes a practice of leaving something disagreeable at your door, put a red hot poker in what he has left, and he will immediately feel such a pain in his impudent bowels, that he will never repeat the offence."

Fortunately, civilization has so far advanced since the days of Van Helmont, that there is now no occasion for his remedy. All hail, humbug!

III. Homœopathic humbug creeping into a distinguished medical school.

To the Editors of the United States Medical and Surgical Journal:

I trust the following statement will find a place in your Journal:—

Some time ago, a gentleman residing about one hundred miles from New York, visited a physician of that city, to consult him in relation to a disease he was then, and is still, laboring under. The physician candidly told the patient that he believed that he could not relieve him, stating, at the same time, that by leaving the case to nature, much good might be derived from such a course. This advice was not satisfactory to the patient: on the contrary,—he posts off to Philadelphia, to have the opinion of a distinguished professor of that city, and who, on examination of the case, gave a similar opinion to the New York gentleman, but observed, that he knew a *talented* physician in the city of New York, who had become acquainted with a new mode of treating diseases, and advised the patient to return to New York, and that he would give him a letter of introduction, which he accepted, and hastened back to New York, delivers his letter of introduction (do not startle, gentlemen) to a homœopathic doctor, who, with all the grave *solemnity* of the quack, pronounced the case a *desperate* one, but believed that he could relieve him; then gave something, or rather *nothing*, for which he received a handsome fee, and the patient returned to his home.

Shortly after this *farce*, the homœopathic gentleman writes to his friend, the professor in Philadelphia, thanking him for sending him the patient, also for the confidence he put in his skill, and then goes on to describe the character of the disease, and gives the prescription he had recommended, viz.—*One drop of nitric acid to be put into three quarts of water; a table-spoonful to be taken every three days, precisely at eleven o'clock in the forenoon.*

It is presumed that the *charm* or *miracle* was to be brought about at this hour. No doubt the Philadelphia professor was delighted with this prescription, and the *flattering* letter which accompanied it. Be that as it may, he lost no time in transmitting to a friend of the patient, the letter he received from the homœopathic doctor, also a long letter written by himself, in which he states that he had held the homœopathic doctrine in great contempt, &c.; but that from a personal conversation, &c., he had with Dr. ——, his views had been changed, and that he had *learned* much from Dr. ——, as to the *uses* and *powers* of medicine;—after much *flattery* and *nonsense* about the great *skill* and *acquirements* of his homœopathic friend, the learned professor proposes that the patient should meet him in New York to hold a consultation on his case with the homœopathic doctor. This was wisely declined by the patient. I observed to my informant, "what could possibly induce the Philadelphia professor to have pursued such a course?"—He replied, "perhaps it was done for the purpose of making a *noise* about being sent for to the city of New York to consult in some *important* and *difficult* case. The New York doctors being (if a certain Dr. Bedford of your city is to be believed) 'unpardonably deficient in all that appertains to the profession of medicine.'"* C. R.

Conn. July, 1836.

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*From the respectable source from which the foregoing communication is received, we have no doubt of its being correct in every particular. But should it be otherwise, our pages are open to an appropriate reply.—*Eds.*

IV. Medical Institutions of Europe.—A book has made its appearance in England, which expressly treats of the Medical Institutions and the Practice of Medicine in France, Italy, and Germany—the three principal kingdoms, besides England, in which the science has been cultivated with any degree of success. If this volume could be circulated in the United States, it would save the expenditure of immense sums in foreign countries, ostensibly devoted to the acquisition of a species of knowledge that might be learned at home. To the mere matter of travelling, there is not the least possible objection: whilst it polishes the manners, it enlarges the understanding, and elevates the character. By always being confined to the immediate circle of one's personal interests, selfishness, and a spirit of illiberality towards men and things which differ from those with which an individual happens to be familiar, is exceedingly apt to follow. But this mania for visiting European hospitals, before any thing like a thorough course of study has been pursued in those at our own doors, demands the careful attention of those who control the system of medical education here. Schools and hospitals richly endowed, and equal in point of utility to any on the continent of Europe, are now numerous among us. If they are wanting in age, they possess an important advantage of being conducted by men of the highest moral worth, distinguished alike for their energy, skill, and urbanity towards pupils. Now, if our young men would commence their studies at foreign schools, and remain at them till they were regularly graduated, there would be some propriety in the measure. It is the roving propensity, the little of this and a little of that, without being essentially benefited by the practice or doctrines, either way, that is so objectionable.

One single fact, quoted from Dr. Lee, the author of the volume alluded to, is enough to convince the greatest admirer of foreign institutions, that the hospitals of Boston and New York, for example, in their internal regulations, are far superior to some of the most prominent of those which American medical students consider it such a paradisical privilege to inspect, perhaps one or two hours in a day, at an extravagant cost of money, in the way of travelling expenses.

"Few students see the wards of foreign hospitals, except during the visit of the physicians or surgeons. In the absence of these, the general service of some of the French hospitals is, we know, performed in a very slovenly manner. We have been surprised to see the house pupils performing all the minor operations, including venesection, unattended even by a nurse, even in the women's wards; and in case the patient fainted, it was sometimes necessary to summon the aid of a man who was polishing the floor by rubbing a cloth over it with his foot."

"Candidates for the diploma of Doctor in Medicine and Surgery, are required to have studied four years, during which period they have to take out an inscription every three months, for attendance on lectures and hospitals." All that relates to the time and course of study in France is excellent—but who does it?

Medical education in Germany is very thorough; but the language in which the public lectures are given, renders it extremely difficult for an ear accustomed to the English, to derive much advantage from any instruction in that way.—By a residence of ten years at Gottingen, with close application, a person would become truly learned in professional knowledge.

In a word, for the honor of their native country, before visiting European establishments, let those who seek in other climes excitement and novelty—practical science being too often but a secondary consideration, although other and higher motives are the customary pretext—first reap the benefits to be derived from the generous institutions of their own land.

A wide distinction is intended, however, between those who cross the Atlantic, and stay long enough to understand what may be heard and seen in the line of their profession, and those who flit before the wards of the dying with a scented pocket-handkerchief at the face, and return before they have been missed from their neighborhood, to astonish, browbeat, and insult their superiors in wisdom with what they do—"where I have been." *

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V. American Association of Philosophers.—It will be recollected that no longer ago than last season, a great national association of scientific men, belonging principally to England, united themselves into a society, called the British association, for the mutual benefit of each other and the world, the object was to concentrate all the science of the empire. Novel as was the idea, when first proposed, the happiest results may be anticipated. Philosophers were brought together, and established a personal acquaintance, who otherwise might never have known each other. Never, perhaps, in any age were so many persons congregated, individually distinguished for their profound attainments.—The learned of other and distant countries, struck with the importance of the scheme, and doubtless, curious to behold a multitude in which was embodied such an immense weight of talent, genius, wisdom, and true intellectual greatness, made long and tedious voyages to be present at the organization of the first congress of philosophers. By a judicious subdivision into sections, every member had an opportunity to contribute something which exclusively belonged to his own field of study. The mathematician, the chemist, the physiolegist, and the anatomist, as well as others who cultivated a domain in the field of nature, freely communicated the results of their observations and experience. By an orderly arrangement of time, their was neither confusion, hurry, nor even a superficial exhibition in any one of the numerous departments into which the exact sciences are necessarily divided. An impetus was given to genuine

*For more geneeral information respecting 'American Physicians,' visiting Europe for medical knowledge, &c, we would recommend them to peruse a few paragraphs commencing 'A few remarks,' page 314 of our 2d volume.

Eds. U. S, Med. and Surg. Jour.

learning and to true philosophy—and an ambition excited among those who had lived, thought and experimented alone, which will hereafter be referred to in the annals of Europe, as a new and brilliant epoch in the history of science.

A similar meeting in the United States would have a very beneficial influence upon the future condition of all who might participate in its deliberations. A timely circulation of advertisements under the sanction of men of acknowledged rank in society, whose standing is based on their mental acquirements, would bring together a concourse of highly gifted individuals, that would excite universal attention over the whole continent. Washington, in preference to any other city, offers the greatest number of advantages for the place of such a meeting, during the session of Congress. If it were found on trial, to be impracticable to bring together all classes and denominations of philosophers, the effort to have a great national convention of medical men might be attended with more success. The opinions of correspondents on the feasibility and probable utility of the measure, are respectfully solicited

Ibid.

VI. Medical Graduates in Harvard University. *Mr. Editor*:—The following is a list of those who have received the degree of Doctor in Medicine in Harvard University, in the year ending August 31st, 1836.

Joseph Cullan Ayer, A. M., *Nephritis.*
Abel Bryant Adams, *Sleep.*
Frederick Allen, *Puerperal Peritonitis.*
Charles Jarvis Bates, A. M. *Polypus of the Nostril.*
Luther Clark, A. B., *Ancient and Modern Pathological Systems.*
Alfred Day, *Gout.*
Lemuel Gott, *Peritonitis.*
Oliver Wendell Holmes, A. B., *Pericarditis.*
Silas Holmes, A. B., *De Abortus Inductione.*
Robert William Hooper, A.M. *Catarrh.*
William Ingalls, Jr. *Intermittent Fever.*
Moody Mansur, *Principles of Hygiene.*
Charles Grafton Page, A. M., *On the Ear.*
Nelson Perrin, *Croup.*
William Dandridge Peck, A. B. *Hydrocephalus.*
Charles Henry Peirce, A. M. *Influence of different Nervous Centres.*
Henry Gustavus Wiley, A. B. *Pneumonitis.*
Reuben Spaulding, A. M. *Health and Disease.*
John Osgood Stone, A. M. *Inguinal and Femoral Hernia.*
John Wright Warren, Jr. *Asthma.*

September 1*st*, 1836.

W. Channing, *Dean.*

Ibid.

VII. Boylston Medical Prize Questions.—The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians, viz.:

John C. Warren, M. D.
Rufus Wyman, M. D.
Geo. C. Shattuck, M. D.
Jacob Bigelow, M. D.
Walter Channing, M. D.
Geo. Hayward, M. D.
John Randall, M. D.
Enoch Hale, Jr. M. D.

At the annual Meeting of the Committee, held on Wednesday, Aug. 3d, 1836, a premium of Fifty Dollars, or a Gold Medal of that value, was awarded to Oliver Wendell Holmes, M. D. of Boston, for a Dissertation on the following question: "How far are the external means of exploring the condition of the internal organs, to be considered useful and important in Medical practice?"

There were two other dissertations on the same subject, of so high a character, that the Committee were desirous of bestowing upon them some mark of their approbation. But they could not draw upon the Bolyston fund for more than one premium on each question. The necessary means, however, were furnished in another way, and a prize of Fifty Dollars was awarded by an unanimous vote, to each of the authors of these dissertations. One of them was written by Robert W. Haxall, M. D., of Richmond, Virginia, and the other by Luther V. Bell, M. D. of Derry, N. H.

The following Prize Questions for the year 1837, are now before the public, viz.:

1st. "What is the nature of Neuralgia, and what is the best mode of treating it?"

2d. "To what extent and in what places has Intermittent Fever been indigenous in New England?"

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M. D. Boston, on or before the first Wednesday of April, 1837.

The following Questions are now offered for the year 1838, viz.:

1st. "What are the anatomical characters of Typhous Fever, and what is the best mode of treating this disease?"

2d. "What are the causes, seat and proper treatment of Erysipelatous Inflammation? (Erythema Erysipelatosum of Good.")

Dissertations on these Questions, must be transmitted as above, on or before the first Wednesday of April, 1838.

The author of the successful dissertation, on either of the above subjects, willbe entitled to Fifty Dollars, or a Gold Medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz..

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith. Geo. Hayward, *Sec'y.*

Boston, Aug. 24, 1836. Ibid.

☞ Communications of every description concerning the U. S. Med. and Surg. Journal *must* be made to James Webster, the Publishing Agent, otherwise no attention will be paid to them.—Communications through the post office, must be post paid unless otherwise directed.

THE

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IN

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SECOND SESSION.

The first Introductory Lecture will be delivered on the last Monday in October.

The Didactic Lectures will commence on the first Tuesday in November, and continue until the end of February, by the following professors:

JOSEPH N. McDOWELL, M. D., on *Special and Surgical Anatomy.*

SAMUEL D. GROSS, M. D., on *General and Pathological Anatomy, Physiology, and Medical Jurisprudence.*

WILLARD PARKER, M. D., on *Surgery.*

LANDON C. RIVES, M. D., on *Obstetrics and the diseases peculiar to Women and Children.*

JAMES B. ROGERS, M. D., on *Chemistry and Pharmacy*, assisted by

JOHN L. RIDDELL, M. D., *Adjunct Professor of Chemistry and Lecturer on Botany.*

JOHN A. HARRISON, M. D., on *Materia Medica.*

DANIEL DRAKE, M. D., on *Theory and Practice of Medicine.*

The Faculty congratulate themselves and the students of the west, on the Trustees having appointed to the chair of Surgery, a gentleman who has already distinguished himself as a public Lecturer in three different schools of Vermont, Massachusetts, and New York.

He has accepted the appointment, and will be in Cincinnati before the opening of the session.

The spacious and convenient College Edifice, near the centre of the city, with its new wing, embracing an Apparatus Room, an apartment for the Anatomical Cabrine, and a capacious Dissecting Room, will be finished and in perfect order prior to the opening of the session.

Students who intend to graduate must matriculate by the 20th November.

The price of the whole is One Hundred and Five Dollars. The Dissecting ticket Ten; Matriculation two, and the graduation fees twenty one dollars.

By order of the Faculty.

DANIEL DRAKE, M. D., DEAN.

Cincinnatti, Ohio, May, 1836.

COLLEGE OF PHARMACY OF THE CITY OF NEW YORK.

THE Lectures of this institution will commence at the College Rooms, New York Dyspensary, corner of Centre and White streets, the first Monday in December, and continue three times a week, three months. They consist of one course on Materia Medica and Pharmacy, and one course on Chemistry, which will embrace a general view of these important sciences, particularly applicable to the business of the Apothecary, but useful and interesting to others. Each course will be illustrated by appropriate experiments.

Professor of Materia Medica and Pharmacy, JOHN SMYTH ROGERS, M. D.

Professer of Chemistry, JOHN H. GRISCOM, M. D.

The price of Tickets, to Apprentices of Members of the College, is seven dollars each course, to other, ten dollars each course; to be had of

JOHN MILHAU, 183 Broadway,
JAMES H. HART, corner of Broadway and Chambers St.
GEO. D. COGGESHALL, corner of Pearl and Rose Sts.

T. MITCHELL,

Wholesale and Retail Druggist,

35 *Fulton Street, New York.*

DEALER IN PAINTS, OILS, AND DYE-STUFFS, &c. &c.

MEDICINE CHESTS

FOR SHIPS, FAMILIES, AND PLANTATION.

NEW YORK INFIRMARY FOR DISEASES OF THE SKIN.

This Institution is now opened at No. 2 Cortlandt street, corner of Broadway, hours of attendance from 1 till 2 o'clock daily, except Sundays.

Attending Physicians.—John W. Schmidt, Jr., M. D., Minturn Post, M. D., Charles A. Porter, M. D.

Consulting Physicians.—Valentine Mott, M. D., John C. Cheeseman, M. D., John W. Francis, M.D., Alexander Stevens, M. D., Cyrus Perkins, M. D., Thomas Boyd, M. D.

Washington Medical College of Baltimore.

The annual course of Lectures in this Institution will commence on the last Monday of October.

JAMES H. MILLER, M. D., Professor of Anatomy, Physiology and Pathology.

SAMUEL K. JENNINGS, M. D., Professor of Materia Medica, Therapeutics, Hygiene and Medical Jurisprudence.

WILLIAM H. HANDY, M. D., Professor of Obstetrics, and the Diseases of Women and Children.

JOHN C. S. MONKUR, M. D. Professor of Theory and Practice of Medicine.

JOHN P. METTAUER, M. D., Professor of Surgery and Surgical Anatomy.

EDWARD FOREMAN, M D., Lecturer on Chemistry. &c.

WASHINGTON R. HANDYM. D., Demonstrator of Anatomy. This department will be open from the first of October.

It may be interesting to the friends of Medical Science to be informed, that very spacious buildings are commenced, for the use of the College and an Hospital. Exceedingly pleasant apartments will be prepared for the accommodation of twenty to for y resident students; and for an hundred and twenty invalids:—And ultimately, if sufficiently encouraged, for three or four hundred of the latter.

L. REDINGTON,
DENTIST,

No. 65 Chambers Street, N. Y.

Broome street Infirmary for Diseases of the Skin.

ESTABLISHED IN JUNE, 1836, FOR THE GRATUITOUS TREATMENT OF ALL KINDS OF CUTANEOUS AFFECTIONS.

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H. D. BULKLEY, M. D.,
JOHN L. VANDERVOORT, M. D., } *Physicians*

CONSULTING PHYSICIANS,

Valentine Mott, M. D.
Alexander H. Stevens, M. D.,
Gilbert Smith, M. D.,
F. W. Johnston, M. D.,
A. W. Ives, M. D.,
J. Kearney Rodgers, M. D.,
Joseph M. Smith, M. D:

MEDICAL INSTITUTION OF GENEVA COLLEGE.

THE Medical Lectures will commence on the first Tuesday of October, and continue sixteen weeks. A spacious building has been erected within the last year, well adapted to answer all the purposes for medical instruction.

The Faculty take pleasure in announcing the appointment of Dr. JAMES WEBSTER, of New-York, to the chair of Anatomy and Physiology. His reputation as an able lecturer on those branches of science, and the analytical method which he pursues, are a sufficient guaranty that he will give full satisfaction to those who attend his course.

The fees for the full course of Lectures are - - - -	$55
Graduation fee, - - - - - - - - - -	20

Chemistry—E. CUTBUSH, M. D.
Institutes and Practice of Medicine—THOMAS SPENCER, M. D.;
Surgery—J. G. MORGAN, M. D.;
Obstetrics and ateria edica—CHARLES B. COVENTRY, M. D.
Medical Jurisprudence and Botany—ANSON COLEMAN, M. D.
Anatomy and Physiology—JAMES WEBSTER, M. D., of New York.

E. CUTBUSH, Dean of the Faculty.

Geneva, August 30, 1836. JOHN G. MORGAN, Reg.

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NOTICE TO CORRESPONDENTS.

It will be recollected that we stated in our number for August last, that in order to keep pace with the American and foreign medical publications, that we required more room to give the substance of their practical matters, (which, by the by, is all the practitioner generally wants,) and proposed to double our pages, provided that our subscribers would pay five dollars per annum instead of three. Many of our patrons have expressed their willingness to accede to the proposed change, but not a sufficient number to warrant our going on with it at present; therefore we wait for further information on this subject.

We have just received a number of late French medical journals, an analysis of which will be given with as little delay as possible.

We have been obliged to crowd out several interesting papers, reviews, &c., intended for this number.

Dr. Robertson, and Dr. Smith, of Dutchess County, N. Y., are respectfully informed that their promised Analysis of French Journals will be acceptable.

Dr. Condit, of Newtown, Long Island, N. Y., will confer a favor by furnishing to this Journal, his paper on the *Proper* and *Improper* Use of Ergot. Although the effects of this valuable "Article of the Materia Medica," has been laid before the profession by the venerable Dr. Stearns and others, yet additional practical information on this subject cannot be otherwise than acceptable.

THE

UNITED STATES MEDICAL AND SURGICAL JOURNAL.

No. XXVII.

OCTOBER, 1836.

Art. I.—*Transactions of the Society of Surgeon Dentists of the City of New York.*

(Continued from page 337, 2d Vol.)

1. *A paper read before the Society, on the several important operations of Dental Surgery*, &c. By E. Parmly, President of the Society.

Gentlemen:—In treating of the surgical operations which pertain to our profession, it might very naturally be expected that I should first enumerate and describe the several diseases from which the propriety and necessity of those operations result.

But I am happy in reflecting that the most common and the most important dental diseases have been already enumerated by others during this course of Lectures, and especially by Dr. Crane, in his discourse on general treatment;* which enables me to devote my undivided attention to the exclusive consideration of Surgical Dentistry.

I deem it wholly unnecessary to consume a moment of your time in discussing the importance of this department of dental practice, but shall proceed directly to a consideration of the subject which the Society has assigned for this evening, under the following heads, viz.:

1st. Cleaning the teeth; or, as it is sometimes and perhaps improperly called, scaling;—by which is intended the removal by instruments of salivary calculus, or, deposit of tartar.

2d. Filling the cavities of carious or decayed teeth with some of the metals least subject to oxydation.

3d. Extracting teeth, or effecting their complete dislocation from the alveoli.

4th. Regulating disordered teeth by restoring them to their just position in the maxillary arch.

5th. Filing, or otherwise cutting away disordered and decayed portions of the teeth, in order to arrest the progress of dental gangrene.

6th. Scarifying the gums for the purpose of reducing inflammation.

7th. Destroying the nervous texture in the internal cavities of the anterior teeth, or roots which are to remain in their sockets.

8th. Opening the antrum maxillare through one of the alveoli, in case of disease in that cavity.

These are some of the most important surgical operations which fall within the province of the dental practitioner; and I need not inform the members of this society, that the interests of humanity require that all these operations should be performed with judgment, skill and integrity; and sure I am that nothing short of such performance can ever exalt our calling to the honorable dignity of an useful science.

We live in an age and country in which ignorant quackery and avaricious imposture cannot long escape the merited contempt and indignation of our fellow citizens, provided we perform faithfully the duties which we owe ourselves both individually and collectively, and which the public at large have a right to demand of us.

Of the removal of Tartar from the teeth—I observe, in the first place, that it should always be effected by *mechanical*, and never by *chemical* means.

The use of solvents in purifying the teeth from calcarious accretions, has never been too strongly deprecated in any of our books of dental instruction. The customary scaling instruments, together with such as every ingenious operator can invent for his own use, guided by a careful and practiced hand, are the only legitimate means of removing

*Published in the U. S. Med. and Surg. Journal, April. 1836, page 330.

those destructive accumulations which daily care, and the frequent use of good dentifrices might have prevented.

As this department of surgical practice is of the simplest character, demanding only faithfulness and gentleness, I shall pass to subjects of greater moment, requiring higher exercises of professional talent and ingenuity.

I would here take the liberty to remark, that the manner or mode of performing operations which I have found most successful, I shall not in this lecture pretend to describe, but leave them as subjects of future and open discussion in the society, when each member will receive the benefit of the experience of all. In this way we shall be enabled to establish a uniform and systematic practice among ourselves, to be observed and followed by every member of this association. The advantages of course will be felt by us individually, in enabling each one to act with greater confidence and certainty in all cases; and the benefits resulting from these mutual advantages will be experienced by every one who shall come under our professional care. Thus will the beneficial effects of our combined knowledge and experience, be extended to a considerable portion of the community in which we live.

On the subject of stopping teeth, as it is technically called, or filling their cavities with gold or other metals, I would gladly occupy all the time allotted to this lecture, because I esteem it one of the few operations on which the value of dental science must always depend. If *preservation* is as good as a *cure*, this is as good as *both*—for the operation of stopping the teeth, when thoroughly performed, is both preservation and cure. And yet, it must never be forgotten that this assertion is true only in those instances in which the operation is well and properly done; and perhaps it is imperfectly and improperly performed more frequently than any other operation on the teeth.

There are reasons for this fact, into which every ambitious and honorable practitioner will carefully inquire.

Although the books are explicit on this point, I deem it sufficiently important to deserve a few additional remarks, and yet I am perfectly aware that my time requires me to be extremely general in my observations.—Let me say then, that the following considerations are *essential*, and therefore indispensable to success in this department of practice.

First—The instruments used must be of the proper construction and variety.

Secondly—The metal employed must be properly prepared as well as properly introduced.

Thirdly—The cavity which receives the metal, must be so fitted as to retain it in such a manner as to exclude not only *solids*, but all *fluids*, and even the atmosphere itself.

Fourthly—The surface of the metal must be left in such condition as to place it beyond the reach of injury from food and other mechanical agents with which it must of necessity come in contact.

Fifthly—The tooth thus stopped, should be free from pain, and from every known cause of internal inflammation.

To each of these points I should gladly speak at large, if it were possible that verbal explanations could convey adequate ideas on practical subjects which are purely experimental. I fear that neither public lectures nor the preceptive instructions of books, will ever be found effectual in conveying just impressions on this branch of dental practice. Perhaps all the difference that distinguishes one operator from another, consists in different degrees of practical experience, joined with solid judgment, which is either an original endowment of nature, or an acquired habit of the mind.

Of the Extraction of teeth, it is obvious to remark, that great discretion is required in determining in what cases and under what circumstances this operation becomes necessary and proper; and also correct and deliberate judgement in the selection and use of those instruments by which it is effected.

It must be evident to any one possessing a general knowledge of the anatomy of the maxillary arch, that the *danger* and the *pain* connected with extraction, will be greatly modified by a judicious use of that knowledge. It is *one thing* to dislocate a tooth by mere force from the alveolus, and *quite another*, at least to the *patient*, to remove the tooth with the least possible inconvenience and danger. The *latter* will always be the pride and ambition of every high-minded practitioner, and after he has extracted a tooth, it will give him greater saitsfaction to hear the patient incredulously inquire whether the tooth is really out, than to receive ten times the pecuniary reward of the operation.

I agree with one of the eminent writers on this subject, who remarks, that "it matters not so much what instrument is used as what hand employs it." Yet I am in the habit of using several different instruments, suited to a variety of cases. Indeed it cannot be questioned that the turnkey, the forceps, the elevator and the screw, are all useful in their turn; and that even a variety of each of these distinct kinds of instruments, is important in general practice.

Permit me to say that I have found occasion to dissent from the opinion of several of the received authorities, on the subject of giving a rotary motion to a tooth, and a motion backwards and forwards before lifting it from its socket. In my experience I have found such precautions utterly useless and unavailing; and, therefore, when I have fixed upon the proper instrument for the case in hand, and the proper mode of application, I apply the requisite force in a perpendicular

and lateral direction combined, and lift the tooth at once from the alveolus.

It happens not unfrequently, that teeth are crushed and broken in the operation of extraction, even with the most skilful practitioners of our art, in consequence of the peculiar formation of the fangs or roots of the teeth, or their situation in the socket,[8] combined with the firmness and strength of the alveoli.

In these instances the removal of the roots is oftentimes attended with great difficulty. In some cases I have found their extraction altogether impracticable, without cutting away nearly the whole of either the outer or inner portion of the socket; and in a few instances I have been compelled to amputate both the external and internal alveolar parietes. But the plan which I commonly adopt in such cases, will be found, in by far a majority of instances, to be completely successful, and will relieve both the patient and operator from the tedious and painful process which I have named.

Examples of this method I shall give hereafter, whenever the subject is propeosd for discussion in the society.

On the subject of Regulating the teeth of children and sometimes of adults, I am confident that much may be effected with great advantage to the community, by the timely and judicious intervention of professional judgment and skill.

Concerning the two general problems to be solved, viz.: the best method of gaining room in the maxillary arch when the teeth are too much crowded, and the best mode of applyng force to those teeth which require to be restored to order, nothing can be said without the aid of specimens or models, which would prove in the smallest degree interesting or instructive to the members of this society. Let it suffice, therefore, to remark, that the conscientious discharge of professional duty, requires us to urge upon all parents who commit their families to our care, an early attention to this subject in regard to all their children, inasmuch as a just arrangement of the teeth in early life, may serve to prevent not only deformity, but disease. The observation of every day may serve to convince us, how much this subject has been neglected by the community at large; not merely by the poor and illiterate, but by those who would spare no pecuniary expense to secure to their offspring the "*sanam mentem in corpore sano*"—a sound mind in a healthy frame.

On the subject of cutting away and filing off external portions of teeth affected with gangrene, I am aware that a mistaken prejudice prevails in society, resulting perhaps from the mal-practice of ignorance and empyricism. And yet there is no part of dental practice promising more certain and beneficial results when properly executed.

If the operation be effectually performed, the progress of decay is arrested; and if the mutilation of the tooth be as small as the nature of the case admits, an important object is unquestionably attained. The successful performance of this operation, implies one invariable and indispensable condition, viz., that the portion of bone from which the enamel has been removed, shall be left perfectly smooth and polished, leaving to the patient the responsibility of having it kept so.

Dr. Hunter and later writers on the subject have spoken so plainly and forcibly of the frequent necessity of *Scarifying* the gums, in every inflamed condition of these parts, that I deem it unnecessary either to amplify on the subject, or enforce the doctrine.—Every practitioner must have observed how often and how instantaneously pain has been removed not only from the adjacent parts, but from the whole frame by extravasation of blood from the mouth and gums. Children during dentition often require this remedy, and indeed at all ages, a rubicund and tumid condition of the parts, indicates its propriety.

In almost all cases when gum-boils occur, the lancet is put in requisition, and is the safest and surest remedy.

Destruction of the Nervous Texture contained in the cavity of the tooth, or more properly, of its root, has been long practiced by various and sometimes complicated modes of operation. In some ages and countries *actual cautery* has prevailed. To this succeeded the *potential cautery*, effected by alkalies or acids. The use of an iron trocar followed the cauterizing system; and at length I am of opinion that a simple sliver of tough hickory sufficiently small to enter the cavity with ease, is the best of all instruments for destroying the dental nerve. It needs no twirling motion nor magic sleight of hand, but must be thrust instantaneously to the very extremity of the root. There is no possible danger of passing the foramen at the extremity, so as to do the slightest injury.

I would here suggest a caution against any attempt to destroy nerves in the back or double-fanged teeth, by this or any other means. Such an attempt must prove, in almost every case, wholly unsuccessful, besides inflicting the most excruciating agony which the dentist ever inflicts in the exercise of his professional duties.

The operation of puncturing the extremity of one of the alveoli, beneath the antrum maxillare, in case of disease in that cavity, requires a correct knowledge of its situation and extent. A straight trocar is now used in this operation, with its point directed towards the antrum, through whichever alveolus it is proposed to pierce. Care should be taken that the instruments advance no farther than the cavity without reaching to its upper surface; to which end it must be held firmly by the thumb and finger of the left hand, while

the handle is revolved by the right, and thus an opening will soon be effected.

In concluding this paper on the most important branch of dental practice, I would say, that however learned or scientific the dentist may be, without the requisite practical information, his acquirements will be of little use to his employers. But if in addition to a competent knowledge of his manipulatory practice, he possess the attributes of the scholar and the gentleman, he cannot fail to obtain the confidence of the public, and to hold a distinguished place among those who contribute to the happiness of mankind.—Of such there are many in different sections of our country; and I could name a few in this city who are not members of this society, whose names would do honor to any association. I hope these gentlemen will soon unite with us in some plan for the improvement of our profession. The present members of this society would be benefitted and strengthened by such an accession of talents and members, and the whole community reap the benefit of our co-operation. The dentists of other cities would be induced to form similar societies for similar objects. For my part, I am anxious to see suitable measures adopted to rescue a very important branch of the healing art from the depths of degradation into which it has so lamentably sunk.

The knowledge which more than twenty years' experience has given me, I am willing to communicate for the benefit of those with whom I am associated, knowing that it will not rest with them, but through them will be extended to a generous public.

ART. II.—*A Lecture introductory to a course on the Physiology, Pathology, and Natural History of the Teeth.* By J. B. STOUT, M. D.

Few subjects connected with physiology have been discussed more diffusedly and less profoundly than the doctrine of the *teeth*—their formation, growth, decay, and the influence, both direct and indirect, which they undoubtedly exert over the entire physical constitution of man.

It requires nothing more than a very superficial glance at the structure of animals, to perceive that nature has instituted a nice dependency between the growth of the teeth and the form of the body; nor is this relation less observable during the operation of disease. In fact so sure are we always to find in the animal kingdom a certain structure of body invariably associated with a certain form of teeth, that some naturalists have fairly deduced many generic characters of particular kinds of animals, from the structure of the masticatory apparatus.

There is every reason why that chain of organs which furnishes the system with the "materiel" for its growth and actual subsistence, should possess a powerful control over the health of that system, and the form of body necessary for the proper location and exercise of those organs. Accordingly I shall submit that the teeth of any animal form an undeceptive index to the *class, shape, habits*, character, and *health* of that animal. The speculations of naturalists upon this subject have, it is true, been pronounced visionary by the hasty judging vulgar; but when the philosopher has the world for his laboratory, nature for his demonstrator, and science for his assistant, his labors, however erroneous may have been their design, or equivocal their tendency, cannot fail to command respect from every candid mind; and are never fairly criticised by those who have not paid equal attention to the same subject.

The light which is thrown upon the study of the varieties of animals by the consideration of those organs which are adapted to the condition and natural wants of each individual of that portion of creation, has within the last century wonderfully quickened a spirit of inquiry which bids fair not to rest whilst a single phenomenon in the animal economy remains to be investigated. The genius of Galen, of Pliny, of Hippocrates, and of Aristotle, doubtless did much in ancient days towards advancing the study of comparative anatomy; and he would have no easy task who should now endeavor to give even a synopsis of the labors of Vicq D'Azyr, Linnæus, Harvey, Hunter, Blumenbach, Cuvier, Sœmmering, and our countryman Godman, of more modern ages.

The applying of anatomy and physiology to the elucidation of the dependence of one organ upon another, has peculiar charms for those who take any interest in watching the operations of nature,—who

> "See sermons in stones,
> Tongues in the trees, books in the
> Running brooks, and good in every thing"—

who perceive in the meanest moving creature many admirable modifications of the same parts which bigotry or ignorance may have taught them to consider peculiar attributes of their own species, and pretend that the kindness of an impartial and bounteous Creator has been lavished entirely on man alone. The attentive student of natural history cannot fail to perceive that nature, in her transitions from one class of beings to another, observes a gradual scale, knowing no violent leaps, and exhibiting no arbitrary and circumscribed boundaries between the different kinds of organized existence; but follows a course of almost imperceptible degrees, from the highest to the lowest orders of living things. Commencing with man, and proceeding downwards, we arrive, by an easy descent, to other animals characterized by various forms of body and degrees of intellect; lower still in the chain, we find some amphibious species, which are easily

traced to the mollusca; thence by a natural and palpable train of connection, we proceed to the zoophytes, and from these to the vegetable world, of which some individuals seem to possess a kind of *animal* sensibility, which renders still more indefinite the actual line of demarcation between the animal and vegetable kingdoms. How much more difficult must it therefore be to define the generic characters of some orders and species of animals in such a manner as to leave no doubt of their actual and radical differences? So sensible was the great Linnæus of this obstacle in the way of classification, that he declared the radical marks of distinction between man and the simiæ to have been, up to his time, quite undiscovered, and of course never demonstrated entirely satisfactorily. The simple truth is, that naturalists are by no means agreed upon the meaning of the word 'species;' and when we remember this it cannot excite much surprise that they are unable to distribute the various individuals of the animal kingdom into well arranged classes. I have alluded to the above difficulties, before which naturalists are compelled to bow, in order to introduce the remark, that the most strongly marked generic characters of species, orders and classes, are observable peculiarly in the parts connected with the growth, existence, and use, of the TEETH.

Hence it is that man occupies a more distinguished place in the scale of animal creation, than any other being. This could not, however, be the case, were his teeth differently formed and arranged. The teeth of man differ from every other animal, and it is for this reason that the anatomist expects to find in the species "*homo*" a peculiar form of body, or rather a peculiar modification of the same parts which are to be found in almost all animals of the class "*mammalia*."

It is scarcely accurate to affirm that the shape of the body is *entirely dependent* upon, and controled *by*, the form and arrangement of the teeth, for this would be equivalent to supposing that the teeth are the *first* parts of an animal which nature forms; nor is it just to declare that the form of the body directly influences that of the teeth. It seems more consistent with strict propriety to say that the various portions of the body are *adapted to*, and not *dependent upon*, each other. The teeth, for instance, cannot influence the shape of the lower jaw, because even the rudiments of the former are not formed until the latter exhibits the characteristic model of that bone. On the other hand, when the teeth are fully grown, we note some difference in the shape of the lower jaw; its depth from the alveoli to its inferior edge is much greater; and with this we see a proportionate and very necessary increase of its strength. The symphysis mentis becomes consolidated, the angle of the jaw is more prominent posteriorly; this affords a more favorable insertion for the muscles used in mastication, and they consequently acquire that increase of power which is indispensably requisite to the new order of things.—Thus although we perceive a marked connection between these various parts, yet it is hardly admissable to say that one part *depends* upon another for any of those attributes which are clearly intended only to *accord* with the general arrangement of the whole system, mental as well as corporeal. If nature designs to form a man, she will not furnish him with long, straight, and protuberant jaws, projecting some six or eight inches anterior to the head, for this would at once create a necessity for corresponding other parts. His teeth, for instance, would be long and sharp, adapted to the seizing and holding of prey. This creature could therefore feed itself directly by the head, without the interposition of hands—these latter organs being of no use to an animal with such an organization. To correspond, then, with the use of the long canine teeth, we must add a pair of claws; because if nature intends this creature to hunt after animal prey, she must afford it some defence from the same danger with which it menaces others. Our animal is therefore divested of its hands: let us now discover if it has any use for human feet, legs and pelvis. It certainly has none. We are willing to suppose that its shape of head requires the erect posture; but if on the contrary the largeness of the jaws is accompanied with a corresponding development of the organs of smell, then the animal must go on all-fours, else the furnishing of a strong scent will have been, on the part of nature, a work of supererogation. The animal now moves on four legs, with its head inclining to the ground, for the purpose of adapting its smelling organs to their palpable use; we therefore discover necessity for a tail, to cover and protect those parts which cannot otherwise be very well defended from gratuitous invasion, by an animal whose offensive weapons are all in *front*.—It will be seen that nature does not furnish for the use of animals any thing which they can furnish for themselves; hence man is not provided with a thick covering of hair, for he has hands and can provide for himself adequate protection from the variations of climate; but when we take from a being his prehensile qualities, we must of course furnish him with that which he cannot manufacture for himself. Nature does this, and suffers none of her works to perish from errors in their organization. So, if an animal has the shape of jaws and teeth indicated above, it must move on four legs, terminated by sharp claws; have a strong scent, with large organs to correspond; a tough hide, thick coat of hair, and a tail; great strength, large nerves, and consequently a large cerebellum; a small cerebrum, strong animal propensities, and limited intellect. If, then, we should discover a long jaw bone, with a

very obtuse angle, and narrowing to a point at the chin, we would conclude with tolerable certainty that such a bone never belonged to a man.

The manner in which each part of the animal economy accommodates itself to the function of the other, is in no instance more elegantly illustrated than in the growth and decay of the teeth. In their first growth, the teeth unquestionably accommodate themselves to the state of the ready formed jaw; and in after life, as the larger individuals of the second set of teeth begin to appear, the jaws by a reciprocal process, do in like manner make admirable provision for the new comers, by a posterior prolongation of the body of the bone, and a corresponding increase of the angle, both in size and strength. Nor are these the only parts of the system which are affected by the newly added organs. The countenance begins to assume a more settled cast—the features exhibit finer proportions—the lower jaw assumes a squarer figure, and thus materially alters the appearance of the lower part of the face. The mucles of the face become more prominent, and the features more marked. But when the teeth are lost, either from the operation of disease or accidents, we see the exact reverse of these phenomena occurring. The osseous system undergoes, especially in old age, many important mutations; because when the use for any part is lost, then that part is immediately absorbed, in strict accordance with a well established law in physiology. Thus, when man's progress into the vale of years, admonishes the system that there is no farther use for a rude and hearty diet, then those organs whose office it is to change this diet into nutriment for the system, begin to be either greatly diminished in their function, or are entirely removed. The teeth, in particular, are observed to drop gradually away, until all disappear; and with this we observe a great change in the features of the face. The jaws becoming narrowed in their dimensions, the cheeks consequently collapse and appear hollow; the alveoli being absorbed, for they are of very little use without the teeth, each jaw approximates the other; and as it is not probable that any being would attempt to masticate very hard substances without teeth, so there is manifestly no great demand for extra strength in the lower jaw; for nature can gain nothing from the advantageous insertion of a muscle, when strength, the object of that insertion, is not at all required;—therefore the jaw loses much of its proper shape, the angle is in a measure removed, and thus the general form of the bone is much straighter. We remark, also, that the integuments of the face, especially of the lower part, become larger than is necessary to cover the parts beneath, on account of the great absorption of the latter. These remarks upon the changes which the system undergoes during the growth and decay of the teeth, are generally applicable to almost all of the mammalia.

A very accurate anatomist, Mr. Lawrence, has said that, "the teeth of man are distinguished by being all of one length, and by the circumstance of their being arranged in an uniform, unbroken series. The cuspidati are a little longer than the others at first, but their sharp points are soon worn down to a level with the rest." He remarks, further, that the canine teeth, "not projecting beyond the rest, nor being separated from them by any interval, is, therefore a *very characteristic* circumstance in the human structure.—Even in the simiæ," says he, "whose masticatory apparatus most nearly resembles that of man, the cuspidati are often very considerably longer than the other teeth; and there are intervals in the series of each jaw, to receive the cuspidati of the other." Now, it must be apparent to every person, that the teeth of man are *not* arranged in such a *very* regular series as Mr. Lawrence has represented; at least, not sufficiently so to make it a *peculiar* characteristc. If we examine the teeth of almost any man, we shall find that the cuspidati are a little longer than the other teeth, because they do not stand as perpendicular, but incline (especially the lower ones) towards the neighboring incisors: this, of itself, is a reason why they should be somewhat longer than the rest, to say nothing of their points, which certainly project beyond the general level; and to accommodate this irregularity, it will be noticed that the points of the upper and lower cuspida tido not meet flatly together, but pass each other. If we consider the diet of man, we shall at once perceive a necessity for this arrangement; for why should there not be as much occasion in man for teeth, of which the use is to retain and tear the morsel, as there confesesdly is in other animals? I think such a structure almost as necessary for man as for other animals, and this cannot be denied on the score of his being an omnivorous creature; for of this kind, also, is the common swine, living indifferently upon flesh and vegetables, and yet provided with tusks, which in some varieties (as the babyroussa) grow to such a formidable length as to serve the purpose of defence; whilst in others they are only sufficiently large to be useful in devouring the feod. The same remark concerning diet, is applicable to the larger species of the simiæ, which, although in their native state, they feed on fruits, (not herbs,) being from their organization unable successfully to attack and destroy other animals for the sake of food, yet it is certain when domesticated, rarely reject animal diet, but devour with great *gusto* whatever aliment of that kind is offered them. Consequently their intestines are nearly of the same length with those of man, and if we may believe the observations of some naturalists, their average length is even less—being generally six times the length of

in the body, and in some instances (as the Barbary ape) in proportion of 1–5.4. It is also an error to suppose that the incisor teeth of man are peculiar in not being inserted in an os incisivum, or inter-maxillary bone, as they are in most of the mammalia. To prove this we must again refer to the simiæ, in some varieties of which no inter-maxillary bone is discovered. On the other hand, this bone is found among animals who have no incisor teeth, as the elephant, and in some which have no teeth at all, as the myrmecophaga, and some of the cetacea. Therefore the ingenious uses which have been ascribed to this bone, only serve to show us that although there can be no question of *nature's* wisdom in forming various things, yet *we* do not always discover much in ascertaining their real use. On the contrary, I apprehend we should manifest far more true taste, if not sagacity, in acknowledging that the designs of nature are *sometimes* rather too deep for man's penetration. I know of nothing more ludicrous than the manner in which some physiologists are wont to mistify their fellow men with learned *explanations* of the uses of parts of animals which, in some instances, have even had no existence.

From what has been said of the teeth of man, as compared with the simiæ, it will be observed that the differences are not sufficient to warrant the physiologist in deducing from this source any *peculiar* characteristics. A view of difficulties of this kind made the celebrated Linnæus to observe that, "the *generic characters of man have no yet been ascertained!*" We are more particularly struck with this remark, when we note that there is a trifling difference between the teeth of negroes and white men, and also another shade of variation between the negro and the simiæ. But the gradation from one to the other is almost imperceptible; and we are not surprised that Linnæus was unable to discover in the anatomiaal structure of "the lord of creation," any thing to mark him particularly from the rest of animals. We must therefore be content, it seems, to consider man "a two-legged animal *without feathers*," as he was negatively defined by a philosopher of academic days; although to consider our species in this light may not flatter the self admiration of those who see all things made for their use, and are ever ready to exclaim with Hamlet,

——"What a piece of work is man! How noble in reason!—how infinite in faculties!—in form and moving how express and admirable!—in action how like an angel!—in apprehension how like a god! The beauty of the world! *the paragon* of animals!"—

How beautiful is this expressed! and how enthusiastic!—but how much more true of the human species would it be, were each individual a—Shakspeare! As it stands, it contrasts very curiously with a plain matter-of-fact anatomist's description of man, who speaks of him as *warm blooded*, vertebral; female, viviparous and suckles her young; two occipital condyles—has an epiglottis, a muscular diaphragm; lower jaw, only, moves; thirty-two teeth;—order, *Bimanum*, or two-handed.

Cicero claimed for man an affinity with Deity, because he walked erect like a god, and therefore always had his countenance directed upwards towards Heaven; but he himself, and the generality of his contemporaries, might probably serve to show that man's *thoughts* are not always turned in the same direction. His notion, however, has been commented upon by crowds of sciolists, and hosts of enthusiastic religionists, who, knowing nothing of the solidity of truth, are content with the airiness of fancy. It is only in this latter walk that such individuals can discover any thing to flatter their self-love; and it will be observed that they generally see much more of their Creator's wisdom, when they find any of it displayed in the formation of their own precious persons.

The true philosopher can contemplate with as much wonder the organization of one animal as another; and perceives even in vegetables as many inscrutible principles and recondite objects in their growth, existence, vitality, &c., as another can in a man.

I do not intend by this, gentlemen, to assert that man is not a wonderful specimen of his Creator's goodness and wisdom, nor to deny the existence of qualities that place him undeniably at the head of animal creation; but to say more than this, would neither be a compliment to nature, nor an evidence of that perfectibility of mind which we have claimed for ourselves.

Who shall explain the vital principle even of a vegetable, or detect the secret springs that keep alive the routine of its existence? Who shall secure and demonstrate to our understanding or our senses, that principle which gives to the meanest reptile the same life that leaps in the bosom of creation's lord? No one! Let this then teach us a lesson of humility, and a sense of our dependence upon that great First Cause, before the grandeur of whose doings, and the omnipotence of whose will, all things must be of equal importance, seeing that all are alike his offspring.

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Viewing the following notice of the Dental profession in Prussia, as very appropriate to the subjects of the two foregoing communications, we insert it—in doing which we hope that the surgeon dentists of our country will profit by it.

Quere—Would it not be advisable for Dentists to attend at least one course of lectures on Anatomy and Operative Surgery?

Eds. U. S. M. & S. Journal.

Qualification of Dentists in Prussia.—By a government order, dated the 29th April,

1835, directed to the different governments and medical colleges of the kingdom, it is decreed, that no person shall be admitted to examination for a license to practise as a dentist, who, in addition to his testimonials of having acquired practical dexterity in his art with a licensed and practising dentist, shall not adduce proofs of being in one or other of the following conditions:

1. Of being a licensed physician or surgeon.

2. Of having served three years as surgeon in the army.

3. Of having obtained such knowledge and skill as are necessary for a surgeon in a regular attendance at places of public education.

In reference to this last condition, he must bring testimonials of having attended, during a curriculum of two years, lectures on anatomy; the theory of medicine; general, special, and operative surgery; a chirurgical clinic; and, when practicable, particularly on dental surgery.—*Rust's Mag.* B. 45, Heft 1, 1835.

ART. III.—*Measles and Paralysis. By* H. CHANDLER, M.D., of Stow, Mass.

B. M. H., 29 years of age, rather tall, spare, slow in his movements, inclined to somnolence, was exposed to the measles towards the latter part of January, 1836. February 5, began to experience the usual symptoms, with pain in the epigastrium. In the course of the night the eruption commenced, and covered the whole surface.

Feb. 6. I saw him this morning, and found a well marked case of rubeola, with nothing remarkable, except considerable tenderness in the abdomen. Prescribed mild cathartics. Mel. scil. comp. T. opii.

7. Eruption continues very distinct, though not quite so florid as yesterday.

9. Nearly well—very little tenderness remaining. Gave mild tonics, and concluded to discontinue my visits. It seemed as if the eruption had disappeared rather too soon, but as he appeared so well, I apprehended no danger.

10. The weather being very fine, though rather cold, patient ventured out a short time in the middle of the day. In the evening he smoked a cigar, and took a draught of cider—but in passing his hand to the vessel, thence to his mouth, &c. he found that his right hand was disinclined to do the will of its owner; and soon after, in going to his bed, he found his right *leg* as contrary as his *hand*. He rubbed his limbs a little, however, got into bed, and went to sleep. Sometime in the night, he felt a peculiar, disagreeable numbness in his leg, and his bedfellow proposed coming for me; but he objected—thought he should soon get over it—and took no more notice of it till morning. Before he arose, forgetting that he had experienced any bad feeling in his limbs, he had a little scuffle with his bedfellow, but the moment he put his foot to the floor, his whole body was prostrated. His *chum* helped him up and put on his clothes, and assisted him in walking to his breakfast table. He now began to experience some difficulty in articulating; still neither he, nor those about him, were aware of anything serious, till about 10 o'clock A. M., when it was found that he could not speak at all. I soon saw him (Feb. 11,) and found him sitting by the fire, apparently as well as ever, but not a word could be got out of him. Pulse very small, not much, if any, accelerated*—could move his right limbs but very little—*could not protrude his tongue*—all his motions very slow, nose filled with mucus, but could not blow it, even when the handkerchief was properly held to it—seemed slow of comprehending anything—all the faculties of body and mind seemed to be failing—mouth getting full, but no power to cleanse it—deglutition difficult—whole appearance getting worse every moment.

I had seen many cases of paralysis, and had some experience in that disease, but I had never seen, read, or heard of a case whose immediate or exciting cause was rubeola. I do not know but that in reading some authors rubeola may have been named as among the causes of paralysis; if so, I have entirely forgotten it. Nor was I certain that I had such a case before me. Could smoking be the cause? He was not in the habit of smoking much, and was just recovering from sickness; and could a cigar at that time, have such an effect? Did he take cold by going out yesterday (Feb. 10)? And even if he did, would "a cold" produce such an effect? Was it the too sudden recession of the eruption? Or was it both these causes, combined with the soporific effects of the cigar, and a somnolent diathesis?

Since writing the above, I have been credibly informed, that only a short time before his sickness, while walking a few miles, he fell asleep, and when he awoke, found himself about half a mile from the road, in a pasture. He knew not where he was; and it was with difficulty he could recover the road again. This was 'sleep-walking' in earnest.

I sent immediately for able counsel, Dr. Bartlett, of Concord, for assistance. I had not courage, alone, to venture upon very active treatment; for the powers and faculties both of body and mind, seemed rapidly sinking; he could utter neither a word nor a groan—respiration laborious—pulse slow and

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* I would here remark that I am taking down a history of this case, now, in July, 4 or 5 months since the case occurred, without having taken any notes at the time, having then no idea of making it public; but the case was so exceedingly interesting to me, that I do not fear getting materially out of the way, in describing the minutiæ of the case entirely from memory.

very small at the left wrist, scarcely perceptible at the right—mucous membrane of mouth and œsophagus beginning to be lined with a very tenacious, viscid secretion—a dark, very thick coat forming on the tongue, and about the teeth—deglutition very difficult. Dr. B. arrived about 3. P. M. In the mean time, I had only made use of stimulating frictions, with very mild cordials and diluents. We now concluded that the most active depletion alone could save him. He bled freely, say about a pint—had a large blister on the back of his head and neck, and for 24 hours had very free dejections, from Cal. Jalap, &c. He also vomited considerable in the night, from the same medicine. After bleeding, the pulse rose, especially on the right side; but the next day (12) he did not appear much better, and towards night seemed to be failing. I now directed a free use of cinchona and quinine.

Feb. 13. Several involuntary discharges of fæces and urine, in night. Much brighter this morning, takes more notice, but cannot yet protrude his tongue, or speak; deglutition a little improved—coat on tongue a little lighter—can move his limbs a little. Continue quinine, &c.

From this time there was a very gradual, almost imperceptible amendment, till, in the course of two or three weeks, he could begin to articulate yes and no, and but very little else for several weeks more. He could use his limbs; but there remained debility, partial loss of voice, and great difficulty in articulation, for some two or three months. Some of his acquaintances strongly urged him to try the "*Thompsonian System.*" Accordingly, some time in May, he went through two "*courses.*" He *thought* the first helped him, but he *knew* the second was quite injurious; so he would not try a third. After this, he went to a Doctor of "Roots and Herbs;" and whether from him, or from riding about the country, exercise, time, warm weather, or from whatever source, he certainly had improved some, when I last saw him, about the middle of June.

REVIEWS.

Art. I.—*A Practical Treatise on Midwifery; containing the result of* 16,654 *Births, occurring in the Dublin Lying-in Hospital, during a period of Seven Years, commencing November*, 1826. By Robert Collins, M.D., late Master of the Institution.—*London*, 1836. 8vo. pp. 526.

A work like the present, the result of seven years' experience at the head of such an establishment as the Lying-in Hospital of Dublin, naturally excites much attention; it is looked upon as forming a sort of epoch in the annals of midwifery, and as enabling the author to lay before the professional world a complete system of practical obstetric science. Such a work is expected to be the great test of the recorded knowledge collected during the last half century, where, analysed by its author's immense experience, we are enabled to separate the really valuable matter from the dross, and thus condense the quantity of materials, which otherwise must unavoidably encumber and obscure our progress.

It is to a careful and accurate record of the vast opportunities for observation enjoyed by those favored individuals of our profession who are attached to similar institutions that we must look for the deciding of those facts, upon the establishment or refutation of which the improvement, and consequent success, of future practice must mainly depend.

It was with feelings of this kind that we opened Dr. Collins' review of his seven years' mastership at the Dublin Lying-in Hospital; and we may truly add, that they were accompanied by those of high respect and admiration, not only for his talented successor, but also for several other Dublin obstetricians, whose researches during the last few years, have contributed so many valuable facts to our present stock of knowledge, and have gained for the Irish school of midwifery the high name and rank which it so deservedly bears at the present moment.

In a statistical point of view, Dr. Collins' work presents a mass of information unequalled by any preceding publication, and bears ample testimony to the care, industry, and patience of its author. In this respect alone it will always prove not only a valuable but also a *necessary* book of reference upon these subjects. We could wish that the whole statistical records of this magnificent institution were collected and embodied into one work; for we are well aware that materials exist to a great extent from an early period, the arrangement and publication of which would add immensely to their value. It is true that this object, to a certain degree, will be answered by the statistical commission established by the present government, the object of which, among other things, is to collect the records of all the great institutions in the

united kingdom. These documents, however, can only be in the hands of a few; whereas, if published separately in the form of a book, they would be attainable by all.

In reviewing Dr. Collins' work, we propose to separate, as far as possible, the statistical from the practical part, condensing his extensive and elaborate records into a short and general view, in order to present some of the most important facts to our readers, without overstepping the limits to which we must necessarily confine ourselves.

16,434 women were confined at the Dublin Lying-in Hospital, during the seven years of Dr. Collins' mastership. These gave birth to 16,654 children; of which, 1,121 were still-born; and of these, 293 were premature.

240 cases of *twins* occurred; and, of the 480 children thus born, 422 were born alive; of these, 245 were males.

Triplets occurred four times: in two cases it was the patient's second, and the two others her third pregnancy.

The mean of the patients' ages was 29¾. All the children were born alive: one case was premature; eight are stated to have died.

The *face* presented in thirty-three cases; four children were still born.

The *breech* presented in 242: of these, seventy three children were still-born, forty-two putrid, and forty of the 242 premature.

The *feet* presented 137 times, (not including twins;) sixty-two were still-born, forty-one putrid, and thirty-six premature.

In forty cases the *shoulder or arm* presented; thirty-three children were turned; of which, twenty were born alive, six were putrid. In three of the thirty-three, the head required to be lessened.

Eleven cases of *placenta prævia* occurred; in eight of which, the child presented naturally, four were turned, one was expelled by the natural efforts, one was delivered by the forceps; in two the head was lessened; two presented with the feet, and one with the breech; six were born alive, two were putrid. Two of the women in whom the children were turned, died.

Hemorrhage after the expulsion of the placenta took place in forty-three instances: viz. twenty cases of it during the first fifteen minutes, two in twenty minutes, one in thirty minutes, two in forty-five minutes, five during the first hour, two in one hour and a half, three in two hours, two in three hours, one in four hours, one in six hours, and one in twelve hours. In one case it took place on the fourth day, one on the fifth, and one on the tenth day. Four of these patients died; one from rupture of the uterus, one from sloughing of the vagina, and two from hemorrhage.

Retention of the placenta occurred in sixty-six cases; in thirty seven it was from want of uterine action, in nineteen from spasmodic or irregular action, in ten the placenta was adherent; four were twin cases; in twenty-four there was slight hemorrhage; and in four the delivery had been "forced." Six of the sixty-six women died; viz. four of puerperal fever, which was then prevalent; one of inflammation of the uterus; and one, a feeble woman, sunk on the eighth day after delivery. In each of these six, the placenta was retained by irregular action of the uterus.

Convulsions appeared in thirty patients, of whom twenty-nine were primiparæ; the other patient was in her second pregnancy, and had suffered from a similar attack before.—Fourteen of the thirty-two children (two cases of twins) were born alive. In eighteen women the convulsions subsided after delivery; in ten they occurred both before and after; in two the attack did not appear till after delivery. Fifteen were delivered by the natural efforts, six by the forceps, eight by perforation; in one case the feet presented. Five women died.

Rupture of the uterus or vagina took place in thirty-four instances; in thirteen posteriorly, in twelve anteriorly, in two laterally; in one the os uteri was torn; and in six the precise situation of the injury was not mentioned. In nine cases of the thirty-four, the peritoneum was not torn; in one, there were numerous lacerations of the peritoneum, without the substance of the uterus being torn. Two women recovered. The following scale shows the proportion of cases occurring in first, second, &c. labours.

No. of Pregnancy,	1	2	3	4	5	6	8	9	10	11
No. of Women,....	7	6	6	2	2	5	1	1	2	2

The funis prolapsed in ninety-seven cases, in twenty-four of which the child was born alive. Twelve of the ninety-seven occurred in twin cases; seven of the twelve with the second child; nine where the feet presented, two where the breech, four where the shoulder or arm, and seven where the hand presented with the head. Seven children were putrid, and three premature.

One hundred and sixty-four women died, (one in one hundred.) In giving a scale of the deaths occurring in first, &c. pregnancies, the great proportion of death met with in first cases, will at once strike the reader. "We should carefully bear in mind," says Dr. Collins, "that, of the 16,414 women, 4,969 gave birth to *first* children, which is nearly a *third* of the entire; therefore, any relative proportions should be made with reference to this fact."

No. of Preg'cy,	1	2	3	4	5	6	7	8	9	10	11	13
No. of Women,	86	20	11	11	9	7	2	6	2	3	2	1

The following table shows the causes of death in the above cases:

Diarrhœa,	1
Typhus fever	5
Rupture of the uterus or vagina	32
Uterine hemorrhage	11
Puerperal fever	59
Inflammation of the brain	3
Ulceration of the intestines	3
Hectic fever	1
Grief, apparently	2
Stricture of intestine	1
Effects of tedious and difficult labor	11
Convulsions	2
Sloughing of vagina	6
Pericarditis	1
Peritoneal inflammation (placenta retained)	4
Abscesses in spinal canal	1
Lumbar abscess	1
Phthisis	2
Diffuse cellular inflammation	1
Abscess in abdomen	2
Acute bronchitis	1
Anomalous disease	12

Eighty-eight women were attacked with *puerperal fever*. In thirty-two cases it appeared on the first day; in twenty-nine on the second; in eight, on the third; in two, on the fourth; and in one case, on the eighth day. The mortality is stated above.

Of the 16,654 children which were born, 1,121 were still-born, 527 were putrid; 293 of the 1,121 were premature; 460 of the 1,121 were first children. For further particulars of children dying in the hospital, we must give the author's statement in his own words:

"The total number of children born was 16,654; of these, 284 died previous to the mother leaving the hospital. This is nearly in the proportion of one in 58½, which must be considered a moderate mortality under any circumstances: however, when it is considered that this includes not only *all the deaths that occurred in children born prematurely, and in twins, but also every instance where the heart even acted, or where respiration ceased in a few seconds after birth*, the proportion of death becomes *trifling* indeed."

Thirty-two of the children who died were twins, and of these, seventeen were premature.

So much for the statistical portion of Dr. Collins' work. To enter more into the details of such a subject, would be impossible; we must therefore refer the reader to the work itself. It is a lesson to all those connected with similar institutions, and shows the immense value of recording the particulars of every case under a proper arrangement.

Let us now examine the practical portion. Dr. Collins commences with some simple but very excellent "practical observations on Natural Labours:" he insists upon the importance of keeping the bowels open before labor, and on the utility of occasional enemata, &c. He cautions against examining too frequently in early stages of labour. With this we, of course, fully concur; but cannot agree with him where he says that no useful information can be thus obtained. Is it of no importance to ascertain the effect which the pains have on the os uteri, and thus decide whether the labor has really commenced?—whether she be a primipara, and if so, whether the pelvis be well or ill shaped?—whether the head presents, and whether the funis or the hand is to be felt by the side of it?—whether the membranes remain unruptured, &c.? Is it of no interest, as well as consequence, to ascertain the precise position of the head, and carefully to watch its progress through the pelvis and external passages? To our surprise and sincere regret, we find the whole subject of natural labor passed over without one allusion to the subject of head-presentations, and without a single observation on the manner in which the head during labor enters and passes through the pelvis and external passages. We are at a loss to assign a reason for such an omission, especially in an institution where the recording of every case is attended to with so much accuracy and zeal, and where the memory of such a name as that of Fielding Ould ought to be cherished with the greatest respect. We look upon the carefully ascertaining the exact position of the head in *every* case where it presents, to be of the utmost importance: it not only leads to simple and correct views respecting the mechanism of parturition, but, from the degree of tact which it gives, we are enabled to detect any deviation from the natural course of labor, whenever it may occur. It is only in such institutions as this, that we can have opportunities sufficient to come to great conclusions on these subjects; and we apprehend that there are few more deserving of attention, than the mechanism of natural labor.

In speaking of the management of the perineum, Dr. Collins has not mentioned the danger to which it is exposed of rupturing when the shoulders pass, and which is decidedly one of the most frequent causes of severe perineal laceration.

He very properly (p.6,) directs that the cord should be passed over the shoulders whenever it is twisted round the neck at all tightly; but, supposing it to be too tight even for this, and we have known it to be the case, what are we then to do?

In speaking of tedious and difficult labors, we are glad to find that the author deviates from the old and faulty custom of making the word forceps a plural substantive. He very correctly says the forceps *was* applied. He uses, with equal propriety, throughout his work, the word *pubes* instead of pubis.—We could wish that he had not interspersed certain expressions which look strange to the eyes of his English brethren, such as *nurse-tender*, *force-delivered*, *stuping*, *hippo*, &c.; the two latter, to a person who has never

been in Ireland, are perfectly unintelligible. The term "force-delivered," we presume, is taken from the *accouchment forcé* of the French authors, where, in consequence of profuse hemorrhage, convulsions, &c., the os uteri was forcibly dilated, and the child thus turned and extracted; a mode of practice entirely abandoned in modern times.—Dr. Collins has not explained whether this expression refers also to *all* instrumental deliveries, or merely to cases of perforation.

In speaking of the forceps under the head of "Tedious and Difficult Labors," the author considers it (p.11,) not only an abuse of this instrument, but most hazardous to the patient, to apply it under any other circumstances than where "the os uteri is fully dilated, the soft parts relaxed, the head resting on the perineum or nearly so, and the pelvis of sufficient size to permit the attendant to reach the ear with the fingers." The first two conditions are necessary, the third is highly desirable, but we cannot agree with him as to the last condition. We are aware that in this respect we differ essentially from the general rule of English obstetricians, and consider the diagnosis of the position of the child's head by means of the ear in difficult labors requiring the forceps, as liable to much objection. Whenever the head completely occupies the antero-posterior diameter of the pelvis, and presses firmly against the symphisis pubis, we hold it to be nearly if not quite impossible—at any rate highly improper—to attempt feeling for the ear; and yet many of these are cases where, although the soft parts are fully relaxed, the head is not *nearly* resting upon the perineum, although the great degree of cranial swelling might in some instances lead us to suppose it, and yet, where the result has proved that the forceps *was* indicated, by the child being born alive and the mother recovering without any injury.

Is the forceps merely an instrument of traction? Do we in nowise facilitate the delivery of the head by compressing it, and thus aiding nature in moulding it to the shape of the passages? We apprehend that one of its most important actions is that of applying pressure. We have, it is true, repeatedly seen the finger introduced, under these circumstances, in search of the ear; but it has been rarely, if ever, done without great complaint and suffering on the part of the patient.

It is here that the study of the sutures and fontanelles is so valuable, that a correct knowledge of the precise manner in which the head advances through the pelvis is, at least in our opinion, so necessary; and we must again express our surprise and regret that this interesting subject, the very basis of practical midwifery, should have been so entirely passed over in silence. "We would earnestly recommend," says Dr. Dewees, in his admirable System of Midwifery, § 64, "the study of the fontanelles and sutures to the beginner of the practice of midwifery, by early accustoming himself to touch and distingush them: it will lead him with certainty to the situation of the head as regards the pelvis, &c." And in the following section, he says, "Many rely upon the position of the ear for the knowledge of the situation of the head, but we very loudly object to this test," &c. We unquestionably agree with Dr. Collins, that it would be quite improper to apply the forceps in cases where the pelvis measured "little more than three inches from pubes to sacrum, and in others less than this;" we are not referring to such cases, but to those where the degree of pelvic contraction is very slight, or where the difficulty depends on the full size and developement of the fœtal head: in such cases there is sufficient pressure to prevent the introduction, or rather *boring up* of the finger, (for we can call it nothing else,) behind the symphisis pubis, to search for the ear: and yet there is room enough in the oblique diameters to introduce the forceps, and, with patient and gentle traction and compression, at length to deliver the head without danger to the mother or child. The practice against which he so justly exclaims, of dragging a child through a narrow pelvis, is still in vogue at Paris, where a forceps of great length and power is applied, and a degree of unfeeling violence used, which cannot be too strongly reprobated. The late Professor Osiander, of Göttingen, was, we believe, the only obstetrician of any name out of France, who advocated a similar practice.

In speaking of Perforation, Dr. Collins passes a very high and just eulogium upon the value of the stethoscope in ascertaining whether the child be alive or dead, and with the most honorable candor, confesses that formerly he must have occasionally committed error in delaying the delivery too long, from not being able to decide this important question. In the obstetric part of our last volume, we fully entered into the merits of this valuable instrument, and cordially join our author in his note to page 21, in recommending the excellent work on this subject by the present master of the Dublin Hospital.

There is one observation (p.17) which struck us as requiring slight comment. In speaking of the difficulty of deciding as to the necessity of perforating, Dr. Collins says that, except where the misproportion between the child's head and pelvis is very great, "no individual can foretell whether the uterine action may be sufficient or not to expel the child; therefore, the most certain proof we have, of such disproportion existing, is the head remaining stationary for a number of hours after the dilatation of the mouth of the womb, uterine action during this time continuing strong." In the majority of cases of difficult labor arising from contracted pelvis, the os uteri does not dilate readily, but its edge remains thin and rigid for many hours;

the pains do not appear to act in the proper direction, and this we presume, in some degree results from the pressure to which the lower portions of the body of the uterus are subjected by being squeezed between the head and the pelvis. In many of these cases we should question the safety of waiting till the full dilatation of the os uteri.

Where the patient is becoming exhausted, —where bleeding, laxatives, injections, opiates, &c, have been tried in the proper degree —where the os uteri has dilated to about one and a half, or one and three quarter inches in diameter, we should proceed to lessen the head, feeling confident that as soon as the injurious pressure was removed,the dilatation of the os uteri would proceed. These are not cases for the forceps; the state of the os uteri forbids it. They occur most frequently in primiparæ; and our not finding the head at the commencement of labor, so low as is usually the case in first labors, ought instantly to suggest an apprehension of misproportion between the head and pelvis. The child rarely continues alive until the full dilatation of the os uteri, and, by thus delaying, we are running a great risk of those dangerous sloughings and severe injuries of the soft parts, against which the author so properly warns us.

Dr. Collins has not favored us with a description of the forceps used by himself and colleagues in the Dublin Lying-in Hospital; which would have been desirable.

The next chapter (and it is to be regretted that the chapters are not numbered,) consists of observations on "Presentations of the Face, and with the Face to the Pubes." It is little more than a statistical account; no notice is taken as to *how* the face presented, or of the manner in which it passes through the pelvis and external passages; which appears to us an important omission.

Twelve cases are said to have occurred where the face was turned to the pubes. Of these, six were still-born; four being delivered by the crotchet, and one being acephalous. It is to be lamented that the other cases of this presentation were not more accurately observed.

In the chapter on Breech-Presentations, the author tells us that "the breech of the child may be distinguished from any other part by its softness, the depression between the nates, the organs of generation, the anus and the discharge of the meconium. Although this latter is sometimes observed when the head presents, in consequence of severe pressure, yet, under these circumstances, it comes away in a more fluid state, and has not its natural apppearance, being mixed with the discharges from the uterus and vagina." But the breech is not to be distinguished by these signs, whether taken separately or conjointly; it is to be distinguished by the coccyx, with the sacrum above it, the anus below, and neither by the softness of its feel, or the parts of generation. By such rules, how should we be able, when the presenting part is swollen by the pressure of the surrounding parts, to distinguish between the nates and the face. It would be nearly, if not quite impossible. We have, however, already discussed this subject in our former volume, (p. 114.)

In the following page (41,) Dr. Collins very correctly observes, that in breech presentations, where there has been no interference in the previous part of labour, it is rarely necessary to turn the child with its occiput towards the pubes, "the breech naturally making the turn above alluded to in its passage." This is a valuable observation, and we could wish that the fact were more generally known, as it would prevent much of that officious interference with nature, which frequently renders breech cases so dangerous to the child's life.

It is not desirable to introduce the forefinger of the left hand into the mouth, as recommended by the author: it is much better to place two fingers on the upper jaw, where pressure may be safely applied.

Dr. Collins reckons breech cases among preternatural presentations, (p. 44;) but why should this be so? the child presents with the long axis of its body parallel to the axis of the superior aperture of the pelvis. What is there preternatural in a breech case?—Among the breech cases which have been recorded, one child is stated to have weighed above thirteen pounds. These extraordinarily large children are by no means common, and are mostly still-born; in the present instance however, the child was alive. Within the last few weeks, a case has been mentioned to us of a child which was born alive, at the City-Road Lying-in Hospital of London, weighing fourteen pounds; but the late Sir Richard Crofts is stated to have delivered a living child weighing fifteen pounds, which is quite enormous.

In cases of arm or shoulder presentation, (p.66,) where the os uteri is not fully dilated, and is so rigid as to make it impossible to introduce the hand for the purpose of turning, we fear that the practice recommended is not so decided and effective as it ought to be.—Dr. Collins says, "in such a situation, where the individual is strong and plethoric, twelve or fourteen ounces of blood should be taken from the arm, and a table spoonful of the following mixture (an antimonial solution of one grain to one and a half ounce of water with acetum opii,) given every half hour." In such cases we never think of the quantity to be drawn, but of the effect to be produced; in a few weakly London-born females, the loss of fourteen ounces of blood has produced sufficient faintness to effect our object; but, the majority of cases, especially among the poorer classes of Irish, any thing less than double that quantity has seldom sufficed. Dr. Dewees' observations on this subject are so admirably to the point, that we cannot do bet-

ter than express our own views in his simple and impressive language. "Bloodletting," says this accomplished obstetrician, (§ 629,) "is the only remedy with which we are acquainted that has any decided control over the contracted uterus. It is one almost certain of rendering turning practicable under such circumstances, if carried to the extent it ought to be. A small bleeding in such cases, is of no possible advantage; for, unless the practitioner means to carry the bleeding to its proper limit, which is the disposition to, or actual state of syncope, he had better not employ it."

The directions for turning are scanty, although as far as they go, good: we must not, however, forget the quantity of matter which Dr. Collins has had to condense into one volume, and make allowances accordingly. The diagnosis between the knee and elbow ought to have been mentioned, for it is very important in these cases.

The author, (p.71,) quotes the authority of Dr. Clarke, of Dublin, in showing the futility of attempting to turn putrid children which present wrong. His own directions for conducting embryulcia under these circumstances are very judicious, and too valuable to be passed by without quoting.

"Dr. Clarke, in his Report of the Dublin Lying-in Hospital, states that 'he had heard of several patients who lost their lives by practitioners of good repute insisting on turning the fœtus, though evidently putrid.' 'Would not,' he adds, 'a better chance be afforded to patients so situated, by perforating the thorax or abdomen, so as to lessen their bulk, and, by the aid of the crotchet or blunt hook, bringing down the breech?' This, from ample experience, is the practice we would unhesitatingly recommend; and that in all cases where its death could be satisfactorily ascertained. We have performed this repeatedly without the slightest injury to the patient, except in one instance where the pelvis measured but two and a half inches from pubes to sacrum; nor do we think, where common caution is used, that there is, comparatively speaking, any risk to the patient. Delivery in this way is very troublesome, in most instances requiring an hour and a half or two hours for its completion. A free opening must be made with the ordinary perforator into the thorax, so as to permit us completely to empty it of its contents. We next open through the diaphragm, and remove the abdominal viscera, in order as much as in our power, to diminish the bulk of the body. For this purpose the crotchet and fingers are to be used. We then fasten the crotchet on the pelvis of the child, and, giving gentle assistance with each pain, where the woman is well formed, the breech, by a little perseverance, will be got down, and the delivery accomplished. Where we find much resistance, and there is no very urgent symptom rendering speedy delivery necessary, by withholding further assistance for some hours the body becomes softened and collapsed, and is then more easily removed. In some instances the child is expelled doubled by the action of the womb."

We are surprised to find that, in an institution like this, where a head physician, assistant physicians, and also pupils, are constantly residing, it should not be a rule for every patient to be examined upon her admission by one of them, and the result of the examination properly entered in a book for that purpose, whether it be a common or uncommon case; were it only to ascertain the precise nature of the presentation, the value of such a record would be sufficient reason. In three of the cases of shoulder or arm presentation, several hours were allowed to elapse from the patient's admission before the real state of the case was ascertained. No. 6 (p.75,) was sent to the hospital at the request of a midwife, who had been attending her, and who, although she assigned no distinct reason, would probably not have taken this step had she not found something wrong.—The patient was admitted in the evening; during the whole night she was free from pain, and therefore the labor remained in *statu quo*, and yet the presentation was not ascertained until the following morning, and then by the head midwife, not by one of the medical men. No. 9 (p.77,) was admitted at seven p. m. with slight pains, the waters having been already discharged; and yet the presentation is not ascertained till eleven. No. 15 (p.80,) was admitted in a very dangerous state from exhaustion by previous hemorrhage; the membranes were ruptured when she came in at six a. m.; the shoulder was not ascertained to present until three hours after, viz. until the os uteri was nearly fully dilated. The very difficulty of reaching the presenting part ought, we think, to have warned the attendant that all was not right. These omissions could not have happened if due attention had been paid to the nature of presentations and the manner in which the child during labor, enters and moves through the pelvis and external passages. Again, at p. 103, No. 33 is a case of placenta prævia, where ten days previously there had been a considerable discharge of blood, which had returned shortly before her admission, and yet, "no examination was made for seven hours after."

At page 86, No. 37, a case of elbow presentation is given, where turning became impossible from the rigid contraction of the os uteri on the child's body. We cannot help thinking that full bleeding, with a dose of opium afterwards, would have rendered this operation practicable.

On the subject of placenta attached to the os uteri, a number of valuable observations are interspersed with others which are rather commonplace and unnecessary in a work like this; several important points are left

quite unnoticed, and upon others we feel it necessary to differ from the author. In estimating the degree of danger from the blood discharged, Dr. Collins (p.91,) says "there might be internal uterine hemorrhage to an alarming extent." This, in cases of placenta prævia, we can by no means understand.—The uterus is filled with liquor amni, or at least by the child, for the membranes are seldom ruptured until the hand is passed; the blood comes from the os uteri itself, and therefore flows much more readily into the vagina; nor do we exactly see how it is possible for the blood, under these circumstances, to collect in the uterus. In none of the cases to which we have been called, and they are not a few, have we ever seen the slightest trace of internal hemorrhage, nor are we aware of such a case on record. From another observation, a few lines further on, we must also differ. Hemorrhage from placenta prævia, does *not* generally come on *slowly;* it usually appears suddenly, although the quantity lost will chiefly depend on the period of pregnancy. In the four last cases which we have attended under these circumstances, the hemorrhage has come on suddenly and profusely. In one case the patient was awoke in the night by a profuse discharge which soaked through every thing; in two others it burst out with a sudden gush as the patient was standing, without the slightest previous warning; in these two the placenta was centrally attached to the os uteri, and the patient was gone her full time, the hemorrhage was also very profuse.

"Blood lost near the full period of pregnancy," says Dr. Collins, in a note to p.92, "produces much more debility than in the earlier months. It is very rare to meet with hemorrhage proving fatal before the sixth month of gestation, when properly treated, though often profuse." To the correctness of this observation we fully agree; but why is there no explanation of the fact given, or of these very early cases of hemorrhage from placenta prævia not being dangerous, even although the uterus will not admit the hand. The invaluable observations on this subject in Rigby's Essay on Uterine Hemorrhage ought to have been mentioned, if not quoted. The author remarks, in the same page, "It is also of advantage to observe if the discharge of blood be increased with each labour pain, which is almost invariably the case where the placenta presents; whereas, if it be not so situated, the hemorrhage will at such times be diminished." This is an excellent observation; it is of itself a means of diagnosis, and distinguishes this form of hemorrhage from every other.

We can by no means agree with the author that there are causes of hemorrhage from placental presentation, where the medical man "is obliged either to suffer his patient to sink from loss of blood, or proceed to deliver when the parts are in an undilated and rigid state, in order to afford her the only chance of life." We cannot but express our surprise that the plug should have thus been passed over in silence; a remedy which, in these extreme cases must be the only means on which our hope of preserving the patient can rest. Besides the observations of Leroux on this subject, does the author forget those of Dr. Burns, Dr. Dewees, or still more recently, those of Mr. Ingleby in his work on Uterine Hemorrhage? The inestimable value of the plug has been strikingly shown by the latter author, who quotes two remarkable cases where life was preserved solely by this means; one described by Mr. Cusack, in the Dublin Hospital Reports, vol. v. p. 515, the other from the practice of Mr. Grainger, of Birmingham.

The injurious results of not applying the plug are but too strikingly exemplified in No. 34, p. 97, and No. 89, p. 99. The os uteri not being sufficiently dilated, both patients were allowed to sink into a most alarming and desperate state of exhaustion from continued flooding. In one the neck of the uterus was lacerated from endeavoring to pass the hand through its mouth; whereas if the plug had been used at an earlier period, the patient would have been placed in comparative safety until proper uterine action had come on, and by that time have regained sufficient strength by proper treatment to have enabled her to pass through her delivery with safety. No. 50, (p. 101,) shows a similar defect.

At page 94, Dr. Collins has noticed a valuable and remarkable fact, which appears to have been scarcely, if at all noticed by English obstetric writers. "Even a slight injury," says he "to the mouth of the womb will prove more fatal than an increased loss of blood so long as the strength can possibly bear it." Some explanation of this important fact ought surely to have been given. In what, then, does the danger of slight injury to the os uteri under these circumstances consist; because in the most favorable labors, nothing is more common than slight laceration of its edge? In placenta prævia, however, it is very different: the os uteri now plays the part of the fundus, and its vessels in such cases undergo nearly, if not quite, the same degree of dilatation and development as those of the fundus are observed to do when the placenta is situated there. A slight lacera- of the os uteri now is of very serious consequence; large vessels are torn, which the firmest contractions of the uterus cannot close; hence a constant, though slight, discharge of blood goes on, which gradually exhausts the patient.

"As to whether the hand should be passed through the placenta or at its edge, we must," says Dr. Collins, "be guided by circumstances." We look upon it now as a settled point never to attempt piercing the placenta with our hand.—Dr. Rigby has, it is true, advocated this practice, but in so qualified a manner that we should almost doubt if he ever used it at all; for he expressly states that he found it impracticable, "and it ever must be when the middle of the placenta presents to the hand, from the thickness of it near the funis: it must be carefully separated from the uterus on one side, and the hand

passed till it gets to the membranes."* Dr. Collins has overlooked the admirable observations of Dr. Dewees (§ 1,153,) on this subject: they are, indeed, well worthy of perusal, but our limits forbid us to quote them.

"It occasionally happens," (same page) "that a large quantity of blood collects in the uterus previous to delivery, which if not removed keeps this organ distended, and thus creates a tendency to hemorrhage." The meaning of this sentence is obscure. Does the author mean to say that internal uterine hemorrhage can take place in cases of placenta prævia before delivery? The sentence surely belongs to hemorrhage after labor, a totally different subject; and the words "previous to delivery" must have been misprinted for "after delivery:" in no other way is it intelligible to us.

In a case of partial placenta presentation with much hemorrhage before and after delivery, (p. 98, No. 77) would it not have been better practice to rupture the membranes? Uterine action would have increased; the head pressing on the presenting portion of placenta would have stopped the hemorrhage; turning would have been rendered unnecessary; and labour having followed a more gradual and natural course, the chances of any hemorrhage after delivery would have been much diminished. We have used this plan in at least four cases of partial presentation of the placenta (the os uteri being soft and dilatable,) with complete success. Where uterine action still appeared sluggish, a dose of ergot sufficed to rouse it.

The author's "Observations on Accidental Hemorrhage," are truly practical; they are plain and simple and worthy of careful perusal. Cordially do we agree with him that Dr. Burns' directions as to dilating the os uteri, are "calculated to lead the young practitioner into error;" nor even are they "only justifiable in the most extreme cases of danger," and certainly never, as he well observes, "until rupturing the membranes has been found to fail in stopping the hemorrhage;" for if the plug be properly used, the hemorrhage will be controlled, and the os uteri will have sufficient time to dilate, either to let the head pass, or to admit the hand. We again regret that Dr. Collins has so completely discarded this valuable aid.

The author has repeatedly observed that the ergot of rye diminishes the action of the heart; thus, for example, at page 134, he says "the mother's pulse, when she got the first dose of the ergot, was 108; at the time the second was given, 102; and in a quarter of an hour after, it had fallen to 98. This sedative effect I have almost invariably observed the ergot produce, even where it did not seem to act in any other way upon the patient." This is an interesting fact, and deserves attention. We must confess that we have not noticed it.

In his observations on hemorrhage between the birth of the child and expulsion of the placenta, there are no remarks on the effects of portions of placenta being left in the uterus on account of their firm attachment, although, at p. 130, No. 100, a case of this sort occurs. Again at p. 180, he says, "where the afterbirth is retained by morbid adhesion, it is recommended by most writers to remove as much as can be effected by gentle means, leaving the remainder to be thrown off in the discharges." But is it thrown off in the discharges?—has the author ever observed this fact?—we have not; although on several occasions we have known of cases where considerable portions of placenta were left adherent, and never appeared in the discharges. In the following page he informs us that in eight cases, hemorrhage occurred in combination with hour glass or irregular contraction of the uterus." No remarks are given on the nature of this irregular distribution of uterine activity.—Our own view, viz. that the stricture is produced by the os uteri internum, and not by the body of the uterus, we stated in a former number; it is that which is generally adoped by the first continental authorities.

On the treatment of Hemorrhage after Expulsion of the Placenta, we regret to say that the rules are both saanty and incomplete. Gentle friction on the abdomen, which in all moderate cases of hemorrhage we find sufficient to excite uterine contraction, is not even mentioned; but wherever the uterus is "much relaxed and distended," and the binder and pressure prove insufficient, (which will be almost always the case where there is much uterine inactivity) the hand is to be introduced. With such practice we cannot coincide. The introduction of the hand is only warranted where the uterus is considerably distended, and in its present atonic state, unable to expel the coagula; in most of these cases, introducing one or two fingers to the os uteri, and pressing with the other hand on the fundus, is quite sufficient to remove any coagula on the uterus; and we are alluding to cases in our own practice of the most alarming and dangerous description. Instead of applying the binder whilst the uterus shows a tendency to relax, which prevents our feeling the state of the fundus, the great index of our patient's safety, and which, by increasing the warmth of the abdomen, tends still further to relax the uterus, other remedies are to be used. Cold applications are among the most valuable, and yet how insufficient and meager are the observations on this head. "The free admission of air, with the extensive use of cloths soaked in iced or the coldest pump water, will be found useful," is the sum of the author's observations on the external application of cold. It is true he mentions that, in some very obstinate cases, he has poured cold water from a height upon the abdomen with success, as if the fact were new. He draws no practical inferences from it; and from talking of introducing snow and ice into the vagina, is evidently ignorant of the inestimable principle laid down by Dr. Gooch, that "*cold applied with a shock is a more powerful means of producing contraction of the uterus than a greater degree of cold without the shock.*"

With the use of injections of cold water, &c. in the vagina, he professes to have no experience, but "should rather think it not advantageous." Yet we consider this as actually one of the most powerful and valuable means we

*Essay on Uterine Hemorrhage, p. 64, 5th Edit.

possess of inducing uterine contraction in dangerous cases. An equally valuable remedy here, viz. the ergot, is not mentioned; nor the application of the child to the breast.

We must confess ourselves greatly disappointed with the author on this subject. His after treatment is judicious and simple, except on one point. "Severe and acute pain of the temples very frequently succeeds profuse hemorrhage, in a shorter or longer time after delivery; in relieving which, we have almost constantly found the application of eight or ten leeches to the affected part successful." This pain of head, which is occasionally one of the most oppressive and severe forms of headach known, results from debility and want of due circulation in the brain: how can this be permanently or safely relieved by leeches? A dose of camphor and extract of henbane, repeated according to circumstances, has rarely if ever failed to remove it; and it is a far safer form of sedative than mere opium. The subject is of such intense interest that we could have wished to have entered much more fully upon it, but our limits forbid.

In a case of hemorrhage after birth of the child, (p. 158, No. 125,) the patient was fifty-nine hours in labor, the head pressing firmly against the ischia for some time, with evidences of serious pelvic deformity; yet no assistance was rendered until the fœtal heart ceased to be heard; no bleeding was practised, although the pulse was between 120 and 130, and the external parts were œdematous. No attempt was made to apply the forceps; nor was the head perforated until it had remained stationary, pressing against the ischia for nearly twenty-four hours. The consequences, we need hardly add, were dreadful sloughing and gangrene of the vagina, communication between it and the rectum, and death on the ninth day.

The author's observations on not hurrying labor, as being a powerful means of preventing retention of the placenta, are good. In speaking of the cases where the placenta was retained, he says "in four the delivery had been forced." We strongly object to this expression; we do not *force* delivery in the present day.

We agree with Dr. Collins in saying "Puerperal convulsions occur almost invariably in strong plethoric young women with their first children, more especially in such as are of a coarse make, with short thick necks:" but we complain that no discrimination is made between the different forms under which these convulsions appear. Dr. Dewees' excellent observations on this subject have not excited the author's attention, or he would not have denied "that puerperal convulsions were caused by the irritation produced in the dilatation of the mouth of the womb," he would have been aware that convulsions arising from this cause are preceded and accompanied by symptoms of strong determination to the head; that there are other convulsions arising from a totally opposite state of the circulation; that there are others where the cerebral circulation is in an apoplectic state; and lastly, others which partake strongly of the hysteric character. He would not have waited three hours after perforating before attempting to extract the child, knowing that *its* presence in the uterus and passages was the exciting cause of the convulsions; he would have effected the extraction with ease, as the pelvis was well formed. The forceps slipped with the second child, which had thus to be perforated also.—The mother was given a bolus of calomel and jalap and one grain of opium, the bowels being "most obstinately torpid." She died in thirty-four hours.

The next case of convulsions shows equally objectionable practice, (p. 203, No. 8.) The first fit came on whilst the head "was pressing on the perineum, and the pains strong." It was allowed to remain in this state for *eight* hours without any assistance being given, when, all the symptoms of rupture of the uterus coming on, the child was delivered by perforation. The patient died, and the dissection showed extensive rupture of the uterus and vagina.

The next case is even worse, and shows the impropriety of allowing the patient to be in labor without making a proper and early examination. The patient was allowed to be *twenty-four hours* in labor, during which convulsions, and ultimately fatal rupture of the vagina, took place, before the real state of the head (hydrocephalus of great size) was ascertained.

At pages 207 and 208 are the records of two fatal cases of convulsions, viz. Nos. 21 and 25, where, in our opinion, assistance was also delayed too long.

The use of tartar emetic, which the author recommends, p. 212, is very serviceable in *some* cases of convulsions, especially when connected with a neglected state of the bowels, but not in every case. His note to the next page, respecting the use of camphor, and also to page 227, on the exhibition of opium, seem to show a want of discrimination of the cases where these remedies were indicated and where they were not.

At page 223, No. 20, is a case of convulsions, where the attack came on when the os uteri was "fully dilated, the pains vigorous, and the head advancing;" no assistance was given, and the patient was not delivered till 5 hours after of a dead child, the heart of which had been distinctly heard an hour before. The author states that "the case was not such as to admit of the application of the forceps." The reasons for the non-indication of the forceps should have been given: she had been freely bled, the bowels "well acted on," and passages well dilated; what was there to prevent the forceps being applied? No. 11, in the next page, was allowed to be eight hours in labor after the appearance of the convulsions without assistance, although "the os uteri and soft parts were well dilated, the pains strong, and the head making considerable progress."

In speaking of the cautions in order to avoid a recurrence of the attack in a subsequent pregnancy, Dr. Collins very justly remarks that "a severe paroxysm of genuine puerperal convulsions is seldom met with in any individual who has *before* labored under such a seizure." This is an excellent remark, and he applies it in the next page (238,) with equal justice to puerperal mania. Dr. Gooch's excellent observations upon this subject confirm the fact.

On Rupture of the Uterus, Dr. Collins correct-

ly observes, that the "part which usually gives way is at the junction of the cervix uteri with the vagina;" he also adds, "either anteriorly or posteriorly, and according to my experience, equally in both situations." The opinion hitherto was, that it occurred most frequently at the *back* part; but we freely confess ourselves inexperienced upon this subject.

We are surprised to find thirty-four cases of rupture; (about one in every 480 labors,) a proportion truly awful, and we confidently assert neither equalled nor approached in the practice of any similar institution. We should have been at a loss to account for this extraordinary number, had not the melancholy details of these deplorable cases given us but too sufficient an explanation; and whilst we admire the author's candor in thus freely stating them, we must nevertheless reprobate in the strongest and most unequivocal manner the practice under which many occurred. We would gladly have avoided entering into the details of these sad cases; but we cannot pass on without showing the grounds upon which we have made these observations. We can only do this by calling the reader's attention to the chief points of those cases, the management of which we object to.

P. 259, No. 19, her first labor, "the head remained for some time high up;" it gradually descended, and in nineteen hours, when symptoms of rupture appeared, it was low in the pelvis; "the pressure on the urethra was so considerable, that there was some difficulty experienced in passing the smallest sized flexible catheter. The head was lessened, but not delivered without the greatest exertion;" and even afterwards some force was necessary for the extraction of the shoulders. Ought not the fact of the head remaining so long high up in the pelvis of a primipara to have been sufficient warning that there was want of room? If an early examination had been made with due care and attention, it is almost impossible that the unusual manner in which the head was pressing upon the brim could have escaped attention. After all, the patient scarcely seems to have died from the effects of the laceration, which was all but healed, but rather exhausted by the extensive sloughing and ulceration in the soft parts, produced by this delay in giving assistance.

Should a patient who (p. 291, No. 16,) had been "force delivered," as Dr. C. calls it, before in the hospital, to go four hours after the full dilatation of the soft parts, with the head low down, the outlet of the pelvis evidently narrow, without giving assistance? Rupture ensued.

The next case (No. 18,) shows equally objectionable practice: the woman was in labor from the preceding day; the head was high in the pelvis, and made but little progress; the soft parts were well dilated, pulse between 120 and 130; tongue foul. She continued in this state for some hours;" symptoms of rupture set in; the head, being out of reach of the forceps, was lessened. Can we justify allowing a patient to remain in labor with the head in this situation, with such a pulse and tongue, "for some hours?" Mischief *must* inevitably ensue. The dissection showed that the injury had resulted from the vagina being squeezed between the head and a projecting portion of sacrum. We can scarcely agree with the author in thinking that the injury had taken place before admission.

P. 299, No. 28. "A feeble delicate woman was thirty-six hours in labor previous to the setting-in of the above symptoms, (of rupture,) and had been force delivered in this hospital eleven months ago." With such a confession, what can justify a delay of thirty-six hours?

P. 300, No. 32, was admitted in the evening with most dangerous symptoms of exhaustion, having been sent "many miles from the country in severe labor;" and yet (would the reader credit it?) she was not delivered until the next morning at nine o'clock, *as the child's heart had ceased to beat*, and the patient was in *articulo mortis*. Is *this* what we are to understand by the tenderness of not choosing to perforate the head of a living child—waiting until it had been gradually destroyed by the length and severity of the labor, and the mother brought into a dying state? If, by means of the stethoscope, the having ascertained at one period of her labor that the child was alive, led to such deplorable practice, we can but regret the author having ever used it.

P. 301, No. 3, shows in the strongest manner the great impropriety of not having a properly qualified person to examine every patient on admission. The patient was admitted at nine p. m., in labor of her first child. An elbow presented which was actually mistaken for a knee, and she remained without any further notice for six hours. The real nature of the presentation was now ascertained; the body had become closely wedged in the pelvis; there was *extreme* pelvic deformity, (an antero-posterior diameter of only two and a half inches.) Turning was now impossible. The thorax was perforated. "It required most laborious exertion for two hours and a half to complete the delivery, which was only accomplished by taking the child in pieces." She died in four hours. Extensive laceration of the cervix uteri and vagina was found on the right side. How much suffering and difficulty might have been avoided if the real nature of the case had been properly ascertained before the presenting part had become so firmly impacted in the pelvis. If any parts of the child liable to present can be distinguished from each other, certainly it is the knee from the elbow; the difference cannot be mistaken. But even putting aside this oversight, how was it possible to avoid noticing such unusual pelvic deformity? If this "person in attendance" was a pupil, he must indeed have been a beginner, and, as such, ought not to have been intrusted so entirely with a case. If it was a midwife, most assuredly she ought to have been dismissed as unfit for such an office. Further comments on these cases we must decline making.

"The operation of turning," says our author, p. 242, "is not unfrequently a cause of laceration of the vagina or mouth of the uterus," &c.—That it may prove a cause, he has shown in at least three cases; but that laceration is "not unfrequently" thus produced, we cannot admit, at least on this side of the water.

It is with pleasure we turn from this subject,

(upon which we have unavoidably dwelt much longer than we could have wished,) to Dr. Collins' excellent "practical observations on Twin Births;" they are plain and judicious. The placentæ of twins are (as he rightly observes,) generally united, and not separated, as has usually been asserted; the two circulations, we believe, however, are always distinct. The following observation is very valuable:

"When we reflect," says Dr. C. p. 313, "as has been computed, that the ordinary proportion of deaths in women giving birth to twins is one in twenty, whereas with single children a death does not occur in nearly five times that number, we cannot but see the necessity for the most scrupulous attention on our part. It is no matter what the nature of the attack may be, whether hemorrhage, convulsions, fever, &c., it will be found much more dangerous in women giving birth to a plurality of children, than others."

After inculcating such really valuable rules, we cannot but be surprised to see his practice at p. 318, No. 174. After the patient (first pregnancy) had been forty hours with the first, why could not the second child be delivered with the forceps? Why allow the head, which was low in the pelvis, to remain there eight hours? We cannot understand why "the case did not admit the application of the forceps:" the head had "descended into the pelvis," and, of course, the parts were well dilated by the passage of the first child.

In his observations upon Prolapsus of the Cord, the author has given us no remark whatever on the circumstances under which this displacement occurs; which is to be regretted, because, in a work like the present, (a record of great experience,) such observations are always valuable.

He almost entirely discards turning the child, or the application of the forceps. We must confess we have not found turning so dangerous to the mother as he considers it to be, and should scarcely think ourselves justified in not undertaking this operation where the cord was felt pulsating strongly, and the os uteri and passages were in a favorable state. Trying to keep up the cord with the fingers, or with a piece of sponge, ought not even to have been attempted at all; its utter uselessness has long since been proved. The author proposes to attach the cord to the end of a flexible male catheter, and thus pass it up above the head, leaving the catheter there during the labor; but has given no results of his trials. An interesting paper on this very subject was published last year by Dr. Michaelis, of Keil, in the third volume of the "Neue Zeitschrift für Geburtskunde," where he succeeded in replacing the cord above the presenting part in a considerable number of cases with perfect success. His plan is as follows: he passes a piece of twine doubled through a flexible male catheter, so that the two ends hang out at the lower extremity, and the loop at the upper or vesical extremity; having introduced the stilet, and passed the loop round the cord, he withdraws the stilet just so much that, by bending back the point of the catheter, the end of it may project through the orifice. Upon this he hooks the loop, and pushing up the stilet to its full extent, and drawing down the ends of the ligature at the lower extremity, the funis is thus firmly attached to the upper end of the catheter. Having now carried it as high as possible above the brim, he withdraws the stilet; the funis is instantly disengaged from the catheter, which is therefore removed, leaving the funis behind.

The author (p. 350) quotes the following passage from Dr. Denman: "When the child is dead, all the efforts of art must be useless to it, and may be injurious to the mother: we must therefore be satisfied with permitting the labor to proceed as if the funis had not descended;" an opinion, as he confesses, supported by Burns and other authorities, but from which he differs, not seeing any advantage in allowing the patient to remain hours in labor, when delivery may be quickly accomplished by lessening the head. The author mistakes Dr. Denman's meaning. By "permitting the labor to proceed as if the funis had not descended," Dr. D. merely meant that he should treat it as a common natural labor; but assuredly he would never have allowed it to go on thirty-six, forty-eight, or even more hours, as reported in several of the author's cases. The quotation, both at its beginning and end, shows (to our mind,) better practice than what the author has advocated; it shows that, where the child was alive, Dr. Denman would probably have interfered with art; and that, where it was dead, and the interference of art not indicated on the part of the mother, he would have left it to nature. This, in fact was his practice; and it was judicious. The author's tabular view of these cases is incomplete, from not having the presentation of the child noted, which would have greatly added to its interest and value.

On the subject of Sloughing of the Urethra, &c., Dr. Collins considers that the symptoms threatening this mischief do not indicate lessening the head so long as the child is alive. We should feel inclined to modify this rule considerably. Where the head has been some time pressing against the symphysis pubis without entering the pelvic cavity, and there is no chance of being able to deliver with the forceps, we should consider the perforator indicated, without waiting until the child had died from the effects of the labor; for by this time we should run a considerable risk of losing the mother also. We hold that, where there are not evident indications for the perforator, it can rarely happen that the head is so long pressing on the soft parts as to produce sloughing, and yet the child be alive, without the forceps having been indicated.

We fully agree with the author's observations respecting the Varieties of Puerperal Fever.—"The extreme difference of opinion," says he, p. 390, "and the very opposite measures recommended by practitioners, arises chiefly, I am satisfied, from their treating of every variety of puerperal fever as one and the same disease; whereas, there is perhaps not any other which exhibits a greater diversity of character in different situations, and even in the same situation at different periods." If this fact had been properly attended to, we should not have seen

so discrepant and opposite opinions in the various works on this subject. The form of the disease which he has described, appears in most cases to be very similar, if not identical, with the common form observed in London, beginning with pain in the region of the uterus, which is felt large and hard, and tender upon pressure, sometimes extending to one side; the pain, in the course of a few hours, extends over the whole abdomen, which becomes tympanitic; the pulse is rarely hard, although quick and perhaps sharp; the tongue is mostly covered with a thin white fur, which, if the symptoms grow more unfavorable, becomes dry and brown.

"The result of my observations upon the treatment of puerperal fever," says Dr. Collins, p. 396, is, that *general* bleeding, except where there is a strong, full pulse, and the symptoms are of a high, inflammatory character, is injurious. On the contrary, *local* depletion, by the application of three or four dozen leeches, followed by the warm bath and stuping, all of which should be repeated according to circumstances, as often as the strength will permit, seemed most beneficial. These means, together with the active employment of calomel conjoined with hippo and opium, aided by mercurial frictions, offer the best prospect of relief. Blistering the entire abdomen, after leeching had been pushed as far as could be, was found serviceable. In some instances the debility from the very commencement was so excessive as to induce us to apply the blister at once, using calomel and stimulants at the same time."

Dr. Collins' views on the use of the lancet in these cases are good and valuable; they are cases which are very far from admitting the indiscriminate use of bloodletting. The combination of calomel with ipecacuanha ("*hippo*,") is very excellent, and we consider that in many of the recorded cases it proved of eminent service; but we feel equally certain (and not from slight experience,) that, if it had been combined with opium in the form of Dover's powder, it would have answered much better. We have, moreover, strong reason to believe that, if the first dose of calomel had been one of eight or ten grains, combined with an equal quantity of Dover's powder, or four grains of pulv. anitimonialis, according to the character of the pain, state of the bowels, &c., and not repeated for some hours, that the effect produced would have been more certainly beneficial, and that a much less quantity of calomel would have sufficed. We cordially agree with the remark of the author, in a note to p. 396, "it is supposed by some practitioners that, when we can get the system under the influence of mercury, recovery is *certain*. This is not the fact, as I have seen several cases where death took place under these circumstances; it is, notwithstanding, a very favorable occurrence." Where he has given large doses of calomel, we regret that so little moderation was used: scruple doses of calomel every two hours is a plan of treatment almost sufficient to anticipate the disease. To his whole series of external applications we feel compelled to object. The hot "*stupes*" (Anglice, fomentations,) relieve the patient for a time; but how can we be sure of their being regularly renewed every two or three minutes, for an hour or two, by a nurse? They generally do more harm than good; the patient is made thoroughly wet and uncomfortable, and the flannels are frequently allowed to remain on long after they have lost their heat. We feel convinced that, in several of the cases recorded by the author, the obstinate return of the abdominal pain was as much the result of this as of any other cause. The only safe and effectual manner of applying heat, is by folding a large poultice of linseed meal spread flat in a linen cloth, and covering the whole abdomen with this, as hot as the patient can bear it with comfort. When well made, it will retain its heat for 4, 5, or even more hours, and the beneficial effects produced fully warrant the high encomiums which Dr. Gooch has passed upon it. The other external applications, viz. blisters, mercurial inunction, &c., we have seen applied, and are strongly inclined to hold them in no cases superior to the poultice, when properly made, and in many cases far inferior.

To our great astonishment, the whole subject of Puerperal Fever is passed over without the slightest attention being paid to the state of the lochia and vaginal discharge: the word *lochia*, as far as we can perceive, is not even mentioned. We are at a loss to explain the cause of such a singular omission of all notice of the state of a discharge, the regular and healthy secretion of which is of such vital importance in these cases. Of course, therefore, the frequent syringing the vagina with warm water is equally unnoticed, a plan which we have used extensively with the most succcessful results, and which, independently of its value in washing away any putrid coagula or lochia which may have collected in the vagina, (a source of irritation of the very worst kind,) is of the greatest utility as an internal fomentation to the uterus; frequently bringing on a return of the lochia which had been suddenly checked at the commencement of the attack, and producing a degree of relief not less complete than striking.

The trial which Dr. Collins has given of the oil of turpentine in his practice, is certainly not more in its favor as a remedy in this form of puerperal fever; in several cases it appears distinctly to have aggravated the abdominal pain. Whether it was to this cause, or the "stuping," or inattention to the vaginal discharge, or more or less of each together, we know not; but we have scarcely ever seen so little relief produced by general and local bleeding, and the use of calomel and ipecacuanha or opium, as here, although they were judiciously and decidedly employed by the author. We cannot help thinking that these remedies would have acted more successfully if aided by a large hot poultice as above described, by warm vaginal injections, or by a milder and less stimulating purge than turpentine. It would be, nevertheless, unjust towards the author to suppose that the majority of the fatal cases of puerperal fever would have terminated otherwise, even if those alterations in practice which we have suggested had been adopted. Many of them were cases which, from the beginning of the disease, gave little chance of success; still, however, many were

cases of a milder form, which might have justified the hope of a more favorable issue. We are surprised that the author has not found the inexpediency of giving jalap, senna, and such like griping purges shortly after labor. We have seen such repeated instances of an attack of abdominal pain succeeding the exhibition of these remedies, and so many relapses from this cause, that we carefully avoid giving this class of laxatives, confining ourselves to castor oil, carb. and sulp. of magnesia, in aq. menth. pip. &c.

Dr. Collins' arrangements for the prevention of this dreadful malady are truly admirable, and do the highest credit to his activity and judgment. Although we have nearly reached our limits, still we cannot alter the original description. Puerperal fever prevailed at the Dublin Lying-in Hospital in February, 1829.

"We had," says Dr. Collins, "all the wards in rotation filled with chlorine gas in a very condensed form for the space of forty-eight hours, during which time the windows, doors, and fireplaces were closed, so as to prevent its escape as much as possible. The floors and all the wood-work were then covered with the chloride of lime, mixed with water to the consistence of cream, which was left on for forty-eight hours more. The wood-work was then painted, and the walls and ceilings washed with fresh lime. The blankets, &c., were in most instances soured, and all stoved in a temperature of between 120 and 130°.

"From the time this was completed until the termination of my mastership in November, 1833, we did not lose one patient by this disease. As the wards of the hospital are occupied by the patients in rotation, as soon as each in successon was vacated, I continued the use of the chloride of lime, confining its application to the floors. In this way each ward was washed every ten or twelve days, the solution being left on for twenty-four hours, during which time the blankets, quilts, linen, &c. were suspended, so as to be exposed completely to the chlorine gas, which is copiously disengaged from the preparation mentioned. The chloride of lime was then carefully washed off, and the boards, when dry, polished with a brush. It may appear strange that a process such as stated should be considered advisable in an establishment which is at *all times* kept in the most perfect state of *neatness* and *cleanliness* in every respect; so much so, that few private houses would bear comparison; yet the result consequent on such a practice, will fully justify our having had recourse to it. To the ventilations of the hospital, I have always paid the most strict attention, so that no heated or vitiated air might be suffered to accumulate.

"In addition to the air tubes, &c., as described when treating of trismus nascentium, I had from one inch and a half to two inches of the upper sash of the window most remote from the patient's bed kept open day and night, throughout the entire year, except during extreme cold at night in winter; thereby ensuring a free circulation of pure air.

"All the beds in the hospital are composed of straw; nor is any one used more than a second time without the cover having been washed and the straw renewed. In every instance where the patient *dies*, this is at once done, and should the most remote symptom of fever have been present, every article connected with the bedding is instantly scoured and stoved; the wood-work and floor washed with the chloride of lime solution, and the entire ward whitewashed; this is readily effected, as the sick are invariably placed in a small ward apart from the healthy. To this precaution too much attention cannot be paid. I am satisfied the *instant* separation is of vast importance to both."

We have but insufficiently treated this important subject; and there are several other points of interest to which we could have devoted some observations; we must, however, extract a case from the next chapter, as coming under the present subject of puerperal fever, and as giving an instance of a peculiar and very dangerous form of this disease.

No. 639, p. 473. "She was delivered on the 13th of February; on the 15th she complained of tenderness of the abdomen, which was removed by leeches and stuping. On the 16th, she suffered from uneasiness in her stomach; and, on the morning of the 17th, her pulse sunk rapidly, and her extremities exhibited in the most marked manner the appearances of diffuse cellular inflammation, particularly the right fore-arm, her strength continued to fail, and she died the same evening, although stimulants and cordials were diligently employed. On dissection, the abdominal viscera appeared healthy; there was a slight blush of redness on the anterior surface of the uterus; the muscles of the body were in a remarkable state of decomposition, particularly those of the right fore-arm, where they appeared in a state of putrefaction. The blood was fluid in all parts of the body."

In our own experience this has been the most fatal species of puerperal fever which we have met with; it differs essentially from the other and more common form. The uterus is seldom affected; there is little or none of that hardness, swelling, and pain of this organ, which is seen in the other form. The pulse is rarely under 130; mostly 140, small and weak, (at times, however, hard); the tongue red, streaky, and dry; in some instances great confusion of head; constant vomiting of greemsh mucus; tympanitis coming on rapidly, without the usual degree of abdominal pain; the sudden collapse, with cold tongue and extremities; dusky appearance of the face, and large patches of livid ecchymosis upon the extremities. One of the most singular features of the disease is the enormous collections of ill-conditioned puss, forming in different parts of the body, especially in the muscles of the extremities. An indurated painful spot is felt, for example, in the muscles of the fore-arm; a spot more frequently observed by us to be affected than any other part. The extremity becomes stiff and immovable, the induration increases in extent; fluctuation follows; if the patient lives long enough, an immense collection of puss is formed. Perhaps it can scarcely be called pure inflammation of the cellular tissue. On examining after death extremities of this sort before fluctuation had commenced, the whole cellular tissue appeared in a half dissolved

state; the muscles firm to the feel, but easily torn through; their natural color entirely changed for a dirty ashy hue, more like boiled meat than any thing else. The fluid state of the blood as noticed by Dr. Collins is also a remarkable fact; the blood in those cases which have come under our notice resembled considerably thin claret in appearance. The disease appeared to consist very much in a morbid state of the circulating fluid, and the relief afforded by alkaline and saline remedies seems to confirm this view.

At p. 476, No. 745, we are sorry to meet with another instance of what appears to us highly objectionable practice. "The patient was admitted in a high state of fever," p. 120, "tongue loaded, teeth covered with sordes;" it was her first labor; "the urine was three times removed by the catheter, and, on its last introduction, a considerable quantity of bloody fluid came away," and yet she was allowed to remain in this state twenty-six hours before art was employed to deliver her. No bleeding or other treatment is mentioned. We cannot imagine any reason for keeping this poor creature in severe suffering until her almost moribund state gave warning that she would die undelivered, if left any longer to herself: as it was, "she was delivered on the 12th of August, and lingered until September 3d, when she died."

It seems to us a matter of surprise that, in cases requiring the crotchet, and where the mother was delivered artificially in her former labors, artificial premature labor was not thought of. Nos. 1005 and 1032, p. 480, are instances of this: the first patient had only one child alive, (her seventh,) having been artificially delivered in her previous labors; in the other case, it was the "*fourth* time that she had been delivered *artificially*. Fifteen months since she was delivered in this hospital with the crotchet." Artificial premature labor is not even hinted at by the author; yet, in our own experience, it has been attended with the happiest results.

The next case (No. 1038,) we must be allowed to give verbatim; the reader will then be better able to judge for himself concerning it.

"This patient was admitted in labor of her first child. Uterine action was feeble, and continued so for seventy-two hours after she came in. As the fœtal heart had ceased to act for some time, aud the pulse became hurried, it was considered advisable to deliver her. The os uteri was not fully dilated; the head was high, and resting above the pubes; it was lessened, and cautiously brought down with the crotchet. Severe abdominal inflammation set in shortly after delivery, which resisted the most prompt and active treatment, and proved fatal on the sixth day." (p. 481.)

As the fœtal heart had ceased to beat for some time, and her pulse was becoming flurried, Dr. Collins thought it advisable to deliver her. This has been his rule nearly, if not entirely, throughout the work: its results we have already shown. But, supposing the fœtal heart had *not* ceased to beat, in order to let him perforate, what was to be done then? Wait seventy-two hours more;—i. e. if the mother had lived so long? "The os uteri was not fully dilated, the head was high, and resting on the pubes." This being the case in a primipara, even for twenty-four hours, ought to have given ample proof of a narrow pelvis. This, and the many other similar cases which we have commented on, do not exactly confirm Dr. Collins' assertion at p. 2, that no useful information is to be gained by examination in the early stages of labor.—The pelvis was an unusual one; it was evidently the "pelvis æqualiter justo minor" of the German schools; being three and a half inches from pubes to sacrum, and four and a half transversely.

Dr. Collins' practice among the children appears to have been very successful, and we regret that we have been favored with scarcely any details of infantile management at this early and interesting period. We must refer the reader to a quotation respecting the mortality of children at the end of our statistical observations.

The *Trismus nascentium* appears to have been a most prevalent and fatal disease in the hospital in former years. The author quotes a passage from Dr. Joseph Clarke, wherein he states that "at the conclusion of the year 1782, of 17,650 infants born alive in the hospital, 2,944 died within the first fortnight."

"That is," says our author, "nearly every sixth child, or about seventeen in the hundred: about nineteen of every twenty of these, he adds, died of *nine-day fits*. He considered a foul and vitiated state of the air in the wards of the hospital, to be the principal cause of this disease: to counteract which, he had apertures of considerable size made in the ceilings of each ward, (these have been since changed for air-tubes, six inches in diameter, passing to the roof;) three holes of an inch diameter were made, in an oblique direction, through each window-frame at top; the upper part of the doors opening into the galleries were also perforated with numerous holes. By these means a free circulation of air was at all times secured through the wards, and effected in such a way as put it out of the power of the nurse to control it. The consequences of these alterations, as stated by Dr. Clarke, were favorable beyond the expectation of the most sanguine. Of 8,033 children born subsequently to the wards being ventilated as described, only 419 died; that is, about one in nineteen and three quarters, or from five to six in one hundred, instead of the enormous mortality before mentioned."

With these quotations we close our review of Dr. Collins' work. That it has been carefully analysed, we trust is proved by our observations; that we have acted impartially,

we hope is also shown by our readiness, nay even anxiousness to give the author the full meed of praise, wherever it was due. We have it is true, differed from him essentially on certain points of his practice; so much so as to censure it here and there in the most unequivocal manner. We should not have acted fairly to ourselves, or to our obstetric brethren of Great Britain and Ireland, to have tacitly approved of these portions of his practice, by passing them by without full and sufficient comment. Still, as a whole, the work is very creditable to the author. As a statistical record, it will be always useful and interesting; but we cannot forget how much more might have been made out of such an an ample field for observation and enquiry.

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ANALECTA.

I.—*On Injuries of the Head, with Notes of some Cases.* By Dr. Mackinnon, of Tirhoot.

I do not know that it is the case in all the districts of the country, but in this one I have many examples of injuries of the head. They happen during the affrays which so frequently occur in boundary disputes, between the ryuts of different and sometimes even of the same villages. The weapons they use are the talwár and the láthi. And they use them, in truth, with a force that is often fatal at once, and that generally leaves serious consequences behind it. Scarcely a month passes that I have not bodies brought in for examination, and I usually find the cause of death to be fracture, with compression of the brain. I have seen many cases however of death without depression or even fracture, and in such cases the morbid appearance is usually a sanguineous effusion often seen upon the opposite hemisphere of the brain to that on which the blow has been struck. Whether it is that they use it more gently, I cannot tell; but the injuries from sword-cuts are, I think, much less dangerous than the láthi wounds; and with the sword the arms and chest are the parts usually injured. I have seen several cases where the two tables of the skull have been fairly cut through without a bad symptom.

A body was once brought to me with a letter from the Magistrate, and calling my attention to a deep wound in the thigh as the probable cause of death. On inspection I found that this sword-cut had divided the circumflex artery of the thigh; but not being satisfied that this wound could have caused so free a hemorrhage as to produce death, I opened the head, though there was no external mark of injury whatever, (and this is often the case,) owing to the rapid decomposition of the integuments, and found a large effusion of blood under the middle lobe of the right hemisphere of the brain. The injury to the skull was on the opposite side splitting the inner table of the parietal bone several inches: this man was said to have been cut down by the sword wound in the thigh, and to have bled to death; but here was proof to the contrary, and he who struck him on the head was the murderer.

Some years ago, I had a very interesting case of injury of the head, in which there was much difficulty to distinguish between the symptoms of compression and those of concussion. A man was brought in insensible, with a slight wound on the head, and on first applying the hand it appeared as if the skull were depressed. This was, however, owing to the state of the scalp;—for the skull was not depressed from without, which I ascertained by incision.

It was however extensively fractured; for the two parietal bones being moved, gave an extensive crepitus. The man was perfectly comatose—lying still and motionless until roused briskly, when he rolled about a little, tossed his arms, and then sunk again into repose. The pupils were neither dilated nor much contracted, and mobile. The breathing was almost natural, but slower than usual; the pulse was full and somewhat quickened; I almost trepanned this man, and there was much difficulty in getting any information from his attendants. They avowed that he had fallen into insensibility instantly on receiving the blow. This was probably the case; and when concussion is violent, it may produce symptoms of coma as soon as depression; the symptoms of increased action, the want of stertorous breathing, and the state of the pupil, were what induced me to think that this was a case of concussion; and to treat it as such, I had recourse to free bleeding from the arm, and by leeches: purges were also given, assisted by injections. The man recovered completely; but long after his senses were restored, the power of speech was wanting.

The worst case of injury of the head I

have ever seen, was that of an unfortunate jockey of Captain Gwatkin's, named Mungo, and well known as a noted rider, with judgment and hand that few natives have ever been known to possess.

The unfortunate fellow, after having conducted himself most correctly during the races at Hadjeepore in '32, had, after their termination, like a sailor off a voyage, made up for lost time by getting drunk. He came home reeling to his stable, and one of the horses having attempted to bite him, he went behind to punish it, when the brute lashed out and took the poor fellow right on the forehead: I saw the man a few minutes after. There was a deep bleeding wound over the left eye almost in the medial line; using the finger I could not discern any depression of the bone, (by the imperfect light of a stable lamp,) and there were no symptoms of compression. The man was dead drunk, and spoke wildly and incoherently. This was about 12 at night, and in consultation with another medical gentleman who did not think that the bone was depressed. We resolved to do nothing further until morning than bringing the wound together with stitches. When I saw the man next morning, symptoms of compression were well marked; and having opened and carefully examined the wound, I observed that the skull was at one part perfectly comminuted, and the depression so extensive, and therefore so gradual, that it was not surprising it should have escaped notice at first.

In consultation with Drs. Muston and Sawyers, and Mr. C. Mackinnon, it was resolved to have a large bleeding, and to send express to Dinapore for Trepanning instruments. After having bled the man profusely, I removed some pieces of fractured bone, by which I was able to get a small bullet forceps under the depressed bone. Using the undepressed part just over the orbit as a fulcrum, I succeeded in elevating the depressed bone, indeed the whole left side of the forehead. I shall never forget the effect produced. The breathing became natural, the countenance assumed an aspect of tranquility—the pulse lost its compressed feel—but these changes in the symptoms were quite transitory, and soon they were worse than before. The elevation of the bone enabled me to discover that the brain was extensively injured by the fractured spiculæ of the inner table.

These spiculæ I removed, a part of which consisted of the Cristi-galli. The brain could be seen palpitating distinctly; there was no external hemorrhage, but portions of the brain passed out through the skull. It is hardly necessary to add that death soon closed this scene. Poor Mungo's last race was run.

The third case is, I think, of considerable interest. Heera-raee injured in the same affray with the cases above mentioned. The following is the substance of my report to the Magistrate. The lower jaw broken by a blow of some blunt instrument—other blows on the body—no bad symptoms on admission into hospital. This man had a dose of medicine, and his jaw was bound up with a bandage. There was not a symptom of the brain having been injured in the slightest degree, nor did any appear a week afterwards. On the 9th inst. he showed symptoms of delirium by talking wildly at intervals; there was no violence in the symptoms; 30 leeches were ordered to the head. Hab. Pil Calomel et Ext. col. comp. No. ii. statim, at post horas quatuor solution sulphate magnes. c. 1. Antimon tart. ℥ ij. quarter quaque hora. A cold evaporating lotion to be kept constantly applied to the head. To have the lowest possible diet.

10th—6 A. M. Seems again quite free from bad symptoms. The pulse, which was full and bounding, is now natural: answers questions quite rationally. A large blister to the nape of the neck.

To be watched closely, and leeches applied again if necessary.

11th. Goes on well.

12th. Has again been delirious with other symptoms of increased action in the head. Leeches have been applied, and have again subdued the symptoms. There appeared to me a degree of wildness in the man's look; but he is quite rational and comfortable. The opening medicine to be continued three times a day, with three grains of calomel and three of antimonial powder in the evening. For two days more there was no change, but on the morning of the 15th I found the man comatose with tremblings of the limbs. Blisters were repeated on the neck; sinapisms to the feet and boiling hot water, injections and purges; but the man died on the morning of the 16th.

The following appearances presented themselves on dissection.

Much general vascularity in the substance of the brain on removing the dura mater. On the upper surface of the brain no morbid appearances. The ventricles also healthy. They were opened by the usual incision parallel with the corpus collosum, separating the brain gently from the dura mater, so as to get a view of the base of the skull. I discovered an extensive abscess situated in the right middle lobe, taking its source from the part of the brain lying over the Sella Tursica, which was fractured in several places without any considerable displacement. There was no inflammation of the membranes here; the morbid læsion being confined to the cerebral substance and the numberless nerves that pass out and take their origin at this part of the brain, were uninjured by the accident or the disease that arose from it.—*Calcutta Journal of Medical Science.* 1835.

On Dropsies connected with suppressed Perspiration, and coagulable Urine, by JONATHAN OSBORNE, M. D., President of the King and Queen's College of Physicians, in Ireland, Physician to Sir P. Dun's and Mercer's Hospitals, &c. Pp. 64. 1835.

A REGRET expressed by Dr. Gregory several years ago, that the connexion between albuminous urine and organic disease of the kidney, pointed out by Dr. Bright, had not attracted that degree of attention which its frequency and importance would seem to demand, is now repeated by Dr. Osborne, who condemns, at the same time, in severe terms, the conduct of some who have depreciated the discovery of loose statements, instead of resisting it with facts. The importance of the subject itself, and the suspicion that it has been neglected or unfairly dealt with, are our reasons for taking a survey of the evidence which has been adduced on both sides.

Dr. Bright described in 1827, in his Medical Reports, an organic change in the kidney of many dropsical patients, commonly, consisting (when fully developed) of a deposition of a yellowish granular matter in its texture, which he invariably found connected with an albuminous state of the urine during life. He hazarded the conjecture that there were three forms of this organic disease. In the first the kidney was soft, of a mottled yellow externally; the cortical part yellowish grey, and the tubular pale; in the second stage the cortical part was converted more or less into a granulated texture with a copious white interstitial deposite; in the third these granulations were increased, of a yellow, red, or purplish colour, projecting externally so as to render the surface of the kidney rough, and producing a semi-cartilaginous hardness of the whole gland, the tubular portions being drawn near the surface. This disease was often indicated by pain across the loins, and upper part of the abdomen, and by sickness and vomiting. During its progress there was a strong tendency to inflammations, especially of the serous, and sometimes of the mucous membranes, and to effusions of blood and serum into the brain. The specific gravity of the urine was very low, owing to a deficiency of urea and salts. He considered it most probable that this organic change was secondary: being the result of various hurtful causes influencing it through the medium of the stomach and skin. The great tendency to inflammation of other organs led him to recommend bloodletting, and cupping the loins to relieve the local disease. He preferred supertartrate of potash, but employed occasionally all diuretics except mercury.

The accuracy of Dr. Bright's views was put to the test by Drs. Christison and Gregory, in the Edinburgh Infirmary; and they subsequently published eighty-seven cases, strongly confirming the connexion between the organic disease and the condition of the urine: in every instance in which an examination took place after death, the granular state of the kidney being found. Dr. Gregory, however, showed that dropsical effusion was not an essential, though a prominent symptom; for, out of eighty cases, there were twenty-two in which it was absent. Dr. Osborne, in the treatise now before us, powerfully supports Dr. Bright's opinion, to which he has become a convert "only by virtue of a long series of observations, many of which were instituted in the expectation of overthrowing it." As physician to Sir Patrick Dun's Hospital, his opportunities have been considerable. In the first part of the present treatise, published in the Dublin Journal, in January, 1834, he states that eighty-four cases had fallen under his notice of coagulable urine.

"Of this number examinations after death evince the disease of the kidneys in nine cases; while the remaining cases prove the existence of the same disease, so far as it is susceptible of proof, by similarity of symptoms, of cause, of collateral circumstances, and of *adjuvantia* and *lædentia*; and I can with truth aver, that I have witnessed many more cases which are not sufficiently detailed for the present occasion, but which, without any exception, corroborated the truth of Dr. Bright's proposition. The negative evidence in my possession is too copious to be detailed. It is, however, decisive as to the question at issue. It consists of numerous cases of dropsies, connected with diseased liver, impediments of circulation, or respiration, or general debility, which terminated fatally, in which the urine was examined before death, and found not to coagulate, and the kidneys were found to be free from disease; also cases ending fatally, but unconnected with dropsy, in which the kidneys were healthy, and the urine did not coagulate. This evidence appears to me peculiarly valuable, inasmuch as during the last three years I have anxiously sought for every opportunity of examining the kidneys of every individual in whom the urine had been examined during life; and in no one instance have I met with coagulable urine without diseased kidneys, or healthy kidneys with coagulable urine." (P. 13.)

In January, 1835, the second part of Dr. Osborne's Essay was written, and he says:

"Since that time I have continued to enjoy the same opportunities of observation as before; and, though I have anxiously sought for evidence, either adverse or favorable to this opinion, I have not met with a single instance of urine coagulating in a constant manner, in which an opportunity of examination after death was afforded, that did not present the disease of the kidney; nor, on the other hand, an instance of the disease being found in the kidney after death, in which, on taking a specimen of the urine in the bladder, it did not coagulate." (P. 21.)

It is curious to observe how Dr. Bright's views have been confirmed by authors who preceded him, who incidentally mention the two circumstances, but who failed to trace the connexion. Thus, Dr. Wells and Dr. Blackall detail the history and dissections of nine cases of dropsy in which albuminous urine existed during life, and the kidneys were found diseased; but preconceived notions of the nature of dropsy prevented these physicians from tracing the connexion.

Such is the evidence in support of Dr. Bright's

opinion, and the only facts which have been adduced against it are three cases published by Dr. Darwall. In two of these there was albuminous urine, and examination after death showed that "the kidneys were perfectly sound" in one, and in the other "the cortical part was paler," but without change of structure. In the third there was uncoagulating urine, although the kidneys were in the first stage (according to Dr. Bright) of organic disease: this patient however (as Dr. Osborne justly remarks) was scrofulous: now, as paleness of the internal organs frequently is observed in such cases, and as the first stage is with difficulty distinguished from the natural state, this instance does not carry any weight as an objection. In the second case the cortical part was paler than natural, and therefore not perfectly healthy. The first case consequently is the only one which seems to be an exception. The specific gravity of the urine is not mentioned.

Objections have been made on other grounds; such as the existence of albumen in the urine of those in perfect health, or after taking indigestible food, or mercury; but, if albumen is an ingredient in healthy urine, it does not exist in sufficient quantity to be coagulable by heat, which was invariably the case in this disease; and the other objections are founded on the *transitory* appearance of albumen, not on its *continuous* secretion in connexion with urine of low specific gravity. The coexistence of anasarca with coagulable urine after scarlatina has also been adduced to prove that the albuminous secretion cannot be fairly regarded as the consequence of organic disease, as this complication is so often a transitory complaint of little danger. The state of the kidney under such circumstances has not been sufficiently attended to, but, as far as the evidence goes, it is in favour of Dr. Bright's views. In a paper on scarlatina by Mr. Hamilton, in the Edinburgh Medical Journal,* several fatal cases of dropsy following this eruption are related, in all of which the kidneys were found in that yellowish mottled condition which marks the first stage of the organic change; more than one teacher of reputation is reported to have denied the connexion which Dr. Bright endeavoured to establish, when it was first promulgated; but the general terms in which these objections were couched, and the difficulties which invariably beset the admission of novelties when contradictory of firmly fixed opinions, render such statements of no weight in any estimate of the evidence bearing on this question. As our readers are now in possession of the facts on both sides, they can make their own decision. In forming, however, a decision, the kind of proof which a subjeet admits of should always be borne in mind. If it is considered necessary to establish the universality of the fact in order to its belief, a solitary exception, if well attested, and the limited number of cases, would be serious arguments for withholding our assent; but, on the other hand, if we are contented with as much evidence as can be procured in like cases and as the subject admits of, we shall give that qualified assent to the proposition which is sufficient for all practical purposes. We are not aware that the connexion between any one organic change and a sign or symptom has been established as an universal fact,—that there is one (so called) pathognomic symptom in the rigorous acceptation of the term. Exceptions to the best established become more numerous the farther we advance in pathological investigations. Pneumonia, for instance, may occur without its characteristic expectoration, and even without expectoration at all; pleurisy without its fixed and pointed pain; and one half of the brain may become converted into a vast abscess without any appreciable disturbance in the intelligence. Under such circumstances we get over the difficulty by attributing it to idiosyncracy, and, although the meaning attached to this term is not always very precise, and its application not sufficiently restricted, yet it serves the useful purpose of preventing the exception from rendering nugatory the vast body of affirmative evidence.

Regarding this kind of evidence as sufficient, because no other is attainable, it scarcely requires to be said that we think Dr. Darwall allowed an undue weight to the very apparent exceptions which fell under his immediate cognizance, considering the mass of evidence on the other side which Guy's Hospital and the Edinburgh Infirmary had furnished; but that he should have done so is not surprising, as the exceptions happened at the very commencement of an inquiry into the truth of an opinion altogether novel to one who had studied the subject deeply and practically, but who had overlooked the connexion, and therefore was disinclined to believe it. Dr. Osborne candidly tells us that he himself began the examination of this question with a view to overthrow it, certainly a state of mind the most opposite to that with which a searcher after truth should begin his investigations: and, although we agree with him in his general conclusions, yet it strikes us that the manner in which he has argued the subject is marked with the same temper to which he confessed when he began his inquiries, as it savours more of the partisan than of the calm inquirer. On this account among others, we have preferred making our own statement of the points at isssue to reproducing Dr. Osborne's arguments.

The second part of Dr. Osborne's work is devoted to the consideration of the causes of this organic disease of the kidney, and its treatment. We have previously mentioned that Dr. Bright considered it probable that the renal disease was secondary, resulting from various hurtful causes influencing the kidneys through the medium of the stomach or skin. Dr. Osborne considers, from the following reasons, that it is produced most frequently by a suppression of the healthy secretion of the skin.

"The force of the circulation in this disease appears to be depressed by the action of some specific agency not as yet ascertained. The surface and extremities are uniformly cold—the latter being either livid or palid; and, on reviewing my collection of cases, I find that in all of them the pulse was low, undulating, and

* Vol. 39. P. 155.

ranging from sixty to ninety, except when they were complicated with inflammations; and that in those cases it was considerably less frequent than usual.

"The perspiration was either completely extinct, or confined to occasional breakings forth in the head or chest, the palms of the hand, or soles of the feet. The skin was dry and shining, harsh to the touch; and, on examining it with a lens, the usual eminences belonging to the orifices of the follicles were no longer to be found, and the orifices themselves were hardly perceptible, except when they appeared like black dots, in consequence of being filled with the residue of old secretions.

"Whenever general perspiration came on, either spontaneously or in consequence of medicine, then the cases always terminated favourably." (P. 26.)

"On reviewing the causes of the disease in thirty-six cases, in twenty-two individuals it could be directly referred to suppressed perspiration. One of these was Thomas Leahy, a remarkably vigorous man, in his thirty-fifth year, of sober habits. It appears that he was inconvenienced by the excessive perspiration of his feet, and that at the suggestion of a friend he wore fuller's earth in his shoes in order to repress it. The effect was immediate. The perspiration ceased not only in his feet, but also in every part of his body. Diarrhœa soon came on; and, when this was subdued by appropriate remedies, universal œdema, with coagulable urine, succeeded. Although, under the treatment adopted, the œdema was removed, yet the healthy action of the skin was never restored, and I am informed that his dropsy returned. In another of those cases the commencement of the disease was attributed to cold bathing: but the most frequent cause of it was remaining in wet clothes." (P. 32.)

The large quantity of perspiration constantly excreted in the healthy condition, and the immediate effect of cold in obstructing this, and in producing an increased secretion of urine, are adduced as additional reasons for supposing that any permanent suppression of perspiration would produce permanent irritation of the kidneys.

"The next frequent cause is the abuse of diuretic drinks and medicines. Of the thirty-six cases, ten occurred in confessed drinkers of ardent spirits." * * * * *

"Diuretic medicines also have appeared to me to be a frequent cause of the disease. Squills and the diuretic salts, although of the utmost importance in many affections of the thorax, yet when long continued, as they often are the true indications for their use have ceased, become the means of bringing such on again by producing over excitement of the kidney, and this disease as a consequence." (P. 33.)

The close scrutiny which is necessary to detect the first deviations from health, and the few opportunities which are afforded to medical men of personal observation of these initiatory states of disease, account for the little accurate knowledge we possess on this most important branch of medical investigation; but the same reasons render caution advisable in believing new opinions on these matters. The views of Dr. Osborne on the causes of this organic renal disease have the great merit of leading to and explaining the rationale of a judicious and successful plan of treatment. The coincidence of dry skin with the diseased secretion of urine, and the restoration of the skin to its normal state by warmth and baths bringing back the healthy secretion of urine, as well as the production of the disease very frequently by causes tending directly to suppress the perspiration, are strong, though not altogether conclusive arguments. The intimate sympathy between the skin and the kidneys may explain the coexistence of unhealthy conditions of their functions, and the effect which remedies influencing the one function may exert on the other; whilst there may be a *tertium quid*, on which both the affection of the skin and of the kidneys mutually depend. In diabetes, for instance, there is a dry skin with a diseased secretion of urine, and a meat diet will diminish the quantity of urine, and improve its quality whilst at the same time the skin becomes relaxed and moist; both the secretion of urine and of perspiration apparently depending (as far at least as can be judged from the "juvantia") on some disorder of the assimilative functions. To determine the question satisfactorily, proofs are necessary that an impaired state of the function of the skin precedes for some time the albuminous condition of the urine; for the bare fact, that causes which (among other tendencies,) check the perspiration frequently produce the disease, is insufficient evidence of its initiatory state. In estimating also the value of the proof resting on the effect of the diaphoretic remedies, it must be remembered that treatment directed to so extensive a surface of the skin must have a powerful effect on any local disease, whatever may have been its cause.

To the same cause, obstructed perspiration, Dr. Osborne attributes the inflammatory state of the mucous membranes which he found to coexist so frequently with this disease. Thus,

"Of the thirty-six patients, eighteen laboured under bronchitis in different degrees of intensity; eleven had gastro-enteritic inflammation, denoted by thirst, vomiting, or diarrhœa; and the two diseases were in six instances combined in the same individuals. Thus it appears that nearly two-thirds of the entire number laboured under inflammation of the mucous membranes." (P. 35.)

The coexistence of affections of the mucous membranes has been remarked by other observers. Dr. Gregory particularly mentions diarrhœa and vomiting as among the most constant symptoms; in forty-six patients out of eighty, these were generally troublesome, frequently urgent, and untractable symptoms; but he differs from Dr. Osborne in his opinion as to their cause, as he distinctly states that they existed "without any distinct signs of inflammatory action."*

The comparison of this disease with diabetes

* Edinburgh Medical and Surgical Journal, Vol. 37, p. 79.

leads, we think, to a more satisfactory explanation of the nature of the concomitant affections of the mucous membranes than has hitherto been given. There are many points of analogy between the two diseases: thus, both are frequently produced by cold so applied as to check perspiration; in both there is a dry skin, with a disordered secretion of urine; and in both the restoration of the perspiration is a great step towards the cure. In diabetes, however, the quantity of urine is greatly increased; for as the skin no longer perspires, and the bowels are either constipated or not relaxed, the only exit for superfluous secretion is through the kidneys; but, in the disease under consideration, neither the skin nor kidneys are outlets for the superfluous matter; for the skin no longer acts, and the urine, which is often scanty, is always deficient in solid matters (salts and urea;) by means of the dropsical effusion some exit is obtained, but it is far from improbable, we conceive, that by the increased secretions from the mucous surfaces, producing diarrhœa and catarrh, the superfluous matter, which, under natural circumstances, would have passed off by the skin or urine, is evacuated from the system. The examination of forty-four fatal cases of this renal disease, reported by Dr. Gregory, in order to elucidate this matter, is most decidedly in favour of the view we have here taken of the nature of these excretions. The cases are divided into three sets: the first division contains fifteen cases of dropsy in which diarrhœa and vomiting were prominent symptoms; the second includes nine cases in which the theracic organs were affected; and of these there was bronchial expectoration in seven, generally profuse; one died from phthisis, and the other from acute pneumonia. The third division comprehends twenty cases of albuminous urine and diseased kidney without dropsy; in sixteen of these, diarrhœa, vomiting, and bronchial affections were prominent symptoms; and the four remaining cases were inconclusive either way, as two died from typhous fever, one after lithotomy, and the other is superficially reported. Further proofs could be brought from physiology, such as the general analogies between the skin and mucous membranes; and, as far as the mucous membrane of the lungs is concerned, the fact which has been recently so conclusively proved by the experiments of Professor Tiedemann, that the lungs not only perform certain chemical changes on the blood, but act as a genuine secretory organ for the venous blood, by throwing off the volatile and unassimilable particles. If, therefore, these secretions from the mucous surfaces, so constantly coexisting with this disease, are the channels through which those superfluous excretions are evacuated which naturally are got rid of by the skin and kidneys, it follows that the restoration of the functions of the skin will be one of the best means of relieving the diarrhœa or catarrh; and the obstinacy of these symptoms to common remedies directed to their removal during the existence of the primary disease is explained.

The inefficiency of common diuretics seems to have first induced Dr. Osborne to change his remedies.

"When a patient was under my care, with general œdema, coagulable urine, and dry skin, I directed him to be kept in bed, in order to maintain warmth of the surface, which is usually disposed to be cold. It has happened frequently that, by external heat alone, an improvement both in the quantity and quality of the urine, and a material subsidence of the œdema, have taken place. The first medicine ordered was usually a purgative; and in the choice of this, in order to avoid ambiguity as to its mode of action, I abstained from the use of all those articles which are reputed diuretic; such as compound of jalap, or supertartrate of potash; and I generally employed the senna mixture. I then commenced a diaphoretic course, by administering foot baths, hip baths, or general baths; the last either of water or of vapour, according as they appeared to agree best with the individual case, at night at the hour of going to bed. The patient also took at night eight grains of pulv jacob. ver. 4, of pulv. ipecac. c. opio, and ten grains of confect. aromat.

"The usual drink was barley-water. In case, however, of tendency to stupor, or headach, the Dover's powder was omitted, or given in smaller doses. In one case, in which no perspiration was produced by the above and other means, it followed the use of the following mixture. ℞. Aq. Acet. Ammon. four ounces. Sulphur. Subl one ounce. Vini Ipec. one drachm. Ext. Opii aq. gr. ij. Aquæ Fœnic, dulc. Syrup. Sacch. empyreumat. utriusque two ounces, one ounce to be taken every hour.

"When the vapour bath was not attended by perspiration, from want of reaction on the part of the patient, he was directed to take, while in it, two drachms of the Tinct. Guaiaci Ammoniat; when, however, (as sometimes happened,) both vapour and water baths produced coldness of the extremities, they were discontinued." (P. 42.)

"When there was a continued tendency to coldness of the surface, unaccompanied by feeble action of the heart, the diaphoretic preferred was Tinct. Guaiaci Ammoniat. ʒij. Sulphuris Loti ʒj. Mist. Camph. ℥j. Sp. Piment. ʒss. or the following: ℞. Carbon. Ammon. ʒss. Mist. Camph ℥vj., an ounce to be taken every two hours. In connexion with these remedies, administered in the evening with a view to procure a perspiration during the hours of sleep, warm applications were kept up during the day, and frequently a succession of bags of hot salt was maintained, when the heat of the extremities could not be otherwise preserved. When perspiration was restored in one part of the body, as in the trunk, but not in the limbs, the latter were rubbed several times during the day with an infusion of two drachms of bruised mustard seeds in distilled vinegar, with Naphtha, or some other suitable stimulating embrocation.

"Having never failed in removing this kind of general dropsy whenever the entire surface of

the body was restored to a perspiring state, it is not surprising that I should bestow the utmost attention on this part of the treatment." (P. 44.)

"Next in importance to the restoration of the function of the skin, and indeed in most cases expedient, as contributing to that great object, was blood-letting." (P. 46.)

Where the indications were less decided, cupping the loins, or leeching, was employed; also, cautious counter-irritation by means of lint steeped in tinc. lyttæ, and covered with oiled silk, a cleanly and rapid mode of vesicating. These were applied in rapid succession, or kept open with iodine treatment. The common purgatives were given when necessary, and administered in the morning, so as not to interfere with the diaphoretics. As relapses from exposure to cold may take place, flannel should be worn next to the skin, and baths and frictions used in case of dryness of the skin recurring; residence also in a warm climate is very advisable. Exercise should be carried to perspiration, if the strength permits, and bandages applied to the legs during convalescence. Complications require additional means. In dry bronchitis, copaiba and tincture of cubebs in small doses, were advantageous; when the expectoration was copious for a long time, and impeded respiration, one grain of acetate of lead, and a quarter of a grain of opium diminished the secretion and irritation. Leeches to the larynx unloaded the bronchial tubes, causing a cessation of cough and dyspnœa. Irritation of the stomach and bowels was relieved by leeches, warm applications, and a diet of rice and arrowroot. Dysentery commencing by tenesmus and general excitement, was most speedily removed by an enema of four grains of nitrate of silver and eight ounces of water, followed in three hours by a starch enema with laudanum. In pericarditis, tartar emetic internally, with topical and general blood-letting, amended all the symptoms; and in valvular disease of the heart, a mixture of a small quantity of tincture of digitalis, with carbonate of ammonia, camphor, and Hoffman's liquor, was followed by diminution of the violent action of the heart, a sense of general relief, and a capability of sleeping with comfort at night. In diseased aortic valves, a large issue over the region of the heart, was of the highest importance. When ascites follows chronic peritonitis, or indurated liver, and intractably remains after the general œdema is removed, Dr. Osborne recommends the following measures, which, in his hands, have rendered tapping seldom necessary. They may be continued when mercury and drastic purgatives are abortive, and the declining strength of the patient forbids such powerful remedies.

"These are the repeated application of leeches to the rectum, so as to unload the vessels of the vena portæ. The applications of various stimulants to the abdomen, as, 1st, an ointment composed of equal parts of iodine, mercurial, and cantharides ointments. 2dly. A paste formed of Spanish soap, spread upon linen, and sprinkled over with muriate of ammonia, immediately before being applied; which, by the chemical decomposition that ensues, and the consequent gradual extrication of ammonia, produces heat and redness; 3dly. Sinapisms, suffered to remain till the pain becomes urgent. These have the advantage of healing with great rapidity. 4thly. Frictions of six or more drops of Croton oil. These are, however, rather uncertain; in some individuals producing no effect, and in others followed by erysipelas, extending beyond the seat of the application. 5thly. A mixture composed of one part of tincture of digitalis, and two of aquæ muriat calcis; a teaspoonful to be rubbed on the abdomen, morning and evening. This compound appears to excite the absorbents, and increases the discharge from the kidneys, but does not produce any sensible redness of the skin."—(P. 57.)

Tinnitus aurium, watchfulness, delirium, stupor, or headach, with increased heat of the head, are formidable symptoms, as death is frequently produced by a low form of arachnitis. Under such circumstances, Dr. Osborne recommends, besides bleeding from the temporal artery and by leeches, the free exhibition of calomel followed by brisk purgatives.

The length to which this notice has extended itself, may appear to be disproportionate to the unpretending size of the work, but it furnishes more matter for an analytical notice than its appearance would indicate, for the results of the cases are only given, "as the details of cases" (says Dr. Osborne,) attract little attention, and are in fact seldom read;" which, though perfectly true, is, we think, notwithstanding, an insufficient reason for the omission; for, although the generality of readers may, either from want of time, or from indolence, find it convenient to embrace conclusions, without the trouble of reflection or examination, yet the careful student consults the details to settle doubtful points, and not unfrequently finds them of the highest importance as confirming new views which had escaped the observation of the original reporter. Thus, for instance, Dr. Osborne confirmed his own observations on the inefficacy of diuretics in this form of dropsy, by a careful examination of the cases detailed by Dr. Gregory, for quite a different object.

In conclusion, we have no hesitation in expressng our conviction, that Dr. Osborne's work evinces much good sense, correct judgment, and considerable powers of observation; and that the plan of treatment he proposes, is rational, judicious, and eminently calculated to prevent indiscriminate attempts to make

the kidneys in all cases the channels by which dropsical effusions are to be evacuated. *Brit. and For. Med. Rev. July*, 1836.

Philosophical Transactions of the Royal Society of London, for the year 1835. Parts I. and II. 4to. pp. 365.

Proceedings of the Royal Society. Nos. 18–23. *From November* 20, 1834, *to February*, 1836.—8vo. pp. 83.

"Owing to their very limited circulation and expensive character, the Transactions of many of the Societies in this country dedicated to the cultivation of science, are very little known to the generality of the members of our profession; and, consequently, many important inquiries and discoveries relating to medical science often remain for a long time in these learned repositories, hidden from the very class of readers whom their authors are most desirous they should reach. With the view of remedying these evils, as far as in our power, we propose henceforth giving, from time to time, brief notices of all the more important papers relating to medicine, or any of its numerous branches, which may appear in the published labours of our learned institutions."

"At the last anniversary of the Royal Society, November 30, 1835, the number of members was 793, viz. 10 royal personages, 48 foreign members, and 735 home members: of this last class, gentlemen of the medical profession constitute a considerable proportion."

1. *On the circulation of the blood in insects.* By John Tyrrell, Esq., A. M. Read January 15, 1835.—The observations on the circulation of the blood in insects, which is a discovery of comparatively recent date, have been made almost exclusively on insects in the larva state; but the author of the present paper details a variety of observations of the same fact in insects, which had arrived at their last or perfect state of developement. Among the *Myriapoda*, the circulation was traced in the *Geophilus*, and still more distinctly in the *Lithobius forficatus.* The author also detected the circulation, by the motion of globules, through the nervures of the wings of various perfect insects, namely, of some species of the *Hemerobius*, *Panorpa*, *Phryganea*, and *Ephemera;* and particularly in the *Musca domestica*, or common house-fly. The paper is accompanied by drawings of the appearances described." (P. 317.)

2. *An experimental Inquiry into the cause of the grave and acute Tones of the Human Voice.* By John Bishop, Esq. Read Feb. 26, 1835.—"The author considers all the theories hitherto proposed respecting the functions of the organs of the human voice, as not only unsatisfactory, but as being founded on erroneous views. He shows that the modulation of the tones of the voice, is not the result of variations, either exclusively in the length or in the tension of the vocal chords, or in the size of the aperture of the glottis, or in the velocity or the temperature imparted to the air in its transit through these passages. He regards the organs of the voice as combining the properties of wind and of stringed musical instruments; and shows, first, that for the production of any musical tone, it is necessary that the vocal chords should previously be made mutually to approximate; and, secondly, that the muscular forces acting on the arytenoid cartilages and vocal chords, are adequate not only to resist the pressure of the column of air issuing from the lungs, but also to render either the whole or certain portions of the vocal chords susceptible of vibration when traversed by the current of respired air. In proportion as these parts of the vocal chords, thus rendered vibratory, increase in length, the number of their vibrations, performed in a given time, diminishes, and the tone of the sound emitted, becomes, in consequence, more grave; and, conversely, the tone is more acute as the vibrating portions of the chord are shorter: these phenomena being precisely analogous to those which take place in stringed musical instruments.

"The author concludes his paper with some observations on the comparative physiology of the voice; and on the extensive range and superior excellence of this faculty in man."—(P. 323.)

3. *Discovery of the Metamorphoses in the second Type of the Cirripedes, viz. the Lepades, completing the Natural History of these singular Animals, and confirming their affinity with the Crustacea.* By J. V. Thompson, Esq., F. L. S. Read March 5, 1835.

"The discoveries made by the author of the remarkable metamorphoses which the animals composing the first family of the Cirripedes, or *Balani*, undergo in the progress of their developement, and which he has published in the third number of his Zoological Researches, (p. 76,) are in the present paper, which is intended as a Prize Essay for one of the Royal Medals, followed up by the report of his discovery of similar changes exhibited by three species of two other genera of the second tribe of this family, namely, the *Lepades.*—The larvæ of this tribe, like those of the Balani, have the external appearance of bivalve Monoculi, furnished with locomotive organs, in the form of three pairs of members, the most anterior of which are simple and the other bifid. The back of the animal is covered by an ample shield, terminating anteriorly in two extended horns, and posteriorly in a single elongated spinous process. Thus they possess considerable powers of locomotion, which, with the assistance of an organ of vision, enable them to seek their future permanent place of residence. The author is led from his researches to the conclusion that

the Cirripedes do not constitute, as modern naturalists have considered them, a distinct class of animals, but that they occupy a place intermediate between the Crustacea decapoda, with which the Balina have a marked affinity, and the Crustacea entomostraca, to which the Lepades are allied: and that they have no natural affinity with the Testaceous Mollusca, as was supposed by Linnæus, and all the older systematic writers on Zoology." (P. 325.)

4. *On the supposed existence of Metamorphoses in the Crustacea.* By J. O. Westwood, Esq., F. L. S. Read June 18, 1835.—"The author refers the principal modifications of form which occur during the progressive developement of animals to the three following heads: 1st. that of an animal produced from the egg in the form which it is destined to retain through life; its only change consisting in a series of moultings of the outer envelope, attended merely by an increase of size, and not by the acquisition of new organs; 2dly, when the animal, at its exclusion from the egg, exhibits the form which it continues to possess, subject to a series of moultings, during several of the last of which certain new organs are gradually developed; and, 3dly, when the form of the animal, at its exclusion from the egg, is totally different from that under which it appears at the later periods of its existence; such change of form taking place during two or three of its general moultings, and consisting, not only in the variation of the form of the body, but, also, in a complete change in the nutritive and digestive systems, and in the acquisition of various new organs. This last phenomenon peculiarly characterizes what is termed a *metamorphosis*.

"It is the received opinion among naturalists, that the Crustacea do not undergo metamorphoses, properly so called, and that the transformations they exhibit, consist merely in the periodical shedding of the outer envelope. The object of the present paper is to establish the correctness of this opinion, in opposition to that of Mr. J. V. Thompson, who has laid claim to the discovery that the greater number of the animals belonging to the class Crustacea, actually undergo metamorphoses of a peculiar kind, and of a different character from those of insects. Mr. Thompson's views are founded upon some circumstances which he has observed in certain animals of the genus *Zoea* of Bosc, and which have been recorded by Professor Slabber, and which have led Mr. Thompson to believe, that, of these animals, some were the young of the *Cancer Pagurus*, or common crab, and others the young of the *Astacua Pagurus*, or common lobster; and these views are supposed by him to be corroborated by the annual peregrinations of the land crabs to the sea-side; for the purpose of depositing their eggs, rendered necessary by the aquatic habits and conformation of the young. The author proceeds to examine at length the arguments on which Mr. Thompson has founded these opinions, and adduces his reasons for concluding that they are erroneous, and that no exception occurs to the general law of developement in the Crustacea, namely, that they undergo no change of form sufficiently marked to warrant the application to them of the term *metamorphosis*." (P. 341.)

5. *Continuation of the Paper on the relations between the Nerves of Motion and of Sensation, and the Brain; and more particularly on the structure of the Medulla Oblongata, and of the Spinal Marrow.* By Sir C. Bell, F. R. S. Read April 30, 1835. "The author enters into a minute anatomical investigation of the structure of the spinal cord, and of its relations with the encephalon, and with the origins of the nerves. He finds that the spinal cord is constituted, in its whole length, by six pairs of columns, namely, two posterior, two lateral, and two anterior; each column being composed of concentric layers, and invested with an external coating of cineritious substance, and all the columns being divided from each other by deep sulci, which penetrate nearly to the centre of the cord. On tracing the posterior columns in their ascent towards the encephalon, they are seen to diverge laterally at the *calamus scriptorius*, or bottom of the fourth ventricle, and to proceed into the substance of the cerebellum. Each of these posterior columns is here found to consist of two portions, the outermost being the largest; and they now constitute the *processus cerebelli ad medullam oblongatam*. This subdivision of the posterior columns may be traced throughout the whole length of the spinal cord. The lateral columns give origin to the posterior roots of the spinal nerves, and are, therefore, the parts subservient to sensation. In ascending towards the brain, each of these columns has a double termination; first, in the root of the fifth pair of cephalic nerves; and, secondly, in the place where both columns unite into one round cord, and mutually decussate.

"Between the lateral and the anterior columns, there is interposed a layer of cineritious matter, constituting a continuous stratum from the *cauda equina* to the roots of the auditory nerves. There is also a septum, dividing the right and left tracts subservient to sensation in the region of the fourth ventricle, and apparently terminating at the point of decussation of these tracts; but, in reality, separating to allow of this decussation, and joining the central portion of the cord, which connects the posterior with the anterior columns, and extends from the *pons Varolii* to the *cauda equina*.

"The anterior columns, constituting, at

their upper part, the *corpora pyramidalia*, after their union and decussation, compose the motor columns of the spinal cord. They do not, in their course, unite or decussate with the lateral or sensitive columns; decussation taking place only among the columns performing similar functions; that is, the motor columns with the motor, and the sensitive with the sensitive." (P. 331.)

6. *Observations on the Theory of Respiration.* By William Stevens, M. D. D. C. L. Read May 21, 1835. "From the fact, that no carbonic acid gas is given out by venous blood, when that fluid is subjected to the action of the air pump, former experimentalists had inferred that this blood contains no carbonic acid. The author of the present paper contends, that this is an erroneous inference; first, by showing that serum, which had been made to absorb a considerable quantity of this gas, does not yield it upon the removal of the atmospheric pressure; and next, by adducing several experiments in proof of the strong attraction exerted on carbonic acid both by hydrogen and by oxygen gases, which were found to absorb it readily through the medium of moistened membrane. By means of a peculiar apparatus, consisting of a double-necked bottle, to which a set of bent tubes were adapted, he ascertained that venous blood, agitated with pure hydrogen gas, and allowed to remain for an hour in contact with it, imparts to that gas a considerable quantity of carbonic acid. The same result had, indeed, been obtained in a former experiment, by the simple application of heat to venous blood confined under hydrogen gas; but, on account of the possible chemical agency of heat, the inference drawn from that experiment, is less conclusive than from experiments in which the air-pump alone is employed. The author found that, in like manner, atmospheric air, by remaining, for a sufficient time, in contact with venous blood, on the application of the air-pump, acquires carbonic acid. The hypothesis that the carbon of the blood attracts the oxygen of the air into the fluid, and there combines with it, and that the carbonic acid thus formed, is afterward exhaled, appears to be inconsistent with the fact, that all acids, and carbonic acid more especially, impart to the blood a black colour; whereas the immediate effect of exposing venous blood to atmospheric air, or to oxygen gas, is a change of colour from a dark to a bright scarlet, implying its conversion from the venous to the arterial character; hence the author infers, that the acid is not formed during the experiment in question, but already exists in the venous blood, and is extracted from it by the atmospheric air. Similar experiments made with oxygen gas, in place of atmospheric air, were attended with the like results, but in a more striking degree; and tend, therefore, to corroborate the views entertained by the author of the theory of respiration. According to these views, it is neither in the lungs, nor generally in the course of the circulation, but only during its passage through the capillary system of vessels, that the blood undergoes the change from arterial to venous; a change consisting in the formation of the carbonic acid, by the addition of particles of carbon derived from the solid textures of the body, and which had combined with the oxygen supplied by the arterial blood: and it is by this combination that heat is evolved, as well as a dark colour imparted to the blood. The author ascribes, however, the bright red colour of arterial blood, not to the action of oxygen, which is of itself completely inert as a colouring agent, but to that of the saline ingredients naturally contained in healthy blood. On arriving at the lungs, the first change induced on the blood is effected by the oxygen of the atmospheric air, and consists in the removal of the carbonic acid, which had been the source of the dark colour of the venous blood; and the second consists in the attraction by the blood of a portion of oxygen, which it absorbs from the air, and which takes the place of the carbonic acid. The peculiar texture of the lungs, and the elevation of temperature in warm-blooded animals, concur in promoting the rapid production of these changes." (P. 334.)

7. *On the Influence of the Tricuspid Valve of the Heart on the Circulation of Blood.* By T. W. King, Esq., M.R.C.S. Read June 4, 1835. "The purport of this paper is to prove experimentally that the tricuspid valve of the human heart does not, in the ordinary state of the circulation, completely prevent the reflux of blood from the ventricle into the auricle on the right side, and that the amount of regurgitation is continually varying according to the different degrees of distention of the venticle. The author points out the anatomical differences between the auriculo-ventricular valves on the right and left sides of the heart; from the consideration of which it might have been inferred, independently of direct experiment, that while the structure of the mitral valve is adapted to close accurately all communication of the left auricle and ventricle during the contraction of the latter, that of the tricuspid valve is designedly to allow, when closed, of the flow of a certain quantity of blood from the right ventricle back again into the auricle. The comparatively imperfect valvular function of these latter membranes is shown by various experiments on recent hearts, in which it was found that fluids injected through the aorta into the left ventricle were perfectly retained in that cavity, by the closing of the mitral valve; but that when the right ventricle was similarly injected through the pulmonary artery, the tricuspid

valves generally allowed the escape of the fluid in streams, more or less copious, in consequence of the incomplete apposition of their margins. On repeating these experiments on different animals the author obtained similar results; but found that the imperfection of the valvular function was greater the sooner the heart was examined after the death of the animal; and that if the trials were made after the lapse of a certain time, the rigidity which gradually supervened on the muscular fibres of the heart, and of the *carneæ columnæ* attached to the margins of the valves, brought them into more complete apposition and led to the accurate closing of the passage. This effect, however, was never so perfectly accomplished in the tricuspid, as in the mitral valves.

"The author regards this peculiarity of structure in the tricuspid valve as an express provision against the mischiefs that might result from an excessive afflux of blood to the lungs, analogous to a safety-valve; and as more especially advantageous in incipient diseased enlargements of the right ventricle He adverts to the conditions of the heart during the fœtal state of existence, in which the same necessity of guarding against excessive pressure does not occur, and where the structures are found to correspond to the variation of functions. A similar adjustment of the right auriculo-ventricular valve to the peculiar circumstances and habits of animals may also be traced by extending the inquiry to various classes of animals" (P. 337.)

8. *On the Temperature of some Fishes of the Genus Thynnus.* By John Davy, M.D., F.R.S., Assistant Inspector of Army Hospitals. Read March 26, 1835. "The author had occasion to observe, many years ago, that the Bonito (*Thynnus pelamys*, Cuv.) had a temperature of 99° of Fahr. when the surrounding medium was 80° 5, and that it, therefore, constituted an exception to the generally received rule that fishes are universally cold-blooded. Having found that the gills of the common Thunny of the Mediterranean (*Thynnus vulgaris*, Cuv.) were supplied with nerves of unusual magnitude, that the heart of this latter fish was very powerful, and that its muscles were of a dark red colour, he was led to conjecture that it might, like the Bonito, be also warm-blooded; and this opinion is corroborated by the testimony of several intelligent fishermen. The author endeavours to extend this analogy to other species of the same family, which, according to the reports of the fishermen of whom he made inquiries, have a high temperature, and in whose internal structure he noticed similar peculiarities as in the Thunny; namely, very large branchial nerves, furnished with ganglia of considerable size. In this respect he considers that in these fishes the branchial system of organs makes an approximation to the respiratory apparatus of the mammalia, and that it probably contributes to the elevation of temperature, resulting from the more energetic respiration which he supposes to be exercised by these organs. He, however, thinks it not improbable that these fish may possess means of generating heat peculiar to themselves, and of which at present we have no adequate idea. He conceives that the situation of the kidneys, of which a considerable portion is even higher than the stomach, and posterior to the gills, and which are of large size, and well supplied with nerves and blood-vessels, may possibly act a part in the production of an elevated temperature; but, on the whole, he is disposed to ascribe the greatest share of this effect to the superior magnitude of the branchial nerves." (P. 327.)

9. *On the Influence of the Respiratory Organs in regulating the Quantity of Blood within the Heart.* By James Wardrop, Esq., F.R.S. Read June 18, 1835. "The author observes that the act of inspiration tends not only to favour the passage of the blood into the venæ cavæ, but also to detain it in the pulmonary vessels,—in consequence of the expansion of the lungs allowing of its more ready ingress into the pulmonary arteries, and impeding its exit by the veins—and thus retards its return to the heart. On the other hand, the collapse both of the lungs and of the parietes of the chest, during expiration, assists the transmission of arterial blood from the lungs into the left cavities of the heart, and promotes its passage into the aorta. Thus he considers inspiration as an auxiliary to the venous, and expiration to the arterial circulation; the first acting like a sucking, and the latter like a forcing pump, in aiding the power of the heart. On this principle he explains the influence exerted on the circulation, and on the action of the heart, by various modes of respiration, whether voluntary or involuntary, in different circumstances. Laughter, crying, weeping, sobbing and sighing, &c., he considers as efforts made with a view to effect certain alterations in the quantity of blood in the lungs and heart, when the circulation has been disturbed by mental emotions." (P. 342.)

10. *On the Anatomical and Optical Structure of the Crystalline Lenses of Animals.* By Sir David Brewster, K.H., L.L.D., F.R.S. Read January 14, 1836. [We can find room for only a portion of the abstract given of this curious paper, which cannot be well understood without the plates.]

"The author has examined the structure of the crystalline lens of the eye of a great variety of animals belonging to each of the four classes of vertebra; and has communicated in this paper a detailed account of his observations, arranged according as they relate to structures more and more complex. In a

former paper, published in the Philosophical Transactions for 1833, the lens of the Cod fish was taken as the type of the simplest of these structures, inasmuch as all the fibres of which it is composed converge, like the meridians of a globe, to two opposite points, or poles, of a spheroid or lenticular solid; both of which poles are situated in the axis of vision. The structure which ranks next in respect of simplicity is that exhibited in the salmon, among fishes; in the gecko, among reptiles; and in the hare, among mammalia. It presents at each pole two septa placed in one continuous line, in different points of which all the fibres proceeded from the one surface to the other have their origin and termination. A structure somewhat more complex is met with in the lenses of some of the mammalia, and is particularly exemplified in the lion, the tiger, the horse, and the ox. Three septa occur at each pole in the form of diverging lines inclined to one another at angles of 120°. The next degree of complexity is presented in the lens of the whale, the seal, and the bear, which contain, instead of three, four septa on each side, placed at right angles to each other in the form of a cross. In some specimens of whales and seals the author observed two septa from each pole, forming one continuous line, from each of the extremities of which proceeded two others, which were at right angles relatively to one another: so that there were in all five on each surface. The most complex structure is that of the lens of the elephant, which exhibits three primary septa diverging at equal angles from the pole, and at their extremities bifurcating into two additional septa, which are inclined to each other at angles of 60°, these latter being the real septa, to which the fibrous radiations are principally related. In some lenses of the elephant the author found the three septa immediately proceeded from the poles exceedingly short, and approaching to evanescence; so that he has no doubt that occasionally they may be found to have disappeared, and that the other six septa will then all diverge from the poles, like the radii of a hexagon, at angles of 60°." (P. 366.) *Ib.*

Guy's Hospital Reports. No. II. *April*, 1836. Edited by G. H. Barlow, M. A. Trin. Coll. Cam., Inceptor Candidate of the Royal College of Physicians; and J. P. Babington, M. A. Trin. Coll. Cam., Member of the Royal College of Surgeons. 8vo. pp. 225. *London.*

St. Thomas's Hospital Reports. By John F. South, Assistant Surgeon. No. II. and III. *January*, 1836. 8vo. pp. 117 and 116. *London.*

Mr. Brandsby Cooper first relates three interesting cases of complicated fracture, which involve the very important question for surgical consideration, of when it may be right to attempt to save a limb; and when the limb is to be sacrificed to preserve life. In the first case, notwithstanding great laceration of the soft parts and other complicated injuries, the favourable constitution and temperament of the patient induced Mr. Cooper to attempt to save a limb which in a less happily disposed patient might have been unjustifiable. The patient left the hospital with every chance of completely regaining the use of her leg, and her general health was unimpaired. In the second case, immediate removal of the limb was demanded from the feeble powers of the patient. The third case was of an unusual character,—dislocation of the wrist with fracture of the radius. The ulnar artery too was torn through, an accident generally considered to indicate the necessity of amputation; but, observes Mr. Cooper, "it should be remembered that the free anastomosis of the vessels of the hand places this region of the upper extremity under the most favourable circumstances for reparation, and therefore the laceration of one of its principal trunks is not of the same importance as in other parts of the body: even the foot does not offer an analogous condition of circulation: for here the posterior tibial artery performs so much more important a duty than the anterior, that its division is infinitely more serious than when either the ulnar or radial arteries are lacerated, either of which are equally capable of sustaining the vitality of the hand."

Case 4.—*Wounded Knee Joint.*—This is an interesting case and one extremely creditable to Mr. Cooper. The patient was cured. The means employed were free bleeding, nauseating doses of antimony; the application of a splint to ensure perfect quietude of the limb, this being a very important feature in the management of such cases. Mr. Cooper believes that local irritants have not been sufficiently tried in such cases and advises large blisters. Tepid are preferred to cold lotions. Two other cases, with good engravings, are given by Mr. C. of retention of urine from fungus of the bladder, and enlargement of the prostate gland, and also a case of femoral hernia.

The next communication is from Dr. Hodgkin, whose talents and acquirements are well known to the profession. It is entitled "The history of an unusually formed placenta, and imperfect fœtus, and of similar examples of monstrous productions, with an account of the placenta and fœtus, by Sir Astley Cooper." Three engravings illustrate this paper. In reference to this case, Sir B. Brodie states in a letter to Sir Astley Cooper, that in 1809 he published an account of the dissection of a fœtus without a heart, and in which he believed that the circulation of the blood was carried on by the agency of the vessels only. Dr. Young afterward suggested that the cir-

culation in a fœtus of this kind is maintained by the heart of the twin fœtus with which such a monster is uniformly associated. Sir Benjamin was convinced by the argument of Dr. Young, and the dissection of Sir Astley Cooper proves the accuracy of his conclusions.

"The history of a compound fracture of the Patella, in a Letter from Mr. Lawrence, of Brighton, to Sir Astley Cooper," affords a gratifying proof of Mr. L.'s skilful management. In three months from the receipt of the injury, the patient was able to walk with a stick. "In looking over the report, the absence of swelling and inflammation, and the slight pain after so severe an injury, deserve notice. This may be attributed to the manner of applying the cold lotion. A trough containing the lotion was placed over the limb, from which hung several threads of worsted, acting as capillary syphons, and conducting as much of the lotion as was necessary to keep constantly wet a piece of thin linen laid upon the affected part: thus subduing the heat and inflammation by the uniform and constant evaporation produced." This plan of treating inflammations has been particularly advocated by MM. Josse, of Amiens, in a recent work, which will be noticed in our next number. It was introduced into the Brighton Hospital by Mr. E. Furner, the house surgeon. We have often seen a similar one employed at the Middlesex Hospital, and we cannot refrain from directing the attention of our readers to it, many of whom, like ourselves, must doubtless have had occasion to lament, that in both medical and surgical cases, the nurse or attendant generally makes the "cold" cloths a little warm with her hands, that they may suit her ideas of comfort for the patient.

The two next papers are by Mr. Key, and scarcely admit of condensation. The first is "Cases of accidents occurring to the large joints; and disease requiring removal by operation;" the second, "A case in which excision of the elbow joint was performed." They are very interesting, and sustain the high reputation of their distinguished author.

Mr. Blackburn's "Essay on the excision of diseased joints, read before the pupil's physical society," although highly creditable to its author, is hardly suited to a publication like the present.

Dr. Ashwell next offers some remarks "on the propriety of inducing premature labour in pregnancy complicated with tumour." Five cases are related, and are illustrated by four engravings. Dr. Ashwell's opinions upon this subject well deserve the attention of the accoucheur. The sixth case "Presentation of the arm, with small and deformed pelvis" is very interesting. In such instances, too, *the pelvic deformity having been ascertained* by the result of previous labours, Dr. A. thinks that "premature labour artificially induced, is the treatment for such contraction and deformity." The conjugate diameter of the pelvis was not quite two inches, ten lines. Dr. Ashwell's arguments in favour of the original practice he recommends are, to our minds, cogent. Accident led him to form his conclusions. In a case of tumour within the pelvis, he unintentionally separated the membranes, in making an examination, sufficiently extensively to induce premature labour—the best remedy, perhaps, for the complication. The recovery was good. A second case of this kind also occurred. Dr. A. says that to establish the propriety of inducing premature labour in such unfortunate and not very uncommon cases it is necessary to prove certain positions. That *when death occurs* after a labour so complicated the result *is only slightly, if at all referrible to the uterus*, which rarely sustains any serious injury, but is mainly produced by *inflammation, softening, and unhealthy suppuration* in the growth itself, and rapid sinking. That the pressure and contusion inflicted upon the morbid growth by the unyielding gravid uterus induces inflammation, suppuration, &c., which may be presented by the practice now first recommended, and which he believes deserves to be followed, for by it he may avoid the changes of a mischievous kind likely to be produced in the tumour during the last months of gestation, and certainly evading those greater dangers attendant upon parturition. Hitherto the management of such cases has been a subject of great doubt even with the most skilful and experienced practitioners.

The "Cases and Observations illustrative of Renal Disease, accompanied with the secretion of albuminous Urine, by Dr. Bright," are of much pathological value. Dr. B. states that that particular form of diseased structure of the kidney called "mottling, white degeneration," &c., is very common and very fatal. "I believe I speak within bounds, when I state that not less than five hundred die of it annually in London alone."

The second number of the Reports concludes with a "tabular view of the morbid appearances occurring in one hundred cases in connexion with albuminous urine, by Dr. Bright," and "Cases of Exostosis of the bones of the Face, disease of the Cranium, and fractures of the frontal and parietal bones requiring Operation, by Mr. Morgan."

The first paper of the second number of the St. Thomas's Hospital Reports we have already briefly noticed. In the second communication by Mr. South, of "Imperforate Anus successfully treated," we have an instance of that rare kind of malformation, in which no anus exists, but a small aperture in front of the scrotum through which fæculent matter passes. Mr. South performed an operation by which the most distressing consequences were removed.

The next paper is entitled "Simple Fracture of the Leg followed by Gangrene," by Mr. Green. Amputation performed by Mr. South. In the clinical observations by Mr. Green, the delicate surgical question is discussed, whether it is proper to amputate a limb when incipient gangrene is present. The patient died, but as far as we can judge, all was done that the limited power of man could do to secure a more fortunate result.

Dr. Roots's case of "Chronic Gastritis," offers nothing peculiar in itself, but affords Dr. R. the opportunity of making some apposite clinical remarks

"Vomiting connected with Hysteria," reported by Mr. F. Le Gros Clarke. Creosote in one or two minim doses failed. After taking three minims the patient did not vomit for a long time. Dr. Roots in his remarks says that "the subsidence of the irritability of the stomach quite satisfied me that the complaint could not be of an inflammatory nature, because I never yet saw creosote taken into the stomach where was existing any thing like inflammation, but that it either produced an increase of the vomiting, or an increase of pain and heat in the stomach speedily after being taken."* A less experienced practitioner than Dr. Roots might easily have inferred the existence of inflammation from the tenderness on pressure at the epigastrium, abdomen and thorax. The symptom, however, was of an hysterical character, and depending merely upon that morbid sensibility of the sentient extremities of the superficial nerves which is so common in these cases, and so constantly mistaken and maltreated, to the destruction of the patient. If there is any practical subject more worthy the attention of a young physician than another, it is that of the wandering and often severe pains that attend "hysteria," and which, although temporarily relieved by bleeding, rarely require such means at all. Dr. Roots confesses that he has not the unlimited confidence in creosote, even in simple irritability of the stomach, that his colleague, Dr. Elliotson, reposes in it. He "has used creosote and failed; he has used it and succeeded." The doubts we have expressed, as to the never-failing virtues of creosote, in our notice of Dr. E.'s paper, are thus confirmed.

The cases of "Strangulated umbilical hernia," by Mr. Travers, offer no opportunity for comment. In a case of "strangulated inguinal hernia," there are several points worth attention. There was, first, resistance to the collapse and return of the intestine into the belly, after a dilatation free enough to admit the finger with perfect ease into the cavity. In cases of this kind, Blancard adopted the practice of puncturing in several places the protruded gut, to render it flaccid. By some, even in modern times, this practice has been followed, but Mr. Travers altogether disapproves of it. "It is dangerous and never can be called for in any possible emergency." The second point refers to the treatment after the operation, principally to the administration of purgatives and mercurials, which Mr. Travers condemns, and we are sure very justly, notwithstanding the high authority by which it is so unaccountably supported. Another excellent practical paper by Mr. Travers "On Perinæal Abscess, and Extravasation of Urine, arising from Stricture, Fistula, &c." concludes the number. The two following cases are very important.

"A lady had a recto-vaginal fistula, through which the feculent matter was continually passing. She was a delicate married person, with a young family, and suffered exceeding distress of mind, for reasons which may be readily conceived; and feeling that her person would become disgusting and her life valueless if this affliction continued, she consulted a surgeon of eminence, and implored him to devise some means of cure, stating her perfect willingness to endure whatever operation was necessary to that end. He reflected that the principle on which preternatural orifices or communications between canals are brought to heal, is that of rest; that we succeed in the cure of fistula in ano by suspending the habitual contraction and dilatation to which the parts are subject; and that this is followed by a healing process, if there be power in the system to effect it. He therefore suggested the free division of the sphincter ani, thinking it might possibly be followed by success. The patient most readily consented to the operation, and in the course of a few weeks was perfectly cured, and remains so to this day. The other case, not less ingenious, was devised and accomplished by an old pupil of this hospital, who brought the patient to me for examination. There was a free communication between the bladder and vagina; of course on the anterior wall of the vagina. The large opening had been seared and stimulated, and the catheter worn; in short, all methods were tried in vain. What do you think this gentlemen suggested? He asked her if she would submit to lie on her face for a couple of years. You will see at once what was the intention and effect of this posture. She consented, and in eighteen months was perfectly cured. An ugly puckering and knitting of the parts together, and some shortening of the passage has taken place during the healing; so that I think there would be great danger of a lesion of the cicatrix, if she were again to be with child; but the effect of continued rest in that position, to prevent the passage of urine through the opening, was to allow of such a cohesion of the parts that not a drop escaped, and the cure was established."—(P. 235.) *Ib.*

* Dr. Roots's remark is confirmed by Dr. Elliotson. Vide our notice of his paper in the Med. Chir. Trans. p. 169.—Rev.

On the Arteries of the Corneal Conjunction. By Dr. Romer, of Vienna.

This paper commences with a full and impartial account of the various opinions which have been entertained by different anatomists regarding the covering of the cornea. A very simple experiment, viz. throwing the eye of an animal into boiling water, shows that the cornea is covered externally by a membrane, which, although it be continued into the conjunctiva, differs remarkably from the latter tunic in physical properties, and is as strikingly different from the proper substance of the cornea. The membrane in question appears to be albuminous; for in this experiment it immediately coagulates and becomes opaque, while the palpebral and sclerotic portions of the conjunctiva suffer no such change. Dr. Römer regards the conjunctiva as a continuation of the common integuments, changed into mucous membrane on the inside of the eyelids, and again, on the anterior part of the sclerotica and on the cornea, transformed into serous membrane. He speaks of the Meibomian and caruncular follicles as the sebaceous glands of the conjunctiva; but, to our view, the Meibomian follicles open through the skin, not through the conjunctiva. It is well known that that portion of the conjunctiva which covers the internal surface of the tarsi or cartilages is villous or papillous, while the remainder of the membrane is comparatively smooth. It is the villi of the former which are so much enlarged and indurated in granular conjunctiva. They are considered by Eble* not as secreting organs, but merely as nervous papillæ, like those of the skin or of the tongue; but the general notion is that they are mucous glands, and this appears to be the opinion also of Dr. Römer.

In the normal state, says Dr. Römer, the conjunctiva lining the inner surface of the eyelids is moderately red, while that portion which covers the eyeball is of a pearl colour, and only towards the angles of the eye presents occasionally some insulated red serpentine streaks, which are blood-vessels. After a tolerably successful injection, the conjunctiva of the eyelids presents a high red colour and a peculiar velvety appearance, bearing a striking resemblance to the Schneiderian membrane covering the septum narium, while from the ocular conjunctiva the pearly hue has vanished, and in its stead we find a rose-red colour, reaching in general only as far as the edge of the cornea. In a completely successful injection, the vessels are prolonged to the centre of the cornea, where they evidently penetrate and are lost in its substance.

The vessels which are distributed to that part of the conjunctiva which covers the anterior portion of the sclerotica and the cornea, are derived, as well as those which belong to the palpebral conjunctiva, from the lacrymal, the superior and inferior palpebral, and the oculo-muscular arteries. The small branches of these arteries form in that part of the conjunctiva which covers the anterior portion of the sclerotica, a superficial and a deep-seated network. The superficial network is derived from numerous branches arising from the superior and inferior palpebral arteries, and from the lacrymal. Dividing, as they proceed, into smaller branches, they run in a serpentine course towards the edge of the cornea, where they anastomose together in arches, and connect themselves with the deep-seated network. The deep-seated network is formed by much smaller vessels, partly derived from the ocula-muscular arteries, and partly from the ciliary, before these penetrate through the sclerotica. The ramifications of the two networks form at the edge of the cornea a vascular wreath, which lies just over the circular venous sinus of the iris. From every part of this wreath arise numerous minute ramifications, running towards the centre of the cornea, each dividing, as they run, into two or three still smaller vessels, which plainly dip into the substance of the cornea.

[We regard Dr. Römer's paper as a valuable contribution to the anatomy of the eye.]

Zeitschrift für die Opthalmologie, B. v. H. I. 1835. *Ib.*

* Ueber den Bau und die Krankheiten der Bindehaut des Auges. Wien, 1828.

On the Power by which the Head of the Thigh-bone is retained in its Socket. By Dr. Edward Weber. [At the meeting of German naturalists at Bonn, 25th September, 1835, a paper on this subject was read by Dr. Weber; and, on the following day, the experiments referred to in it were repeated before the Anatomico-Zoological Section of the Association. We shall give a translation of the greater part of this interesting paper, omitting merely the account of the experiments performed at the meeting, which were identical with those described in Dr. Weber's communication.]

It has been generally believed that it is through the power of the muscles or ligaments that the head of the thigh-bone is retained in its socket; and this, probably, because they are the first to strike our senses. A closer investigation, however, has proved that it is neither the muscles nor ligaments that effect this, but the pressure of the atmosphere. The head of the thigh-bone, enclosed in its air-tight cavity, remains in its place, on the same principle that the piston remains fixed in a cylinder, the upper extremity of which is closed with the finger; being forced by the air against the upper walls of its cavity, just as the mercury in the barometer is forced upwards by the same agent. The following experiments prove this fact:

1st. The trunk of the body was laid on a

table in such a position that the leg and thigh hung down unobstructed. If the bone were supported in its place by the muscles and ligaments, it must clearly fall when the ligaments are divided. I divided the muscles and the limb did *not* fall: on the contrary, the bones constituting the joint remained in close contact, as before.

2d. If we admit that the limb is maintained in its position by atmospheric pressure, it is clear that it should fall down when air is admitted into the joint. I bored a hole through the wall of the bony cavity of the joint, and on the admission of the air the limb fell; and the displacement followed on boring the hole, even when the muscles and ligaments were not divided.

3d. If we assume that the atmospheric pressure is *alone* sufficient to maintain the limb in its place, the bone which had fallen down ought to be retained there when replaced and the air excluded. I replaced the bone which had been severed from the body, and excluded the air from the joint by closing the artificial opening with the finger: the limb remained supported in its place; and immediately fell down once more on the finger being removed.

I will only here refer to one instance of the practical application of this view of the mechanism of the thigh-joint,—the case known by the name of *spontaneous luxation of the thigh.* It is well known that, in this case, the bone is displaced without any obvious external cause, the limb being at first considerably lengthened, with marked lameness.

Since it has been shown that the head of the bone is not retained in its place by the power of the ligaments, it is not therefore necessary, for the explanation of the case, to admit that the ligaments must, previously to its occurrence, be lengthened, or (to speak generally) *altered*, in any way. Our experiments have shown that the head of the bone fell immediately from its socket into the inferior portion of the capsular ligament (in die höhle der kapsel herabsank,) upon the admission of air into the cavity of the joint. But, to produce this result, it is not necessary that air should be introduced from without: the same effect will follow the secretion of fluid or the growth of a solid body in the cavity of the joint itself. In proportion as such a substance, whether fluid or solid, accumulates, the head of the bone will necessarily fall down through its own weight, without the application of any force, and without the least resistance being opposed by the ligaments of the joint.

[The experiments at the Association was witnessed, among others, by Leuckart, Mayer, Schulze, Munke, and the two Webers; all of whom were convinced of the retention of the bone in its place by the pressure of the atmosphere.

Müller's Archiv. für Anatomie, &c. Jahrgang, 1836. Heft. 1. *Ib.*

MEDICAL INTELLIGENCE.

I. *Tribute of Respect to Professor* Mott *on the eve of his departure for Europe.*

It is well known to most of our readers,* that our distinguished townsman, Professor Mott, is again on the point of departure for Europe. His health, which had been completely re-established during his late residence there, has a second time given way under the fatigues and anxieties of an extensive practice. A number of gentlemen who had graduated from his office, having resolved to obtain his portrait, prior to his sailing, appointed a committee to inform Dr. Mott, who accordingly sat to Mr. Inman for that purpose.—The picture is completed, and though executed in great haste, and during much indisposition of that excellent artist, is a most striking and characteristic likeness and a beautiful work of art.

A large assemblage of the profession were present at the Governor's Room of the New York Hospital, on Saturday afternoon, the 17th instant to see the Portrait, and hear the reading of the following Address to Dr. Mott, in the presence of its signers. The reply, which was delivered under the influence of the deepest feeling, by which he was prevented for some time from proceeding, is highly appropriate; and at its conclusion, the Doctor was so completely overcome by his emotions, as to be obliged to retire hastily from the salutations of his attached friends.

The peculiarity of the occasion, the associations awakened, the place of the occurrence, and the character of Dr. Mott, private and professional, conspired to render the scene in the highest degree impressive and interesting. The testimonial of regard thus spontaneously offered, reflects the greatest honor both upon the preceptor and his pupils. We join with them in wishing him a speedy restoration to health and to his own home.

Valentine Mott, M. D.

Sir,—We, your former pupils, associating with the period during which, we were students in your office, some of the most

* Eve. Star.

pleasant recollections of our lives, beg leave to thank you for the readiness with which, at considerable inconvenience to yourself, you consented to oblige us by sitting for your portrait. Having ever entertained the utmost respect for your moral character, gratitude and affection for your uniform kindness and affability towards us, and the most exalted opinion of your medical reputation, we deeply sympathise with you in, and regret the painful necessity which again compels you, after so very brief an interval, to seek in a foreign land the health which is denied to you here. Scarcely have our pleasurable emotions at your safe return subsided, ere we are again informed of your sudden departure from among us, and for an indefinite period.

Under these circumstances, sir, it was resolved at a meeting of your numerous pupils, to obtain this memorial of our respected preceptor, by which, in his absence, we might recall forcibly to our recollection the features of one so dear to our hearts.—The eminent artist by whom the picture has been executed has done perfect justice to our feelings, to his subject, and to himself. If it should not please the great Disposer of events in his wisdom, to permit us to behold the original once more, we shall at least possess the *vera effigies* of the friend to whom we were united by the most kindly ties, of the instructor by whose wise counsel and brilliant example we had profited so often, of the surgeon of whose fame, not we alone, but his country and the world have reason to be proud. We will cause it, sir, to be suspended in company with the resemblances of the departed Bard, Post, Mitchel and Hosack, your illustrious cotemporaries from these walls of the Library of this Institution, of which, for nearly thirty years, you have been one of the greatest ornaments; in which, your gentleness and consummate skill have been so long displayed; which is the scene of some of those great triumphs, that have stamped your name for ever in bright and indelible characters on the pages of Surgical History. Thence it will be gazed upon with pleasure, by all who have known your person or your reputation, affording a useful model for the imitation of the rising generation, and a proof of the regard of those by whom it was given.

You carry with you, Sir, in your approaching departure our affectionate regrets. We shall look with the deepest anxiety for accounts of your welfare, and for the period, not, we trust very far distant, when you will return to resume your lofty rank in your profession, and again dispense to the community, unchecked by further interruption, the benefits of your unexceeded skill and experience. We unfeignedly hope, that there is yet before you a long career of usefulness, in which your just fame, so sacred in your eyes, will, if it cannot be increased, be at least sustained.

With most sincere wishes for the complete restoration of your own health, and the preservation of that of your family; with every sentiment of esteem and affection, and recommending you to the protection of a merciful Father, we bid you sir, a sorrowful Farewell.

David L. Rogers; Lawrence Proudfoot; Ebenezer Storer; Augustus A. Adee, U. S. N.; John M. Cornelison; John C. Fanning; John W. Schmidt, Jr.; Minturn Post; James B. Kissam; Wm. Currie Roberts; James Quackinbush; Wm. A. Mathews; George W. Hodgson; John T. Kneeland; Richard F. Cooke; John Carnoghan; D. Masterton Schoonmaker; Albert G. Greenly; James Bolton; James Mason.

Dr. Mott's Reply.

"Gentlemen,—Neither time nor circumstance, can ever efface the grateful recollections of this day. They will sink deeper and remain more lastingly associated with my best feelings, than any event of my life. The warm and generous sentiments which you now express, and the lofty encomiums you bestow upon my professional character, I could humbly wish better to deserve. May you all, my friends and pupils, receive and merit a more abundant need of praise.

If my feeble exertions and example, be in the least meritorious, and worthy of imitation, I entreat you in kindness and affection to enter the field; lend a helping hand, and cultivate it. My day of labour at present is over, perhaps never to return.—The mental and bodily fatigues of thirty winters, have broken my health, and I now retire as a bruised reed, almost useless. Reluctantly indeed, I leave the scene of action, my country and my home. I do it only from a paramount sense of the duty I owe myself and my family; and with a strong hope that time, leasure and relaxation will restore my wonted energies to their usual vigour. As soon as this shall be accomplished, it is my intention to return to the land of my birth, and the exercise of my my profession.

Adieu, my friends—that the God of Heaven may prosper you in every good undertaking, is the wish of him, who now bids you a sincere and an affectionate Farewell."

II. *Mark of Respect to the memory and worth of the late Doctor* Lovell.

Washington City, Oct. 1836.

At a special meeting of the Medical Society of the District of Columbia, held at the Medical Hall, Dr. Thomas Miller announced the death of Joseph Lovell, M. D. late Surgeon General of the United States Army, and member of the Society, and, at the same time, delivered a neat and appropriate address, setting forth the public worth and private virtues of the deceased, with a brief sketch of his life and character.

On motion, a committee was appointed,

consisting of Drs. Sewall, Hunt, and Miller, to report such resolutions as this melancholy occasion called for. In a short time the following preamble and resolutions were presented and unanimously adopted:

In the death of the late Joseph Lovell, M. D. Surgeon General of the United States Army, the Society has lost one of its most valuable and intellectual members, and the medical profession generally has been deprived of one who has always sustained its dignity by great medical attainments, and by a high and honorable course of conduct. Therefore,

Resolved, That the members of this Society wear crape on the left arm for thirty days, as a token of their grief, and of their high respect for his memory.

Resolved, That the Secretary of the Society be directed to present a copy of these resolutions to the bereaved family, as an expression of sympathy in their deep affliction, and that he cause the same to be published in the papers of the city.

F. MAY, President.

R. JOHNSON, Secretary.

III. *Extract from a Lecture introductory to a Course of Practical Chemistry in Columbia College, New York, by* DR. W. C. WALLACE.

"Of the advantages of Chemistry to Anatomy, I may instance that Herschell had inferred the existence of fibres in the retina, which being put in motion by various kinds of light, vibrate so many millions of times in a second. Sir Charles Bell, and other modern anatomists, deny the existence of fibres, which by the aid of chemistry may be plainly demonstrated lying between membranes of uncommon fineness. From the similarity of these fibres to those of the organ of hearing, which we know are put in motion by the undulations of an elastic fluid, the probability of the Huygenian theory of light is increased, as well as Herschel's hypothesis of vision.

"The brain seems a mass of pulp which till of late was very imperfectly investigated. Though we cannot boast of our knowledge of its functions, yet its structure has been beautifully developed by the application of chemistry. This organ consists of two parts; an exterior of a brown colour, and an interior that is white. When it is hardened by acids or salts or by boiling in oil, the convolutions that appear on its surface may be extended, and two plates of different colours and applied to each other may be exhibited. The extension of the convolutions is also sometimes affected by the pressure of water accumulated by disease. The organ has thus the appearance of two great plates, which, in the natural state, are folded up in such a manner as to afford a great extent of surface in a very narrow compass.

"Experiments to ascertain the electricity of animals led Galvani to the discovery of the science which was so successfully applied by Dr. Phillip to explain many of the phenomena of life. He found that when a particular nerve proceeding from the brain was divided, the animal lost the power of digesting its food, but when the place of the brain was supplied by a galvanic current, the food was digested and the smell peculiar to the process was evolved.

"It is well known that muscular contraction ceases when the communication between the muscle and the brain is interrupted, but pass a current of electricity along the nerve and contraction immediately takes place. When galvanism was applied by Dr. Ure to an executed criminal, 'full, nay laborious breathing instantly commenced, the chest heaved and fell, the belly was protruded and again collapsed with the relaxing and retiring diaphragm, as long as the electric discharges were continued.'

"In order to produce galvanic excitement, metallic substances are not absolutely necessary; the contact of dissimilar bodies seems to be all that is required; thus different kinds of wood or alternate layers of brain and muscle produce effects similar to the metals. There are even some animals whose organs are so constructed that they can generate electricity and direct it at will towards the point where they are irritated.

"Having seen that electricity may be excited by animal substances, and the effects of chemical agency in developing the structure of the brain, it is singular that of the various galvanic machines that have been constructed during the last forty years, the latest improvement of Faraday, which is considered the most efficient, approaches nearer the appearance of the brain than any other form of apparatus.

"A battery as usually charged soon loses its power from the fluid becoming charged with the dissolved metal; but in the brain the liquid is perpetually renewed. After the saline fluid has moistened its cells it is carried away to be purified before it is again applied.

"Aware of the fact that several small wires conduct more common electricity from the machine than one large wire of equal sectional area, Professor Henry constructed a magnet with twenty-six strands of wire coiled round a piece of iron weighing sixty-nine and a half pounds, which supported the enormous weight of 2063 pounds. Now, what is the structure of the brain? Instead of 26 conductors we have more than 26,000. It is no disparagement to Professor Henry to say that the principle which he so ingeniously applied was known more than five thousand years ago.*"

* See the plates of Spurzheim and Tiedeman.

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MEDICAL DEPARTMENT.

SECOND SESSION.

The first Introductory Lecture will be delivered on the last Monday in October.

The Didactic Lectures will commence on the first Tuesday in November, and continue until the end of February, by the following professors:

JOSEPH N. McDOWELL, M. D., on *Special and Surgical Anatomy.*

SAMUEL D. GROSS, M. D., on *General and Pathological Anatomy, Physiology, and Medical Jurisprudence.*

WILLARD PARKER, M. D., on *Surgery.*

LANDON C. RIVES, M. D., on *Obstetrics and the diseases peculiar to Women and Children.*

JAMES B. ROGERS, M. D., on *Chemistry and Pharmacy*, assisted by

JOHN L. RIDDELL, M. D., *Adjunct Professor of Chemistry and Lecturer on Botany*

JOHN A. HARRISON, M. D., on *Materia Medica.*

DANIEL DRAKE, M. D., on *Theory and Practice of Medicine.*

The Faculty congratulate themselves and the students of the west, on the Trustees having appointed to the chair of Surgery, a gentleman who has already distinguished himself as a public Lecturer in three different schools of Vermont, Massachusetts, and New York.

He has accepted the appointment, and will be in Cincinnati before the opening of the session.

The spacious and convenient College Edifice, near the centre of the city, with its new wing, embracing an Apparatus Room, an apartment for the Anatomical Cabrine, and a capacious Dissecting Room, will be finished and in perfect order prior to the opening of the session.

Students who intend to graduate must matriculate by the 20th November.

The price of the whole is One Hundred and Five Dollars. The Dissecting ticket Ten; Matriculation two, and the graduation fees twenty one dollars.

By order of the Faculty.

DANIEL DRAKE, M. D., DEAN.

Cincinnatti, Ohio, May, 1836.

COLLEGE OF PHARMACY OF THE CITY OF NEW YORK.

THE Lectures of this institution will commence at the College Rooms, New York Dyspensary corner of Centre and White streets, the first Monday in December, and continue three times a week, three months. They consist of one course on Materia Medica and Pharmacy, and one course on Chemistry, which will embrace a general view of these important sciences, particularly applicable to the business of the Apothecary, but useful and interesting to others. Each course will be illustrated by appropriate experiments.

Professor of Materia Medica and Pharmacy, JOHN SMYTH ROGERS, M. D.

Professer of Chemistry, JOHN H. GRISCOM, M. D.

The price of Tickets, to Apprentices of Members of the College, is seven dollars each course, to other, ten dollars each course; to be had of

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JAMES H. HART, corner of Broadway and Chambers St.
GEO. D. COGGESHALL, corner of Pearl and Rose Sts.

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DEALER IN PAINTS, OILS, AND DYE-STUFFS, &c. &c.

MEDICINE CHESTS

FOR SHIPS, FAMILIES, AND PLANTATION.

NEW YORK INFIRMARY FOR DISEASES OF THE SKIN.

This Institution is now opened at No. 2 Cortlandt street, corner of Broadway, hours of attendance from 1 till 2 o'clock daily, except Sundays.

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Consulting Physicians.—Valentine Mott, M. D., John C. Cheeseman, M. D., John W. Francis, M.D., Alexander Stevens, M. D., Cyrus Perkins, M. D., Thomas Boyd, M. D.

Washington Medical College of Baltimore.

The annual course of Lectures in this Institution will commence on the last Monday of October.

JAMES H. MILLER, M. D., Professor of Anatomy, Physiology and Pathology.

SAMUEL K. JENNINGS, M. D., Professor of Materia Medica, Therapeutics, Hygiene and Medical Jurisprudence.

WILLIAM H. HANDY, M. D., Professor of Obstetrics, and the Diseases of Women and Children.

JOHN C. S. MONKUR, M. D. Professor of Theory and Practice of Medicine.

JOHN P. METTAUER, M. D., Professor of Surgery and Surgical Anatomy.

EDWARD FOREMAN, M D., Lecturer on Chemistry. &c.

WASHINGTON R. HANDYM. D., Demonstrator of Anatomy. This department will be open from the first of October.

It may be interesting to the friends of Medical Science to be informed, that very spacious buildings are commenced, for the use of the College and an Hospital. Exceedingly pleasant apartments will be prepared for the accommodation of twenty to for y resident students; and for an hundred and twenty invalids:—And ultimately, if sufficiently encouraged, for three or four hundred of the latter.

L. REDINGTON,
DENTIST,

No. 65 Chambers Street, N. Y.

Broome street Infirmary for Diseases of the Skin.

ESTABLISHED IN JUNE, 1836, FOR THE GRATUITOUS TREATMENT OF ALL KINDS OF CUTANEOUS AFFECTIONS.

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JOHN L. VANDERVOORT, M. D.,} *Physicians.*

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Alexander H. Stevens, M. D.,
Gilbert Smith, M. D.,
F. W. Johnston, M. D.,
A. W. Ives, M. D.,
J. Kearney Rodgers, M. D.,
Joseph M. Smith, M. D.

MEDICAL INSTITUTION OF GENEVA COLLEGE.

THE Medical Lectures will commence on the first Tuesday of October, and continue sixteen weeks. A spacious building has been erected within the last year, well adapted to answer all the purposes for medical instruction.

The Faculty take pleasure in announcing the appointment of Dr. JAMES WEBSTER, of New-York, to the chair of Anatomy and Physiology. His reputation as an able lecturer on those branches of science, and the analytical method which he pursues, are a sufficient guaranty that he will give full satisfaction to those who attend his course.

The fees for the full course of Lectures are - - -	$55
Graduation fee, - - - - - - - -	20

Chemistry—E. CUTBUSH, M. D.
Institutes and Practice of Medicine—THOMAS SPENCER, M. D.;
Surgery—J. G. MORGAN, M. D.;
Obstetrics and ateria edica—CHARLES B. COVENTRY, M. D.
Medical Jurisprudence and Botany—ANSON COLEMAN, M. D.
Anatomy and Physiology—JAMES WEBSTER, M. D., of New York.

E. CUTBUSH, Dean of the Faculty.

Geneva, August 30, 1836. JOHN G. MORGAN, Reg.

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NOTICE TO CORRESPONDENTS.

Of the importance for Medical Practitioners to keep a Journal of their practice, and reporting their interesting cases for publication, &c. See pages 133. 151 of this number.

It will be recollected that we stated in our number for August last, that in order to keep pace with the American and foreign medical publications, that we required more room to give the substance of their practical matter, (which, by the by, is all the practitioner generally wants,) and proposed to double our pages, provided that our subscribers would pay five dollars per annum instead of three. Many of our patrons have expressed their willingness to accede to the proposed change, but not a sufficient number to warrant our going on with it at present; therefore we wait for further information on this subject.

We have just received a number of late French medical journals, an analysis of which will be given with as little delay as possible.

THE

UNITED STATES MEDICAL AND SURGICAL JOURNAL.

No. XXVIII.

NOVEMBER, 1836.

ART. I.—*Report of Cases of Diseases of the Skin, Venereal Diseases, and Diseases of the Eye and Ear, at the New-York Dispensary, during the six months ending June* 30, 1836.—Read before the New-York Medical and Surgical Society, by H. D. BULKLEY, M. D.

The department under my charge at the New-York Dispensary comprehends all male patients with diseases of the skin, venereal diseases, and diseases of the eye and ear. The whole number of such patients, (including also three females with cutaneous affections,) during the six months ending June 30, 1836, amounted to 261; viz. diseases of the skin, 139; veneral diseases, 71; diseases of the eye and ear, 51;—total, 261. In the following report, I shall consider them under these three general heads:—

I. Diseases of the skin.

It is to be regretted, that while the condition and habits of those who apply to a public charity for relief are such as to render them peculiarly predisposed to cutaneous affections in their various forms, the irregularity of their attendance, together with their ignorance, and more especially, their almost total neglect of all rules of cleanliness and regimen, make this prolific field far more useful for the study of diagnosis than of therapeutics. Still, few places in this country afford a more favorable opportunity for the investigation of this too much neglected branch of the profession than this institution; and the results of treatment have certainly been quite as favorable as could have been anticipated

Of the 139 cases belonging to this section of my report, six were merely entered in the Case Book at the Dispensary as eruptions, before regular notes were commenced, so that not even their form was specified. Excepting these, all were satisfactorily classified but two.

The 131 cases which were classified were distributed as follows:—

I. Exanthemata.—2 of erysipelas, 3 of rubeola, 2 of urticarea, and 1 of roseola.

II. Vesiculæ.—32 of eczema, 11 of herpes, and 1 of scabies.

III. Pustulæ.—8 of impetigo, 8 of porrigo, 7 of ecthyma, 4 of mentagra, and 1 of acne.

IV. Papulæ.—15 of lichen, 1 of prurigro.

V. Squamæ.—1 of lepra, 4 of psoriasis, and 1 of pityriasis.

VI. Tubercula.—2 of Lupus.

VII. Syphiliticæ.—7 papular, 4 scaly, 4 ulcerative, 4 tubercular, 2 pustular, 2 of purplish discoloration, and 1 of ecthyma.

VIII. Hæmorrhagiæ.—3 of purpura.

Of the whole 139 cases, 56 were either seen but once, or a few of them twice, or the result was not noted; leaving 83 which were treated. Of this number 75 were either cured, or improving, or were nearly well when they discontinued their visits, or till they neglected themselves; 7 left during treatment, before any decided result was obtained; and the other was so much neglected at home, that he was discharged.

1. *Erysipelas.*—Two cases of this were treated; one, of the face, covering both cheeks, the nose, and a part of the forehead. The patient took calomel, followed by rhubarb and magnesia, and the following day, castor oil, without any local application, and was discharged cured on the fifth day. The other attacked the calf of each leg successively, in a man 22 years of age. The disease had commenced five days before he was seen; and the calf of the left leg was red, swollen, tense, and painful on pressure, with œdema about the ankle. All the symptoms had disappeared on the eleventh day of treatment under the use of purgatives of calomel and rhubarb, rest in a horizontal position, and the constant application of lead wash; when the calf of the other leg presented the same symptoms in a less degree: the same means were repeated, and at the end of four

days more, the right leg was entirely well, without any return of the symptoms in the left, and he was able to resume his ordinary pursuits.

2. *Rubeola.*—Three cases of this were seen, all mild: one in an infant; the other two in adults, one 23, and the other 24 years of age. The eruption passed through its stages regularly, with little or no medicine.

3. *Urticaria.*—Two cases of urticaria were prescribed for. In one, the eruption was fading when seen, and disappeared the next day. The other patient was not seen after being prescribed for.

4. *Roseola.*—But one case of this form of eruption was met with. The patient, a male, aged 17 years, had for some time been subject to gastric and intestinal derangement;—had passed blood, and when first seen, was in a cachectic state, without appetite, with nausea when he took food, tongue thickly coated of a dirty yellow—red at point, pulse 108, feeble; his body and limbs were covered with rose-colored eruption in irregular patches of various sizes, with little or no elevation, with numerous spots of purpura simplex on the front part of each leg. Eruption appeared about three weeks before, and had appeared and disappeared very frequently within that period. He was ordered a purgative of calomel and rhubarb. On the following day, the spots on his body and arms were nearly gone; and those of purpura, on the legs, were of a lighter shade. The day after, he felt so much better, that he thought of going to work. He was ordered an infusion of columbo, chamomile flowers and soda, and did not return to the Dispensary again.

5. *Eczema.*—This form constitutes nearly one fourth of the whole number of cases, and was almost entirely confined to children, principally of the species rubrum and impetiginodes. Of 32 cases, more than one half affected the head, either alone, or at the same time with neighboring parts; and if to these be added 8 cases of porrigo, all of them of the head, we have more than one sixth of the whole number of cases affecting the hairy scalp. These cases are, by the majority of practitioners, grouped together under the common name of tinea capitis, and prescribed for almost empirically, without reference to the essential differences between them; and, indeed, even the practised eye sometimes fails to discirminate between the different forms, until the use of the proper means has relieved the head of the accumulation of discharge and filth which so frequently disguises them when first seen. When this has been removed, the marked and essential differences can be easily pointed out, at least in most cases, between the vesicular and pustular forms; and also between those kinds of the pustular form which will yield most easily to treatment, and those which resist the use of the most judicious means. Every practitioner must have noticed, that while some forms of what are called tinea capitis, yield readily to the simplest means, and perhaps to cleanliness alone, others weary his patience and disappoint his hopes by long resistance to the most faithful and continued use of the most active and the most varied means. Deranged stomach and bowels, improper diet, and neglect of cleanliness, often produce, and still more frequently perpetuate, the eczematous form of cutaneous disease in children. Poultices to the head till the accumulated matter is removed, followed by frequent lotions through the day, either alkaline, or simply of warm water and soap, with mild laxatives and alteratives to restore a healthy state of the digestive organs, and a carefully regulated diet, will be sufficient in a majority of cases of this form which affect the scalp. To these means must be added, the frequent use of the warm bath when the body or limbs are affected. If, after the use of these means, the scalp still continues inflamed and oozing out serum, some mild stimulating ointment or wash may be employed with advantage, though not without caution, nor without the continuance of the other means just specified. Of these applications, the creosote ointment is often effectual.

Three cases of eczema were of the chronic form, affecting the leg. The first case was seen but once after the first visit. Of the other two, one was a shoemaker, aged 40, who was accustomed to the daily use of ardent spirits; one leg had been affected two and a half months, and the other about four weeks. After using the ointment of acetate of lead two days, he commenced the application of creosote ointment (gtts. X to ℥j) twice daily, and bathing his legs every evening in warm water. He was under treatment six or seven weeks, at the end of which time he was so nearly well as to discontinue his visits. During this time, he walked a long distance to the Dispensary each visit; and the cure was also still more retarded by an attack of inflammation of the absorbents of the left thigh, which was not entirely removed till after about four weeks, and which rendered it necessary to modify and to delay considerably the appropriate treatment of the eczematous affection. He took laxatives and alteratives at the commencement of the treatment, and also subsequently, and also took sulphate of quinine for several days.

The other was a case of eight months' standing, in a laborer aged 40, of very intemperate habits, covering the whole leg from the ankle to the knee. After a purgative of calomel and rhubarb, he was ordered to bathe his leg every night in warm water, and apply creosote ointment of the same strength as in the last case, and afterwards took one grain quinine three times daily. Although he continued to work more or less during a considerable part of the time, the leg was very much

improved, and he soon after discontinued his visits. The good effect of creosote ointment in both these cases was marked, and I have reason to believe that it will form a valuable local application in this form of eczema. Many cases of chronic eczema of the extremities, are among the most obstinate and intractable which are met with—occurring as they do, in many instances, in constitutions enfeebled by intemperance, or other causes, topical means avail but little without a judicious, and often long continued cause of constitutional treatment, generally of alteratives and tonics. With regard to creosote, I would add, that my experience with it in different cutaneous affections, both in the form of ointment and of wash, has led me to place considerable confidence in its theraputic powers.

One case occurred of eczema produced by tobacco, in a boy 15 years of age, who had been working in a tobacco manufactory for a year. Eruption first commenced six months after he went there—had none before—both fore arms and backs of hands were covered with remains of vesicles and thin scabs, interspersed with numerous distinct vesicular spots, slightly red, none at all above the elbows, a little on the front part of the neck and chin, and about his face and forehead; it itched some, but not very much—it had been out three or four weeks, he did not return after the first visit.

6. *Herpes.*—Of the eleven cases of this affection, four were cases of H. phlyetenodes, one of H. preputialis, two of H. zoster, and three of H. cincinatus, the form of the other was not noted at the time.

Two of the cases of H. phlyetenodes were very slight, affecting the toes in one case, and the calf of the leg in the other, and were not seen a second time. The other two were both renewed attacks in persons who had suffered previously. In one case, the patient, a man 28 years of age, had been troubled at intervals for two or three years, with an eruption under each arm, and on the upper and inner side of each thigh; it would continue each time from two to three weeks, and then disappear, and at the end of six or eight weeks would appear again—his general health was rather poor, and tongue slightly furred. After taking a mixture of rhubarb and soda, with a minute portion of ipecac. for some days, with very little change, either in his health or the state of the eruption, he was ordered half grain of sulphate of quinine three times daily, and to apply strong citrine ointment to the affected part. Five days after, the eruption was nearly gone, and his general health very much improved, and the same remedies were repeated; sixteen days after, he was still more improved in health, the old eruption had disappeared entirely, and no new had taken its place, and he discontinued his visits.

The other case was more severe, covering nearly the whole of the face and chin, in a young man 19 years of age, of strong constitution, and phlethoric habits; he had experienced a similar attack of a milder nature five or six times, which was sometimes accompanied by a similar eruption on the arms and legs. He was purged freely with salts and antimony the first day, and afterwards, with calomel and rhubarb, followed by salts, and restricted to the use of vegetable diet and on the ninth day, the old eruption had almost entirely disappeared. A new spot, however, about the size of a dollar, had appeared on the lower part of his face on the left side. This was nearly well at the end of a week more, when a few new vesicles appeared again, and both cheeks became inflamed again. At the end of a few days more, he was ordered to take sulph. quinine three times daily, and apply ceratum plumbi acet, locally; he was improving when seen two days afterwards, and was ordered to continue the same means, and was not seen again. The ointment of acetate of lead afforded great relief in the early stage of the eruption. These cases confirm the opinion which others of a similar kind have led me to form, that herpes in this, and probably in all its varieties, is most usually associated with derangement of the chylopoietic viscera, generally of long standing, and that remedies, to be successful, must be directed to the improvement of these, instead of to the cure of the local affection. The means best calculated to effect this object must necessarily vary with the individual case. After the proper preparation, by means of laxatives, or purgatives, if required, with suitable diet, I am inclined to attribute good results to the continued use of quinine for some time.

But one case of H. preputialis was met with. The patient was 18 years old, and had two or three sores on the end of the prepuce externally; he had applied sulphate of copper to one, which was about the size of a pea, with engorged and indurated base and edges, and a small slough in the centre, affording a good illustration of the "deep-seated hardness beneath the sore, such as is felt in true chancre," produced by the application of an escharotic to H. preputialis, as described by Bateman. A poultice was applied till the slough was removed, and the sore then washed with a lotion of nitrate of silver, and dressed with simple cerate. The sores healed entirely in five days, and he was discharged cured. He denied having had any connection within a year.

Two of the cases of H. cincinatus were only treated locally with ungt. citr. fort., and both heard of afterwards as cured. These were of the form most commonly seen, the edges consisting of the remains of minute vesicles, resembling almost branny scales, and which seem more like a squamous than a vesicular disease. There is another variety of a very different character, with the edges much better defined, and much more elevated;

with small yellow scales, resembling more those following a pustular eruption. The first variety passes through its stages much more rapidly than the other, which sometimes remains almost stationary for weeks and even months. The remaining case furnished a specimen of this kind, of which I have seen several. The patient, a man 40 years of age, with red hair, &c, had aspot about two and a half inches in diameter, almost perfectly circular, directly over the pubis, with elevated scabby edges, with a thin scab about the size of a shilling in the centre, and the intermediate skin sound; it commenced about six months before, and was constantly increasing; he had also two spots of the same character on the penis, each forming just half a circle, of different diameters, one of two and a half, and the other of two inches, which began about three weeks previously, and were also increasing; he had also one or two spots about the arms, with considerable excoriation, none elsewhere; he said that he first had such spots five or six years before, and that he was once salivated for them, and the eruption then went off in about twelve months, his general health was good—bowels rather costive. He was ordered one eighth grain hydrag. mur. three times daily, with cathartic pills to keep his bowels free, and to apply locally the ungt. deuto. iod. hydr. (grs. vj to ℥ j.) He was seen but twice afterwards, when he felt much better, and the eruption was improving.

The two cases of H. zoster, (both on the right side,) went through their course regularly under the use of laxatives, without any local application. Biett says, that this eruption affects the right side in nineteen cases out of twenty. In the only case which I noted last year, it was also on the right side. In a case in private practice in march last, it occurred on the left side.

7. *Scabies.*—But one case of this was seen, which did not return to the Dispensary after the first visit. Is not this troublesome and disgusting disease becoming less frequent every year?

8. *Impetigo.*—Of the eight cases of this, six were of I. sparsa, and two of I. figurata. But one of these attended regularly in his case, the eruption had commenced a fortnight before, and was increasing. He took five grs. blue pill at night, ℥ j. pulv. eccoprot. the morning after for two successive days, and ℥ j. salts on the third day. On the fourth day all the scabs but one were off, and no new pustules had appeared, and he was not seen again. On the second day of treatment, he had an eruption of erythema papulatum on the back of each hand, which disappeared at the end of two days. The other cases were seen but once.

9. *Ecthyma.*—Seven cases of this were prescribed for, three of E. simplex, and three of E. cachecticum. The other was a case of purulent collections on different parts of each hand, which, perhaps, did not properly belong to this class; they were seen but once; nor did either of the cases of E. simplex return after the first visit.

The first case of E. cachecticum was in a child, 14 months old, of a general cachectic appearance, wi h a bad appetite, and thickly coated tongue it had numerous ulcers on the legs, covered with dirty yellow scabs, on thickened inflamed bases, a large ulcer at the bend of the right foot, and an ulcer on the nates—it was ordered five grs. of hydr. C. creta at night, and rhubarb and soda mixture in the morning, and to have the sores washed with Castile soap and water, and dressed with simple cerate. The child had improved at the next visit, three days after, and at the end of three days more, was decidedly better in every respect—the ulcers had nearly healed, and no new ones had appeared, it was then ordered to continue the rhubarb and soda mixture three times a day, and to take a weak decoction of cinchona, and was seen but once after that.

The second case was in a man aged 40, recently arrived from Ireland after a long passage. When first seen, he was pale, and of a general cachectic appearance, with only a tolerable appetite, and a frequent (124) and a feeble pulse, and had the right leg covered with ulcers, surrounded by livid areolæ—also a thick yellowish scab on each knee, and one on each arm—he had also excoriations about the corona glandis, produced by the chafing of his trowsers, with considerable œdema of the prepuce, the whole glans and prepuce were of a livid red color. He took one grain of quinine three times daily, washed the ulcers and the excoriation with Castile soap and water, and dressed those on the leg with simple cerate—five days after, the excoriations had entirely healed, and also the sores on the arms, and the others were very much improved; six days after, he went to work, which was followed by œdema of the leg, and an irritation of the sores yet unhealed, the same means were then resumed, the leg was afterwards bandaged, and he was nearly well when last seen, although he had continued to work a considerable part of the time.

In the remaining case, the disease also affected the leg; but the patient was not seen after the first visit.

10. *Mentagra.*—Four cases of this eruption presented themselves, two only of which were seen more than once. One of these was seen but twice, he was directed to apply three times daily an ointment made with ʒ j calomel to ℥ j lard; and at the end of four days, the eruption was decidedly better. The remaining case was treated with the same local application with entire success; the patient taking at the same time, the pill for a few nights followed either by eccoprotic powder, or a mixture of rhubarb and soda with a minute portion of ipecac.

11. *Porrigo.*—Of the eight cases of this disease, three were of the species scutulata,

with the characteristic bright yellow, cup-shaped scabs, interspersed with spots of baldness of greater or less extent—the most intractable of all the forms of eruptive disease affecting the scalp. This is essentially the same as the P. favosa, differing from it only in the grouping together of the pustules. Of these, only two were treated, the other neglected himself entirely, and was seen but a few times. The local application was the same in both cases, the ointment of the deuto-induret of mercury, (grs. vj to ℥j. lard) applied twice daily, after removing the scabs by poultices. In one of these cases, the patient was seen but twice after this application, and though he had neglected himself very much each time, the improvement in the eruption was decided. The other patient was in attendance for a longer period, and was nearly well till he neglected himself, although irregular in attendance, and negligent in his care of himself; the disease covered nearly the whole of the top of the head, with numerous scattered pustules in different parts, and was of four years standing—he took at the same time a solution of iodine and hydriodate of patassa. My experience with the above article in this and other cases, encourages me in the belief that it will be found one of the most effectual topical applications in cases of this kind.

Of the other five cases, two were of the species granulata, and three of the P. larvalis, both forms essentially different from the one just mentioned, not contagious like that, and yielding much more easily and more rapidly to treatment; of the two cases of P. granulata, the first was treated by small doses of calomel and rhubarb at first, followed by a mixture of rhubarb and soda daily for some time, and the application of the same ointment, together with frequent lotions of soap and water; and was nearly well when he discontinued his visits to the Dispensary. The other was seen but twice, and did not receive the requisite attention at home.

Of the three cases of P. larvalis, or crusta lactea of authors, one in an infant, 13 months old, was cured entirely by poultices, frequent ablutions, and the application of the same ointment somewhat reduced in strength, (3 grs. to ℥j.) with the daily use of small doses of rhubarb and soda for a few weeks; the disease covered the greater part of the top of the head. The second case was seen but three times, and was improving under the use of hydr. c. creta at night, and rhubarb and soda mixture in the morning, with poultices, &c. The other case was so much neglected that no regular treatment could be followed, and it was only seen a few times. The obscurity in the minds of practitioners generally on the subject of diseases of the scalp, was alluded to under the head of eczema. Much confusion also exists among authors, respecting those of a pustular form more particularly. A mere difference in classification or nomenclature would be comparatively trifling, if it did not lead to much practical difficulty. My limits will not allow me to enter upon so extensive a field at present, nor would it come within the plan of this paper; as my design now is rather to give the results of experience than to enter into particulars, either of the causes of the different forms of cutaneous diseases, or of the diagnosis between them. A description of the varieties especially affecting the scalp, and the discriminating marks between them, together with an account of their causes and mode of treatment, may form the subject of a future communication.

12. *Acne.*—One case of A. simplex on the back and shoulders, connected with gastric derangement, was treated with success by remedies for the removal of its cause.

13. *Lichen.*—The fifteen cases of this order consisted of six of L. simplex, two of L. simplex with eczema, one of L. agrius, three of L. circumscriptus, and three of L. strophulus. Of these, four could be distinctly traced to a similar cause, viz: exposure to great heat—two of them occurring immediately after the great fire in December last, one of them following a burn, and the other produced by working in a type foundry. One of these cases presented several points of some interest. The patient was a strong man, 26 years of age. The eruption had appeared about six weeks previous, on the morning after the great fire in December, at which he worked very hard, and was exposed to intense heat; he had been growing worse since that time, he had a patch of lichen at the bend of each arm, inflamed and oozing serum, and the whole fore arm covered with papulæ—a large patch also on the lumbar region, which appeared three weeks before his visit: whole eruption itched very much at night, and also whenever he got heated; his bowels were costive, his appetite poor, and tongue covered with yellow fur, he was ordered 5 grs. mass. hydrargy every night, for three or four times, followed by rhubarb and soda mixture during the day, and to wash the parts affected frequently with the following solution: ℞ carb. potas. ℥ss. aqu. fo. ji. m. He returned six days after, much improved in every respect; the inflamed spot on the left arm was entirely gone, and the papulæ were every where disappearing; the wash relieved the itching entirely; he omitted taking medicine, and returned four days afterwards with the eruption rather more inflamed; his bowels were rather costive again, and his appetite poor, and tongue furred, with headach. These symptoms were prescribed for, and the former lotion repeated. At the end of two days more, the eruption was worse, and inclining to a coppery tinge, and itched very much, though he said that the sensation was different from what it was before; it was then found that he had impure connection the day after his first visit here, and that scalding and a purulent discharge from the urethra commenced shortly after his

last visit—he then took salts and drank freely of flaxseed tea for eight days; at the end of which time, the eruption was nearly all gone, and there was but slight discharge and very little scalding. He was then ordered a mixture of balsam copaiva, &c. Two days after, the running and scalding had entirely ceased, but the eruption was again aggravated at the bend of both arms, with itching—he was ordered to continue the same remedies, but was not seen again for nearly a month, when he returned to the dispensary with the eruption much worse than ever, both in severity and extent, with a variable appetite, &c., he had been at work for fifteen or sixteen days previous. He was prescribed for, but not seen again. Though disappointed in not being able to trace the farther progress and result of this case, it afforded instruction in some points. 1. The exciting cause—exposure to great heat. 2. The evident connection between the continuance of the disease and the disorder of the digestive organs—it nearly disappeared when the state of these was improved, and sympathised afterwards in their derangement. 3. The influence of the gonorrhœal infection, in lighting up the disease afresh when it had nearly disappeared, and the modification of its character which it produced. 4. The aggravation of the eruption by balsam copaiva after the gonorrhœa had entirely ceased, without any other appreciable cause. In the other case produced by the fire, the eruption appeared about the forehead, face, ears and neck—this patient also had conjunctivitis of the right eye; he was not seen after the first visit.

Of the other four cases of L. simplex, the eruption in one appeared in the arms, and a little on the legs, and was almost entirely gone at the end of three weeks, under the use of a mixture of rhubarb and soda, with the alkaline lotion—he was ordered a warm bath several times, but took none till nearly the end of the time mentioned, he came back some weeks after with a slight return of the eruption on the arms, and was prescribed for, and has not been seen since. Another had the eruption all over his body and limbs, but was only seen three times, and then at long intervals. Neither of the other two was seen more than once.

The case of L. agrius was in a man 62 years of age. The inside of each arm was covered with inflamed, patches oozing serum, and surrounded by district papulæ, and the whole of the abdomen was covered with a thick crop of inflamed papulæ, the whole itching excessively, and growing worse; he had applied a solution of salts to it; his appetite was poor, tongue thickly coated, &c, he was ordered five grs. mass. hydrarg. for two successive nights, and rhubarb and soda mixture three times daily, with vegetable diet, and to use alkaline lotion, (carb. potas. ʒj. aqu. f. vj. m.)—two days after, the itching was gone entirely, and the eruption very much improved in every respect, his tongue was cleaner, though still furred. The same remedies were repeated, and the eruption disappeared entirely at the end of three days more; two days after, however, there was an aggravation of the gastric symptoms, with an exacerbation of the cutaneous disease; the same remedies were continued, but he did not return again. Two cases of lichen on the body, with eczema on the hands, the latter resembling scabies very much, were prescribed for, but were only seen once or twice. In the case of another child with the same eruption, the mother stated that sulphur had been used both externally and internally, without success. Numerous cases have been seen this season, particularly among emigrants, of vesicular disease, affecting the hands, and sometimes the feet, which might have been mistaken for scabies; but which both the history of the case, and the result of treatment proved to be a disease of a different character, and requiring different therapeutic means.

Of the three cases of L. circumscriptus, the eruption in one was on both legs, in another on the forehead, and face and neck, and in the third, at the bend of each foot. The first case was in a man 51 years of age, a *moderate* drinker; there was a patch about five inches long, by three or four broad, on the front part of each leg, covered with a yellow, rough scab, with smaller spots around. An ointment made of calomel, and a small quantity of camphor was applied, which produced a decidedly favorable change in the eruption, and was continued a few days until his gums became sore, when he was ordered to discontinue it. An eruption of lichen appeared on the inside of each arm when his mouth became sore; he said that this effect of mercury had been produced three times previously, and that a similar eruption appeared each time and went off, as the effects of the mercury left him. At the next visit, four days after, both legs were worse again, and he then discontinued his visits to the dispensary.

The other two cases have been already alluded to, as having been produced by great heat. In one, the patient, a man 21 years old, worked in a type-foundry. The eruption began about three months previous on the forehead, and about a month after, extended under the chin, and to the right side of the neck; it also appeared sometimes on the arms, there had been for some time also considerable gastric derangement. He was prescribed for, and at the end of a week his general health was very much improved, and the eruption was fading. He continued his employment, and thus was constantly exposed to the exciting cause, and had, besides, neglected his general health, and did not return for a fortnight; when seen then, the eruption was worse, and he discontinued his visits.

The case at the bend of each foot was in a boy nine and a half years old, and was entire-

ly cured by the use of poultices, followed by calomel and camphor ointment, applied twice daily, though very much neglected.

Of the three cases of lichen strophulus, two were seen but once. In the other, in a child 15 months old, in which the whole back was covered from the shoulders to the nates, the child was very much improved, and the eruption had very much faded at the end of ten days, under the use of hydr. c. creta, (five grs) and warm bath every night, and was not brought to the dispensary again.

14. *Prurigo*—The only case of this seen was in a man 75 years old—the case was of some standing, and the patient suffered considerably from gastric symptoms; he was quite irregular in his attendance, and though materially improved, was seen too seldom to afford any chance of permanent relief.

15. *Lepra*—One case of L. vulgaris, was under treatment; but the patient was so irregular in her attendance, and the predisposition to the disease so strong, that no satisfactory permanent result was obtained, although the effect of remedies was evident. She was a married woman, 25 years old, had a fine fair skin, brown hair, &c. she had the first spot when she was 12 years old, which was cured by some ointment—the year after, it returned and was cured by similar means; the fall after, it broke out on the top of her left shoulder, and was extending—her left shoulder, and about two thirds of the arm were covered with irregular patches, with thin white scales, two or three distinct, and of an irregular circular form, the rest forming nearly one continuous patch over the shoulder and upper part of the scapula—some of the spots with elevated edges, and sound in the centre; a large spot also on the right fore arm, sound in the centre; she was directed to take one eighth grain of muriate of mercury, three times a day, with compound decoction of sarsaparilla, and to wash the spots with the following lotion—℞ creosote gtts. X. alcohol ʒ ij. aqu. font. ℥ iv. m. When next seen, thirteen days after, the eruption was decidedly better, though she had neglected the regular use of the remedies prescribed. She returned at the end of twenty seven days more, during the whole of which time she had taken no medicine, nor used any wash, and the eruption was evidently extending, and some new spots had appeared; she says that it had nearly disappeared when she left off using the remedies. After a long interval of neglect, she is now (Oct. 26,) under the use of muriate of mercury, and compound decoction of sarsaparilla, and the eruption is improving,

16. *Psoriasis*—Four cases of this were seen: one of P. diffusa, one of P. guttata, one of P. inveterata, and one of P. palmaria. The case of P. diffusa was in a man aged 32, of very intemperate habits, who had a large spot on his leg, another over the sacrum, and several in other parts of the body, some of which had commenced three months before; he had also a furred tongue, no appetite, costive state of bowels, &c.; he took at first calomel and rhubarb, and rhubarb and soda, two days after, and then commenced the use of quinine and elixir vitriol, three times daily. Creosote ointment (gtts. X to ℥ j) was applied twice daily to the eruption. Improvement soon began, and was very evident on the eighth day, when he came to the dispensary intoxicated, and was discharged.

The case of Psoriasis inveterata, also occurred in a man of intemperate habits, and was only interesting in showing the effect of an article which is but little used in the treatment of this disease; which, however, with suitable adjuvants of bathing, diet, &c. would doubtless have been successful in this case. The patient was a man 26 years of age, formerly a hard drinker. The eruption covered both legs and thighs, and the nates each side entirely, and both arms from the wrists to about one third the distance above the elbows; the head was also covered, and there were a few recent spots on the forehead; the general health was good, the bowels regular, pulse natural. He was put on the use of tincture of cantharides, beginning with a small dose three times daily, and increasing till some effects on the urethra were perceived. This effect took place in a slight degree on the 10th day—on the sixth day, his face was injected and the spots of eruption were more red, and less scaly; he continued to take the cantharides with no other sensible effect than slight dysury until the nineteenth day of treatment, when there was not the least pain in making water, but his face was red, and there was a general injected appearance of the whole skin; the spots on the forehead were of a brighter color, and more healthy, and less scaly, as were also those on the arms; the arms also felt less stiff than before; the eruption itched more than before he began the use of the medicine. All these results prove that this article has a decided effect on the capillaries of the skin, and of course, a tendency to promote their healthy action in cases of diseased secretion. On the forty first day of treatment, during eighteen days of which he took no cantharides, the eruption was evidently declining every where; it was all gone from his forehead, and was leaving his head—there were very few scales on his arms, and his legs and thighs were also better. At the end of eighteen days more, during a week of which time he took no cantharides, there was again a capillary injection of the face, body, &c. and the scaly character of the eruption was all gone, except in a few places, and no new eruption had appeared any where. After this, he used a creosote lotion with benefit, but was seen but a few times more. He was not heard of then for five or six months, when I saw him at the Bellevue Hospital, with complete paralysis of all his limbs, which had supervened after a course of Fowler's so-

lution, which he took for the cure of his eruption after leaving the dispensary. This patient was so irregular in his attendance, as well as in his habits, and so destitute of the means of procuring baths, &c. &c. that but little could be hoped from any treatment out of an hospital.

The only case of P. palmaria, was in a lad 7 years old. The disease began in the left hand about three months before, and when first seen, occupied the centre of the palm, and was partially extending on the back of it; he was directed to apply twice daily creosote ointment, (gtts. X to ℥ j)—the hand began to improve immediately, and was almost entirely well when he discontinued his visits; he took at the same time, rhubarb and soda mixture morning and evening.

The case of P. guttata, did not return after the first visit.

17. *Pityriasis.*—The only case of this seen was of the species P. versicolor, and affected the whole chest, and a part of the epigastric region. It was associated with chronic derangement of the stomach and bowels, for which the patient took a mixture of rhubarb and magnesia, for some time with relief. No topical application was made use of, and the eruption continued about the same.

18. *Lupus.*—Two cases of this were treated, both with success. One of these was of the variety called L. with hypertrophy by Biett, corresponding with the L non exedens of Rayer. This patient was a widow, 50 years of age, of scrofulous diathesis—general health good, and had been so always; menses ceased three years before, she had a circumscribed, indurated tumor, nearly circular, about two inches in diameter, of a dark red color, occupying the whole of the centre of the right cheek, with œdematous swelling between it and the eye; a thin yellow scab at the upper and outer corner of it, about four lines in diameter, and two yellow vesicular spots towards the upper edge: a spot about an inch in diameter, covered with thin yellow scabs, at the right ala of the nose, redness and swelling extending to near the middle of the upper lip—first perceived this about five months before; first noticed swelling in the cheek seven and a half months previous—feels twinging pain in it constantly; has also a dark red tubercle near inner canthus of right eye, which was ulcerating and discharging, and was covered with thin yellow scabs—had been there about six weeks. After free purging, 3 leeches were applied to the tumor in the cheek, and she commenced the use of the following, three times daily:—℞ Iodine grs. iv. Hydr. Potas. grs. vij. aqua. f. ℥ iv. m., and the face was kept constantly wet with a lotion of acetate of lead, (ʒ j to vj.) She improved very fast from this time, and at the end of twenty days, the superficial ulcerations had entirely healed, the tumor in the cheek was reduced to a small size, and the tubercle near the inner canthus of the eye was much less red, and one half its former size. The evening after that visit she was seized with chills, headache, &c. and when seen a week after, had an erysipelatous inflammation of the left cheek, extending up also on the forehead, with several large bullæ, the swelling, redness, and hardness of the right cheek were entirely gone, and the superficial ulcers were all healed, and the tubercle near the inner canthus of the eye nearly gone; the tongue was thickly coated, yellow, breath offensive, no appetite. She took a purgative of calomel and rhubarb, and kept her face wet with a lotion of acetate of lead, and the next day, the left side of her face was much better; the nose and part of the right side were now affected; the disease on the right side was limited by the former seat of the lupus. The lead wash was continued, and two days after, the erysipelatous affection had entirely disappeared. There were no remains of lupus, and she was discharged.

The other case was of a different form, and was of the variety called by Biett, Lupus which destroys the surface, and by Rayer, L. Exedens. The patient was a sailor, 26 years old, with dark complexion and hair, and enjoying excellent general health. He had the venereal 15 or 16 years before, but had never experienced any subsequent symptoms from it. He had an ulcer on the left side of his upper lip, of irregular shape, about the size of a sixpence, with jagged and indurated edges, and 2 or 3 tubercles above it of a livid color—they commenced about 3 weeks previous—were not painful—he had poulticed the sore and dressed it with red precipitate ointment. It was now washed frequently with Castile soap and water, and dressed with creosote ointment, it began to improve immediately, and scabbed over, after a short time—there was however, considerable hardness along the upper edge of the ulcer, with some redness and superficial ulceration, and also considerable induration about the lower angle of the mouth on the same side; three leeches were then applied to the indurated spots, and the use of a solution of Iodine continued for 13 days without any sensible effect of any importance on the disease; the induration had increased above the ulcerated spot, and there were several tubercles of the color of the skin about the lower angle of the mouth, about the size of a pea; a day or two after, he began the use of liquor potassæ internally, and at the end of 6 days, after having taken about ʒ j, the ulcer had nearly healed, and the inflammation and induration were both less; he continued the same remedy, 10 drops 3 times daily, for 2 days, and then increased the dose to 15 drops, and at the end of 13 days more, the ulcer had healed entirely. and the indurations had every where very much diminished; when seen again, after having taken 20 drops at a dose, the induration had almost entirely disappeared. He returned a short time since, after an absence of several weeks, and said that the disease went off en-

tirely, but was now beginning to return. The same remedy was repeated, and he went immediately to sea, and has not yet returned from his voyage.

19. *Syphiliticæ.*—Of secondary venereal affections, 24 cases have occurred. The form in 7 was papular, in 4 scaly, 4 ulcerative, 4 tubercular, 2 pustular, 2 purplish discoloration, and 1 ecthyma. Of the whole 5 were in infants; of which there were 2 with the scaly, with the ulcerative, and 1 with the tubercular form of the disease. One case in the scaly form was in a child, 13 months old, and the other in an infant 4 months old; the first was infected by a nurse, and the other received the infection from the mother; both were treated with hydray. cum. creta. (5 grs. every night at first, and afterwards every other night,) and the warm bath. In the first, the eruption was entirely gone on the 19th day of treatment, leaving only a discoloration. In the other case, the child was improving fast when it was attacked with measles, and not seen for a month; at the end of which time the eruption had entirely disappeared, leaving only a slight brownish discoloration, which was scarcely perceptible 8 days after, when the child was seen for the last time.

The 2 cases of tubercular affection were in infants, one 7 and the other 3½ months old. The disease in the first was received from the mother, who had been delivered of a dead child covered with an eruption, and appeared two months after birth. It first appeared about the lower part of the face, the legs and arms, and about the anus; but when brought to the Dispensary, the eruption had disappeared from every part except the chin and front part of the neck. The sores about the anus had never healed since their first appearance. This child took hydray. c. creta. morning and night for a few days, and then at night only. The sores were washed with Castile soap and warm water, and dressed with simple cerate. They had entirely healed on the 13th day, leaving nothing but redness. The mother also took, for some weeks, small doses of muriate of mercury with compound decoction of sarsaparilla, with much advantage to her own symptoms. This child had an eruption of strophulus intestinctus a few days after, which appeared and disappeared during 2 and 3 weeks,—and about three months after had it again, and also had a purplish discoloration of both thighs, similar to that seen in adults, which was gone when next seen. The hydr. c. creta. was continued, with occasional warm bathing, and the strophulus nearly ceased appearing in about a month, when the mother left off bringing the child to the Dispensary. The other case was more protracted, and much more severe. The disease first appeared four weeks after birth, and was communicated through the mother, who was infected in consequence of nursing a child three years before with a similar eruption, of which it soon after died. She had sores on her breast, and afterwards an eruption on her chest, arms, &c., which all disappeared after taking sarsaparilla, and using black wash. Said she was never salivated. She had suffered almost constantly since from rheumatic pains. The child was first seen between three and four months after birth. Its whole chin was then entirely covered with large superficial ulcers, extending also down under the chin. The lower part of the back and the nates were all covered with superficial ulcers, with elevated edges about the size of a shilling piece; the whole much inflamed. No sores elsewhere. Great congestion of the mucous membrane of the nose and posterior fauces, producing constant sniffling. Copper colored spots on the arms and legs. Child was feeble and emaciated; and the skin had that peculiar dirty color which characterises this infection. The mother was taken sick when the child was about three weeks old, and a nurse employed for it who had had charge of it ever since. She had ulcers of different sizes on both breasts. First noticed one on her right breast three weeks before. The eruption in the child had been under treatment by another physician since its first appearance, with little or no improvement. The nurse took 5 grs. of blue pill three times daily; and the child 5 grs. of hydr. c. creta, night and morning at first, and had the sores washed several times during the day with Castile soap and warm water. The improvement was evident in three days. Four days after commencing the use of mercury, the child was seized with convulsions, which recurred at intervals for two days, during and after which time, the medicine was suspended, and nothing used internally. The sores were washed frequently, and dressed with simple cerate or sweet oil, and healed rapidly, and were entirely well on the seventeenth day of treatment. The mercury began to affect the nurse on the third day; and its influence was kept up during the whole of the time the child was recovering so rapidly. The child continued well, and was gaining flesh, and improving very much in appearance during three weeks, at the end of which time it was again brought to the Dispensary, with the nates and upper part of the thighs of a deep red color, and thickly covered with a fine vesicular eruption which commenced two days before: there were also a few patches of the same on the face and chin, and back of the neck. It was ordered hydrar. c. creta again, with the warm bath every evening. On the 4th day the eruption had entirely disappeared, leaving the parts affected, of a very dull red hue: the child did not appear to suffer. As its tongue was thickly coated, it was ordered 1 gr. of calomel and 2 of rhubarb, at night a few times, with the warm bath. A week after, its nates, thighs, legs and arms, and the back of its neck and shoulders, were again of a dark red

color, and were covered with the remains of an eruption similar to the first. Its bowels were then kept free by a mixture of rhubarb and soda, and with the aid of an occasional warm bath, and a wash of decoction of hops, it kept constantly improving, and at the end of twenty six days, was entirely free from eruption. Its skin still continued unnaturally red, and there was considerable congestion of the mucous membrane of the nose; but the child appeared healthy in other respects, and was gaining flesh quite fast. In the course of the following two months, it was seen occasionally, and once or twice had a return of the vesicular eruption. Some time then elapsed without its being brought to the Dispensary, and on enquiry, it was found that the child had another attack, and the nurse was so much discouraged that she did not seek any farther relief, and the little sufferer died. On reflecting on this case, I feel confident that these repeated attacks of mercurial ecrema, (for such I suppose the eruption to have been,) were owing to the milk of the nurse, which should have been discontinued and another nurse obtained, or the child fed—but the mercurial treatment in her case had been discontinued so long, and no complaint of its effects being made, and every symptom of the infection gone, that such a result was entirely overlooked. Some weeks afterwards, however, she appeared again at the Dispensary with a large superficial ulcer on the inside of her lower lip, and her tonsils and posterior fauces covered with a thin white false membrane, accompanied by an unusual flow of saliva, all indicating the continued influence of the mercury. These symptoms soon yielded to a gargle of nitrate of silver, and the use of sulphate of quinine, and elixir vitriol for a short time.

The other infantile case, was in a mulatto child with ulcers on the head and sacrum, which died the following day. Nothing definite could be learnt respecting the history of the case.

Of the two cases of the tubercular form in adults one was in a man 30 years of age, who had a primary sore 8 years ago, and who had been twice salivated. He was successfully treated with deuto-ioduret of mercury; he had a sore at the left angle of the mouth, with deep fissures, with irregular, jagged edges, and thick yellow scabs There were several had red tubercles on his upper lip, which was also hypertrophied: he had lost the right ala of his nose, and the velum pendulum palati; his gums were rather tender, and somewhat ulcerated about the roots of the teeth, and his teeth rather loose. He took one eighth of a grain of deuto-ioduret of mercury in pill, morning and evening, with the compound decoction of sarsaparilla for twenty days, when his mouth became sore; his pains had then all left him, and the sores were healing. He then took one pill at night only, with the sarsaparilla, for nearly two months, when his mouth was well, the sores had entirely cicatrised, he was entirely free from pain, and complained of nothing but debility. After a few days use of quinine with much benefit, he was discharged cured. He returned, however, some weeks after, with a small ulcer again at the corner of the mouth, for which he was ordered the same medicine, and was improving; when he discontinued his visits for two or three months, and then returned with a fresh sore on the penis from a new infection, and some remains of the ulcer at the corner of his mouth, he had neglected himself, and phimosis had taken place. The fresh sore was treated with a lotion of nitrate of silver, with slow but gradual improvement, but the old ulcers became worse. He was then ordered muriate of mercury in solution, with sarsaparilla, and is now nearly well in every respect.

The other case of tubercular was in a patient who had chancres ten or eleven years before, and gonorrhœa about a year before; he had an ulcer on the epigastric region; another on the nates, a group of tubercles on his right cheek, and a few scattered ones elsewhere; he was seen but a few times, but was improving fast under the use of muriate of mercury, and compound decoction of sarsaparilla.

Seven cases of papular eruption were under treatment; four following gonorrhœa, as far as could be learnt, one succeeding superficial sores on the dorsum of the penis and glans, one succeeding a severe sloughing chancre nearly encircling the penis, and one following a sore in the vagina, the precise character of which could not be ascertained. But one of these patients had taken mercury, and his mouth was sore a week.

In the first case, the eruption had appeared between two and three weeks previous; the neck, breast, arms and upper part of the thighs, were thickly sprinkled with papulæ, mostly with vesicular tops, in groups forming either whole or parts of circles—it was accompanied with œdema of the left leg and ankle, and of the upper eyelids, and with obstinate costiveness. A purgative of equal parts of jalap and cream of tartar for three successive mornings, with one or two warm baths and a stimulating liniment for the leg, removed the swelling entirely in three days, at the same time that the eruption began to fade. At the end of three days more, he began the use of the muriate of mercury in solution, and sarsaparilla; and in thirteen days, the eruption had entirely disappeared, leaving only a slight discoloration.

The second case following gonorrhœa, was seen four days after its appearance. The patient was ordered to take every four hours, a table spoonfull of a solution of two grs. of tartarized antimony in ℥ viij. of water. When seen two days afterwards, the eruption was fading—the same solution was again ordered, and he was not seen again until after a long time; he then stated that the eruption soon went off, but the exact time of its disappearance could not be ascertained.

The third case was complicated with Iritis; the eruption had appeared five months before and disappeared, and had now returned about three weeks previous. The face, back and limbs were thickly covered with characteristic papulæ. The patient took pills of calomel and opium, at first, three times daily, with other means to combat the affection of the eye, and then four times daily. The eruption began to fade before the mouth was affected, and was all gone on the fourteenth day of treatment.

This led to the treatment of two cases by giv-

ing mercury so as to affect the mouth at once, where it had not been previously taken. One of these, a married female, 40 years of age, had a papular eruption thickly on her face, and slightly on her body and limbs, which commenced about three weeks before—she had a sore on the vagina a few weeks previous; she was suffering from gastric derangement, for which she took a mixture of rhubarb, soda, and ipecac, with relief, though without the least effect on the eruption. She was afterwards ordered three grains of blue pill 3 times daily; her gums became tender, and the eruption began to fade in three days, and on the seventh day, she was prevented by the weather from attending, but sent word that her mouth was very sore, and the eruption entirely gone. She was directed to discontinue the mercury, and to keep her bowels open with castor oil. She afterwards made four successive weekly visits, at the end of which time she was entirely well, and retained no trace of the eruption, but a slight discoloration.

The other case similarly treated was in a man aged 42, who was discharged May 5th, cured of a very bad sloughing chancre, nearly encircling the body of the penis, which was treated with opium, strong nitrate of silver wash, and opiated cerate. He returned June 10th, with his body and limbs thickly covered with a papular eruption with vesicular tops; giving the whole body a red appearance, he had also pains in his limbs every afternoon. He took five grs. of blue pill morning, noon, and night, for three days, when his pains were less, and the eruption began to fade, although his mouth was not sore. His mouth became a little sore three days afterwards, when the eruption was fading very fast. At the end of five days more, making eleven days since the treatment was commenced, he was entirely free from eruption, and from all other symptoms of infection, and was able to resume his work. At the end of about four months, he returned with severe rheumatic pains, and a little scattered papular eruption, for which he is now under treatment.

The two remaining cases of the papular form were treated with hydrarg. mur. and compound decoction of sarsaparilla. Neither had taken mercury. In one case, the patient had nocturnal pains, superficial ulceration of the tonsils and throat, and a papular eruption on his breast, back, arms and thighs, which appeared three weeks previously. The eruption was fading fast in four days, and he was seen but once afterwards. The other had a gonorrhœal discharge four or five years before, and had an eruption on his legs which appeared eight days previous—and after taking the medicine two days, a papular eruption appeared on the face, and that on the legs was fading. This had disappeared in three days, and the other was declining fast when he discontinued his visits.

Three cases of the ulcerative form occurred in adults. The subject of the first case was a man 26 years old, who had a deep excavated ulcer on the back of the neck, and numerous others of smaller size on his head, and on different parts of the body. He had primary sores six months previous, for which he was under the influence of mercury about a fortnight. A month after they were healed, he had impure connection again, and they again broke out: he had nearly lost the use of his left arm from some remedy which he had taken, and was suffering from a furred tongue, poor appetite, &c. He was put on the use of muriate of mercury and sarsaparilla, and improved somewhat at first; but at the end of six days, seemed rather growing worse. He then took opium for a few days with considerable relief; and soon after, commenced the use of iodine in solution with hydriod. potas., which he took for eleven days with decided benefit. Some pustules which had appeared on his thighs began to fade, and the ulcers improved in appearance. He then became much worse again, was very much debilitated, had a violent cough, profuse sweats, great dyspnœa, frequent and feeble pulse, and every external mark of confirmed hectic. He was put on the use of sulphate of quinine with elixir vitriol, and the next day went into the country. He returned about ten days after, so much improved in every respect, that I hardly recognised him. He had gained considerable flesh, was free from cough, and felt able to resume his work. Some of the ulcers had healed, and others hed assumed a healthy appearance. This favorable state did not continue, however, after his return; and after resuming the use of the quinine, he was again sent to the country, and has not since been seen.

In the second case of the ulcerative form in adults, the primary sore had existed between 9 and 10 years previous, for which the patient was kept under the influence of mercury two or three weeks. He had suffered from different secondary symptoms, and had been in both the City and Bellevue Hospitals; and for ten months preceding had been obliged to give up work altogether, and could not walk without the aid of crutches. Nearly the whole of the left foot was covered with ulcers of different sizes, and was of a deep purplish color and swollen. He had also a large ulcer on the back part of the leg, and a large abscess just above the ham, which he first perceived about two months before. He had also three ulcers on his face, and a large purplish patch on the left shoulder, with six or eight ulcers covered with yellow scabs. He was ordered $\frac{1}{8}$ gr. of muriate of mercury three times daily, in solution, in half a tumbler of compound decoction of sarsaparilla—to bathe his foot and leg in warm water every evening—to wash the ulcers first with castile soap and warm water, and then with black wash, and dress them with strong citrine ointment. He began immediately to improve, and at the end of twenty-six days, nearly all the sores had cicatrised, and no new ones had appeared; and at the end of eight days more, he was so nearly well that he went to work, though contrary to my wishes. Soon after resuming his work, he was very irregular in taking his medicines, and soon neglected himself almost entirely, and the sores about the foot began to reappear. They soon became worse, and he attributed their return to the remedies which he had taken, and I could not prevail on him to submit to any further treatment; and after repeated solicitations

entirely without effect in changing this determination, I discontinued my attendance.

The remaining case was a man of intemperate habits, who had syphilis the year before, but of whose history I could learn nothing. He had ulceration of the edges of the upper lid of each eye; a piece was removed from the centre of the right: he had also ulcers on the other parts. He was seen but twice.

Two cases of the pustular form occurred, both of which were treated with success with muriate of mercury in solution, and compound decoction of sarsaparilla. The eruption in one had appeared four weeks before, and in the other between two and three weeks, and was extending in both. In one, the mouth was sore about six weeks. In the first case, the eruption began to fade in five days, and at the end of a month was nearly gone, and no new had appeared. In the other, the old eruption was fading every where in four days, and new pustules ceased to appear; and at the end of a month, the whole was nearly gone. He was seen but twice between that time and the end of another month, when nothing remained but discoloration. This patient had also ulcers in the throat, an abscess in the axilla, and rheumatic pains, all of which were either cured or relieved when he discontinued his attendance.

But one case of syphilitic scaly eruption in an adult presented itself, which followed a chancre near the frænum six months before. There was a small oblong indurated protuberance in the place of the sore. He said his mouth was sore about a fortnight, teeth loose, &c.; soon after sore appeared: his whole body and limbs were covered with a well marked copper colored scaly eruption. He did not return after the first visit.

Two cases of purplish discoloration were seen. In the first, the patient had been salivated twice; he was ordered hydraag. mur. and dec. sarsapar. comp., and was not seen again for sixteen days, when the natural color of the skin had returned. The other case occurred in a patient whose mouth had been kept sore for two weeks; the same remedies were employed, but no notes were kept of the progress and result of the case.

The only remaining case belenging to this class, was of a patient with two or three spots of ecthyma, and a few vegetations about the anus, and on the prepuce. He was seen but twice, and had nearly recovered on the second visit.

As the affection of the skin in the majority of these cases was associated with other secondary symptoms of syphilis, any further detail belongs rather to the second division of my report,—venereal diseases in general. One or two remarks, however, may be made in this connection. And first, on the protecting power of mercury as shown by these cases. Out of 19 which occurred in adults, 9 had taken mercury so as to affect the system, two of them twice. In one, the mouth was sore a week only; in two, eight or ten days; in four, a fortnight; in one, two or three weeks; and in two, five or six weeks. Secondly—On the connection between the primary sore and the form of the eruption. Of the 7 cases of papular eruption, 6 succeeded either simple gonorrhœa or superficial sores on the dorsum of the penis, or on the glans; and the other a sore in the vagina, which healed with very little, if any, treatment, and hence was of the mildest form. The only case of scaly disease in an adult followed a sore near the frænum, in the place of which was an indurated spot, such as succeeds the chancre with indurated base when the constitutional influence of mercury has not been continued long enough.

Practical Remarks.—In most of the cases of venereal eruptions which are seen at a public charitable institution, the physician has to contend, in the first place, against the disadvantages of previous bad treatment or entire neglect, and afterwards, the want of those auxiliaries so important in all cutaneous affections, proper diet, cleanliness, regularity of habits, and particularly baths, which but few of the patients have the means of procuring at all, and from which those who do take them, derive but very partial advantage, from their infrequency, or their ignorance of their proper management. The constitutional remedies found most effectual, and, at the same time, most easily managed, were muriate of mercury and the compound decoction of sarsaparilla, most usually together, sometimes one or the other alone. Local applications were only used in the ulcerative form; and in such cases, warm water and Castile soap, with simple cerate, frequently answer every purpose. In other cases, the black wash, with citrine ointment, may be substituted. Where mercury had not been previously taken, the affection of the skin in some cases disappeared rapidly when the system was brought under its influence quickly. In most of the cases, gastric symptoms required attention before the appropriate remedies were resorted to. When tonics are indicated, the solution of the muriate of mercury in compound tincture of bark, or of gentian, may be used, or the sulphate of quinine with elixir vitriol may be alternated with the mercurial used. The muriate of mercury was always used in solution, $\frac{1}{8}$ of a grain three times daily, in half a tumbler of the compound decoction of sarsaparilla, when that remedy was also used. The patient was directed to mix them at the time of taking them.

Purpura.—Three cases of P. simplex were seen; two of them but once. The first patient, a man 32 years old, had a large patch on the abdomen below the umbilicus, extending nearly to the iliac region on each side; also patches on his shoulders and in each axilla, and several well defined small circular spots on both legs and knees. He first noticed them the same morning he applied at the Dispensary. His gums were livid, tender, and ulcerated round the teeth, and subject to hemorrhage; his tongue slightly furred, and breath offensive. He was ordered to take 5 grains of blue pill immediately, (10 a. m.,) and ʒj. of equal parts of rhubarb and magnesia in the afternoon. The next day he felt better, and the old eruption began to fade; but his whole back was covered, as far as the lumbar region, with scatterd patches arranged so as to form one tolerably regular

circular patch; and there were several more of the small circular spots about his legs and knees. He was then ordered half a grain sulphate of quinine in solution three times daily. The following day the spots every where had faded very much, and no new ones had appeared, and he felt much better. He was ordered to continue the quinine, and to use a wash of chloride of soda for the ulceration of his gums; but did not return to the Dispensary again.

Of the other two cases, one was a lad 17 years of age, with livid and spongy gums, from which he had occasional hemorrhage, and a furred tongue, inordinate appetite, &c. He had recently arrived from sea. The affection was confined to one leg, the lower part of which, and the ankle, were œdematous and erysipelatous. The other was in a man 36 years of age, of large size, and very muscular, with black hair and dark complexion. He had been working in a cold and wet place. The whole of the back part of the right thigh, knee and leg, was covered with large purplish patches of irregular size, color not disappearing on pressure. He first felt pain in his thigh, and noticed the discoloration of the integuments four days before, and it had gradually extended since. He felt some pain in walking: the leg and thigh were much swollen, and the ankle and foot œdematous. His general health was very good; pulse 90, strong and full. Neither of these patients returned after the first visit.

Two cases were not classified. One of these was a negro, who had the whole of his body and limbs covered with scabs of every variety; some of impetigo, others like those of purigo, which he said were the consequence of lice which he first had on him three months before. He had been worse. He was seen but once.

The other was a very slight one of a superperficial ulcer, with an irregular granular surface, on one of the fingers, with a fissure between that and the adjoining finger, and a small superficial abscess on the other hand. He had also a small pustule of impetigo on the right thigh; he had gonorrhœa very slightly about two months before. These sores soon healed with poultices, followed by creosote ointment.

To be Continued.

Agreeably to a notice given in a former number, we commence the publication of cases selected from a journal kept by the late Dr. Howell, of Princeton, New Jersey. Owing to the manner in which the cases are noted down in the journal, we regret our inability to do that justice to our departed friend we could have wished. We are therefore compelled to pass over many interesting cases, incidents, &c., that came under the special notice of Dr. Howell, in his extensive practice, as no one but himself could have prepared them for the press, which we know it was his intention to do, had life and health been spared him.

We take this occasion to present a few observations to our readers, in relation to the importance and value it would be to medical practitioners generally, to keep a journal, and note down the interesting cases that come under their notice, with the mode of treatment, &c. Were the medical profession to adopt this plan, we have little doubt, but that in a practical point of view, this journal would be much more valuable to them than many of the medical volumes daily teeming from the press.

We know a distinguished physician in the country, who had an extensive practice for more than forty years—whose rides were long and tiresome, over bad roads, &c.; notwithstanding which when he returned to his office, he would carefully note down in a journal his interesting cases, with the symptoms, &c. His office was generally filled with medical students, and few physicians turned out so many valuable practitioners—(in proportion to the number of students,) owing in a great measure to the journal he kept of his practice, from which he instructed his pupils. Indeed we have heard several of them, now graduates of our first medicel schools, and practitioners of the highest respectability, say that they "received more practical medical information from their preceptor, and his journal, (which was their office text book,) than all the lectures they had heard at the University." We might mention other circumstances to show the importance of the medical profession keeping a journal of their interesting cases, &c.

Eds. U. S. Journal.

ARTICLE II.—*Two cases of Puerperal Fever, from the case book of the late* SAMUEL L. HOWELL, M. D. of Princeton, New Jersey.

Puerperal Fever.—CASE I. Mrs. C. æt. 37, was confined with her sixth child, early on the morning of Saturday, 22d Dec., after an easy labour of seven hours. The placenta came away in about twenty minutes after the birth of the child, being detached by uterine contractions. She continued perfectly well throughout Saturday, until 12 o'clock on Sunday, when she complained of colic, which soon after became violent, and for which Tr. Opii. acetat: gtt. xxx were directed to be given in a small tea spoonful of tr. camphorat. and to be repeated in an hour if the pain did not subside. The pain lasted two hours or more, when she had a very copious bilious discharge. After this she became perfectly relieved. She passed a good night, and at my visit on the following morning, expressed herself to be "pretty well," with the exception of occasional after pains, which had teazed her more or less. This visit was made early, and although she appeared so well, there was a quickness of the pulse which gave me some uneasiness. I saw her again about noon, when there was a return of the pain of the preceding day. I

first prescribed castor oil and tr. opii, but I soon ordered the oil to be given alone. Of this she took between two and three ounces, but without effect. The pain continuing, and the bowels remaining costive, I ordered salts, and finally Seidlitz powders, mixed with lemon juice. Previously to the exhibition of part of the above, I bled her ad ℥ x vj. her pulse having become active; and the blood presented a thick coat of congulating hynph. The cathartics operated in the course of the night pretty well, but not until repeated injections had been administered. She took in the course of the day, also calomel in x. gr. doses three times. Fomentations of hops were constantly applied to abdomen.

Tuesday 25th. — Saw her several times; pulse very frequent, say 130 to 145 in minute—small and corded. Bowels being pretty well opened, did not give cathartic in the morning. In the afternoon, gave Seidlitz powders, with lemon juice—ordered lemonade, and acidulated barley gruel. Evening, pain and soreness of abdomen increasing, I took from her ℥ x vij. of blood: at 10 o'clock, applied cups to the abdomen which relieved for a time the severity of the pain. The pain having returned, I applied a blister over the whole of the abdomen, and gave through the night, the following—

℞ Tinct. Opii acetat.	ʒ j.
Ammon Carb.	ʒ ss.
Aquæ. misce.	℥ iij.

To take a dessert spoonful in as much lemon juice every hour till the pain is relieved. Ordered a spirit bath, by wringing out part of a blanket in hot spirits, and applying it over the abdomen and limbs. This was a matter of compromise; for I proposed a general spirit bath, to which the patient would not consent.

Some irritation of bladder, and difficulty of urinating—urine turbid and very offensive; but *lochiæ from the first free, natural, and without any unusual smell.*

Slept none this night, owing to violence of pain, which was increased by every convulsive movement of diaphragm or abdominal muscles. Some tumefaction of abdomen appeared about this time.

Mrs. C.'s breasts throughout were remarkably flaccid; no secretion having taken place, although the child was applied as soon as she recovered from the fatigue and exhaustion of the labor; and this was ordered to be repeated at suitable intervals. Here I should notice, that once she complained of feeling chilly; and this sensation lasted so long, as to amount to a chill commonly so called. But as this is of frequent occurrence about the period of the lacteal secretion, I did not hesitate to ascribe it to that cause.

Wednesday, 26th. — Disposed to sleep, in consequence of the opium taken through night. This was permitted, with no other interruption than the occasional renewal of the fomentation and the administration of medicine.

Abdomen by 10 o'clock considerably swollen. Bowels not having been moved for some hours, gave of calomel grs. vj q. h. She could not retain other medicine.

Drowsiness increased as day advanced. Some tympanitis. Less sensibility of abdomen. Pulse small and very frequent (150), but strength not much impaired. Feared approaching gangrene, and prescribed following:

℞ Sp. Terebinth ʒ j.
Ol. menth. gt. j.
P. G. Arab. & Saech. alb. q. s.
Aq. ℥ iij. misce.

To take a dessert spoonful q. h. P. This was given a few times; but as it appeared to cause increase of heat, it was discontinued.

Bowels were moved by injections.

Towards evening became delirious, and soon afterwards comatose. The circulation in the extremities being rather feeble, ordered sinapisms to feet, and decoction of Spanish flies in spirits of turpentine rubbed freely on the extremities. This, after a time, had the effect of arousing her; and by the following morning, (*Thursday, 27th,*) she became perfectly sensible. Her pulse this morning less frequent; temperature of skin more equable; for her extremities were inclined to be cold before the use of the Decoc. Lyt. The tumefaction of the abdomen had diminished. She was more sensible of pain, or rather soreness, which she did not feel last night, not being sensible even of the rubbing over the blistered surface. She inquired about the affairs of the family, and about her children;—requested her infant to be brought to her, and manifested much maternal solicitude about it; and actually sat up and brushed her teeth, and had her hair combed out. She took through the fore part of this day, pills of Mass. Hyd. gr. j. Op. gr. ¼. misce.

By-noon she began to complain of severe pain in her left side between the ribs and hip, for the relief of which a small blister was applied on the already blistered surface, the spirit fomentations being continued. Soon after this her stomach became sick, and the turpentine julep was resumed; but this not affording relief, she took lime water and milk in equal parts, her thirst being great as it had been throughout her disease.

The symptoms of the morning gave some ground of hope that the disease might yet yield, but these were delusive. By 2 o'clock she began to decline. The pain soon left her. She sank rapidly, and at 10 o'clock she expired.

Remarks.—Mrs. C.'s constitution seems to have been defective. There appears to have been a predisposition to disease of the bowels. In one of her previous confinements she was threatened with this disease; and two months ago she was attacked with violent pain in the bowels, accompanied by sickness and vomiting, which threatened alarming consequences. On the first occurrence of pain on the present occasion, she assured me it was the same she then pexerienced.

I regret that venesection had not been resorted to earlier, and more freely the first time. Before Monday morning, neither the evidence afforded by her complaints, nor her general symptoms, would have warranted the measure.

The lochia never ceased till Wednesday evening, but the discharge returned again on Thursday morning, and continued part of the day.

Mrs. C. manifested great solicitude about her infant.

Her bowels were obstinately constipated from the first.

From her symptoms towards the close, I believe her case terminated in gangrene.

The copious bilious discharge which followed the first attack of pain on Sunday, deceived me as to its cause, as I was disposed to ascribe it to an excretion of acrid bile from the liver.

Case II.—Mrs. H. was attacked on Thursday morning, July 2d, with a slight affection of the bowels, in consequence of having eaten on the preceding night just before going to bed, a few gooseberries. This affection subsided in a few hours; but towards noon, pains of a suspicious kind (which had been felt in a slight degree the day before) began to occur, which increased as the day advanced, and by two in the afternoon, it became quite obvious that labour had commenced. This process advanced through its regular stages, and was happily completed in the same afternoon. The uterus soon contracted, and without much "after pain," until eight or nine o'clock, when it became somewhat distressing, and the following prescription was given.

℞ P. G Camph ℈. j
Sacch. Al. & P. C. Arab. aa. ʒj.
Aquæ ℥ iss. Tr. opii gtt. XL. misce.
Take ʒ iij q. hss. till relieved.

Two doses of this prescription were taken, which gave great relief, and were followed by a comfortable night's repose.

Friday, July 3d.—Much refreshed—some pain, but not more than usual. Bandage kept tight. Lochiæ natural. Child has been to breast several times, but no indication of the secretion of milk.

Saturday, 4th.—Rested well last night, but has slight headache. Pulse a little quickened, but does not complain of more than ordinary indisposition. Advised a dose of salts or castor oil—preferred rhubarb and magnesia. Gave about 10 A. M. the following:

℞. P. Rhei. grs. x vj. Magnes. ust. grs. xxiv. Ol. An. gtt. ij. misce. and ft. pulv. This operated about six o'clock, producing two pretty free discharges.

Complained all the afternoon of cold feet; and immediately after the last discharge, she was seized with a chill which lasted an hour or more, and was followed by fever, pain in the head, and an increase of pains in the hypogastric region. She now informed me, for the first time, she had felt these pains at times through the greater part of the day, but she thought they might be caused by the medicine.

Her breasts had begun sensibly to enlarge; and I felt in hopes for a while, that these symptoms were the effect of that change which generally occurs at the commencement of the secretion of milk. Ordered fomentation to the hypogastric region, (flannels wrung out of hot Camph. Sp. with Tr. opii.)

At nine o'clock pains increasing. Complains of great soreness in the uterine region. Skin hot; pulse 110—small and *quick*. Still complains of occasional rigors. Most easy on her back, with limbs slightly drawn up. Has a sense of throbbing in pelvis; pain extends down the thighs. Uterus contracted, but rather larger than usual—feels *hard*—very sensitive to pressure, so much so, that she cannot bear it pressed upon. Abdominal parietes soft, but a little tender. Lochial discharge *very slight*. Fearing something more serious than the fever usually attending lactation, I had recourse to v. s. ad ℥ xvi., which produced an approach to syncope, as she was propped up in bed while bleeding. Blood corroborates the evidence afforded by other symptoms of incipient inflammation, most probably of the uterus.

Pains abated for a little time, but soon recurred with increased violence. Likens then to labor pains. No increased discharge of lochia during pains.

Ordered following enema
℞. P. G. Camph ℈.
Mucilag. myli. ℥ iss.
Tr. Opii. ʒ misce..

Just before this was exhibited, had a third operation from her medicine, caused probably by bleeding.

Injection soon came away, and with it a fourth pretty copious discharge from bowels, followed by some respite from pain.

Eleven P. M., more easy; skin less hot; pulse more open, but still active and frequent—less thirst.

Pains continue to recur at intervals, but with much less violence. Indeed she acknowledges herself much relieved.

Being fully satisfied that the disease is incipient hysteritis, and hoping to unload the congested vessels of the uterus by further irritation of the bowels, directed an enema of strong salt and water sweetened with molasses, to be administered pretty warm, with a view to its effect also as a *topical warm bath* in bringing about an increase of the lochial discharge.

The injection was partly retained, and produced no fœcal evacuation. Stomach occasionally very sick.

Some increase of lochiœ.

Twelve o'clock commenced giving the following:

℞. Sal. Epsom. ℥ j. Magnes. ust. ʒ i misce et in chart. iv. div. q. h. sec. sumend, drinking freely after each dose of cool lemonade.

Sunday, 5th.—Four o'clock a. m. Has had little or no rest. Complains that the pain has got higher up. More fever. Pulse small and quick (120); thirst urgent. Has taken two portions of salts and magnesia without any effect, gave a third. Bowels seem a little more distended, but no hardness or increase of soreness. Secretion of milk checked.

Six o'clock a. m. Restless and uneasy—has not slept. A bewildered state of mind. Great thirst, and some increase of fever—*V. s.* ad ℥ xiv—blood flowing with difficulty. It is remarkable that the veins in both bleedings were tardy in filling; and although a large orifice was made, in both instances the blood flowed slowly, too slowly to produce that decided impression on the system which was desirable. Sickness, however, was produced on both occasions; and some little moisture of the surface

on the last, soon after which she felt a disposition to sleep.

Eight o'clock. No operation. Directed ℥ j. strong infus. sennæ with sal. Ep. and ext. glhyc. to be given and to be repeated every hour till it operates. Half an hour after had two slight discharges of fluid resembling molasses and water.

One o'clock. Bowels have been frequently moved, and small watery discharges with great relief have been the happy result.

Three o'clock p. m. Skin slightly moist—pulse less frequent—a subsidence of all pain, and nearly all soreness. Lochiæ restored—some milk in breasts; and uterus, which must have been greatly enlarged last night, is now shrunk away to a size so small as scarcely to be felt through the abdominal parietes.

Six o'clock p. m. The cathartic still continuing to operate to the extent of worrying and weakening, and the evacuations manifesting some depravation of hepatic secretion, (they have the appearance of molasses and water,) directed the following. ℞. Calomel grs. ij. Pulv. opii. grss. Pulv. Dov. grs. x. P. g arab. grs. xij. Ol. Ain. gtt. ij. misce and in ch. iv. div. To be taken every two hours. The first powder caused delightful feelings—a disposition to sleep, and a fine *warm perspiration.* Pulse soft and less frequent.

Monday, 6th.—Greatly relieved. Rested delightfully. Scarcely any pain. Some little soreness. Womb shrunk to its proper size. Skin cool and perspirable. Pulse, though frequent, soft. No thirst. Some little increase of the milk.

Two o'clock. Complains of a little pain in the right hip, which recurs at intervals. Thinks there is a little more soreness and tenderness. Directed applications of hot camphor to abdomen; continue powders.

Six o'clock. Pain has increased: compares it to the boring with a gimblet in the hip. It is not continual, but recurs at about the same intervals as afterpains, and probably proceeds from same cause—uterine contraction, superadded to the tender irritable state of the organ, caused by its late inflammation. Lochiæ less free. Several bilious evacuations through day. Ordered her to be placed over the steam of hot infusion, which gave some relief; and the following powders: ℞. Cal. grs. ij.; op. grss. Pulv. Dov. and Nit. Potass. aa grs. xij.; misce et in chart 10 q. h. tertia sumend. These caused moisture of skin, a freer and open pulse, and gave great relief. Emplast. Pic. Burg. et ung. Lyt. to seat of pain.

Tuesday morning, July 7th.—Rested pretty well, but still feels pain, which is now located in right groin, and recurs spasmodically. Pulse feels soft, but rather too frequent and contracted, but skin of natural temperature. No medicine; diet—weak chicken water with rice.

Wednesday, 8th.—Convalescing—no fever—some appetite—chicken soup made plain.

Evening.—Complains of some increase of soreness and pain, confined to right groin. Applied scarificator and cupping glass, afterwards a blister.

No movement of bowels to-day. Gave Cal. grs. iv; Pulv. op. gr. ¼.; P. Dov. grs. iij.; Nit. potass. grs. iij, at late bed time.

Thursday morning, July 9th.—Rested illy, in consequence of the opium. Blister drew well. Pain and soreness much relieved. Bowels freely moved—voided the skins of gooseberries taken one week ago, which then caused a disturbance of the bowels.

Afternoon. — Decidedly convalescent. No pains, and but little soreness. Calomel of last night produced three *excessive* discharges from bowels.

From this period her recovery was progressive, but rather slow. An irritable state seemed to succeed to the exhaustion, caused by disease and depletory remedies, which was removed by the use of the infusion of Cort. Prun. Virginian.

ANALECTA.

Method of removing Particles of Iron from the Cornea. The Revue Medicale for August contains a short extract from Hufeland's Journal, recommanding the use of dilute muriatic acid as a wash for this purpose, by M. Krimer. Although we would not recommend the surgeon to trust to this means for the removal of the particles of iron so frequently driven into the cornea of workmen in our manufactories, forges, and workshops, much advantage may be derived from washing away the rust which sometimes remains in the wounds with the proposed acid. Dr. Jacob, in a paper in the Dublin Hospital Reports, mentions the occurrence of permament stain of the cornea from this accident, in consequence of the particle of iron being permitted to remain in the wound until ulceration was proceeded, and the rust became entangled in the texture of the part. In such a case, after lifting the speck of iron from the wound with the point of a fine needle, if any discoloration remains, the part may be washed with a camel's hair pencil dipped in a mixture of ten drops of the acid to an ounce of water.—*Dublin Journal.*

Cases illustrative of the effects of Iodine, used externally. By A. Campbell, M. D.

The value of Iodine, as a remedy in discussing glandular tumors, be they of a peculiar nature as Goitre, or depending on a scrophulous habit of body, is firmly enough established among the European portion of the Medical world. The fact is sufficient for all purposes of relieving a portion of human misery. As to the mode of its action, it is now, and probably will remain, as inexplicable as most other phisiological phenomena. I shall not bother myself, you, or your readers, with mistifying attempts at satisfactorily accounting for the curative powers of the drug, through the means of an explained *modus operandi*, but note the few cases of my small experience, to be added to those of other people.

Case 1st.—May 10. Narayani, a Hindoo female, aged 25, of good caste, very fine complexion, large and prominent jet black eyes, the mother of one child, and marked with the pits of small-pox, has swelling of the glands on both sides of the neck, with ulceration of those on the left side, and copious discharge of white curdy pus. Six months ago after her recovery from the small-pox, and two months, after the birth of her first and only child, the enlargement of the glands commenced. The right swelling went on slowly, and without pain; the left one increased rapidly to suffocation, and the ulcerated surface now is three inches long and two inches in breadth: the glands under it hard, and much enlarged:—general health excellent; slight redness of conjunctiva of both eyes, with weakness of sight. Pledgets with ointment of hydriodate of potash to be applied to both sides of the neck, with poultices over them. To take 10 grains of the compound rhubarb pill every night.

May 15th. The entire gland softer and much reduced in size; the ulcerated one became very painful the day after the application of the ointment, when, the ointment was reduced in strength. Now the discharge is diminished; is not so scrophulous-looking and the ulcerated surface is clean, and the edges of it are beginning to smooth down: body of gland softer and smaller. Continue remedies, omitting poultices.

22d. The ulcer has gone on healing and the glands diminishing since last report; swelling of entire gland gone; ulcerated surface looking well, but rather indolent. To be dressed with the ointment—of original strength. The pills every second night.

30th. Ulcerated surface skinned over and much smoother than cicatrices of the like generally are;—swelling of the gland gone, and the lady is well pleased at the change from loathsome sores to healthy cuticle.

Case 2d. A Nipálese soldier, aged 24, who has been under my care for the last two months for the cure of chronic ulcers on the right leg, is still afflicted with some of the ulcers round the external ancle. He is not, apparently, of a scrophulous habit. I have tried adhesive strap, bandaging, and the lunar caustic treatment, with success in the ulcers on the tibia and calf of the leg, but not in those lowest down. Will try the iodine.

June 4th. Dress the ulcers with the hydriodate of potash ointment, and apply cotton roller up to the ulcer.

June 12th. The ulcers are much improved in appearance; firm granulations are springing up and the edges all smoothing upwards. Continue.

24th. No retrogradation; healing has gone on regularly, and he is now quite well.

Case 3d. This is an anomalous sort of affection A Mussulman lad about 18, had been for many months affected with fetid small ulcers, about the edges and insides of the nostril. I had used various washes and unguents; under the use of a strong solution of the sulphate of qina and the citrin ointment; the sores healed several times, but as often returned. I smeared them daily with the hydr: of pot: ointment for a week; when they perfectly healed, and have not, as yet, (three months) returned.

Case 4th. Our fair countrywomen may take a hint from, and benefit by, the result of this case, despite of Rowland and his incomparable Kalydor. A young and pretty nautch girl was my patient. She had somehow or other (may be in an affray with a rival or a rude lover) got her forehead bruised and scratched; the wounded part had soon healed, but a spot the size of a sixpence remained *quite black*. She was fair to look upon for a native of our burnning plains, and vain as fair. The black spot was the temporary plague of her life;—she had used innumerable recipes, prescribed by natives, but without effect; when, at last she beseeched of me to remove the deformity. I gave her some of the hyd: of pot: ointment, to be rubbed on the spot, and to my surprise, and her great joy, at the end of a week, there was not a vestige of the discolouration. Ihave used the ointment three times since in cutaneous discolourations, with the same success.

The next and last case is not quite germain to its predecessor, but its result, if confirmed by further trials, would be of inestimable benefit in India, where horses are so great a comfort and where they are so subjet to diseases peculiar to the seasons of the year.

I have an Arab horse (most people have) who, for the last three rainy seasons, has had spots of *bursauttee* on the inside of the thighs and fore-legs; they disappear in November and return in July. This year, as usual, they appeared. About the middle of last month (August) I commenced applying a wash, made of equal parts of the tincture of Iodine and

water, morning and evening, to the sores, and in twelve days from the first application they were perfectly healed, and now their sites are nearly covered with hair. I have used nitric acid and sulphate of copper washes, but not with half the success of this iodine one. The fact may be useful to some readers whose horses are affected with this troublesome disease.

In the two first cases noted, and in a few others similarly treated since, it was necessary to watch the effect of the ointment on the ulcer. When it gives much pain, and appears to stimulate the ulcer too much, it is necessary to add lard or simple cerate to it. I make the hydriodate of potash ointment with two drachms of the hydriodate, to one ounce of simple cerate as the standard; to be made stronger or weaker as the effect on the ulcer may seem to indicate. *In. Jour. Med. Sci.*

II. *The discovery of Iodine* is one of the most valuable boons which chemistry has conferred on modern medicine. Important facts are daily occurring to strengthen its claims to the attention of the practitioner. A few years ago, and this remedy and quinine were unheard of! Does not this simple fact show the necessity that the medical man is under, of constantly keeping up his knowledge with the march of that noble science, of which the grand object, is the removal or alleviation of human suffering? The time is not far distant when in India, but few deemed it requisite to add to the stock of knowledge laid up in the schools. Indeed the means of self-improvement were, not many years back, comparatively scanty, while some lay the flattering unction to their souls that they knew quite enough for all useful intents and purposes, and that they could manage very well without involving themselves with new-fangled notions, or 'out of the way,' remedies as they conveniently considered them. ONWARD is still the word of the age, and the medical man must keep it in recollection, unless he pusillanimously consents to fall into the rear. Come what may, he must still continue to study and examine new facts and opinions. Not a week, not a month passes, but something occurs in the living history of the profession which he ought to know. Periodical works in medical science, are, we may say a part of medical armour. *Ib.*

III. *Calculous Diseases*, by JAMES MCRAE, *Assistant Surgeon, Horse Artillery.*

On the 8th of July, Gobindah, a native boy, 15 years of age, was brought to me from Bindrabun for advice, on account of a calculous affection with which he had been long afflicted, and the following history was given of his case; That he had been labouring under painful and difficult micturition for the last five years, but which within the last few months had increased to extreme torture—that a tumor made its appearance about a year since in the perinæum, close under the arch of the pubis, by a calculus having escaped from the bladder into the urethra, where it has remained ever since, exciting excruciating pain and difficulty in voiding his urine—that during the last two months the calls to empty the bladder had been very frequent and urgent, and that every effort to void urine had been attended with prolapsus ani—that the prolapsed rectum gave a great deal of pain and trouble in being reduced —and that the prolapsus occurred frequently, even as often as three or four times in an hour, so as to render his life perfectly miserable—the urine came away by drops and was frequently mixed with blood. Whilst I was listening to the above relation, the boy was seized with an urgent desire to make water, and I had an opportunity of witnessing the pain to which he was daily and hourly subjected in reducing the prolapsus ani. After much straining, a few drops of urine came away, and at the same time the rectum protruded and formed a tumor at the anus as large as both hands closed, and presented a bleeding and ulcerated surface. When the spasmodic action of the bladder had subsided, the boy commenced the operation of reducing the protruded intestine, in the way he had been in the habit of doing, by pushing up one portion after another, with a piece of brick which he found lying near him, moaning and crying all the time from the pain of the spasmodic action of the bladder. He presented a picture of extreme misery, haggard and emaciated, and though 15 years of age, he did not appear to be more than eight or ten. On examination, I found a tumor in the perinæum caused by a stone, about the size of a pigeon's egg, sticking in the urethra; a sound could not be passed beyond it, nor could the calculus be displaced in any direction; the tumor pointed chiefly on the right side of the raphé. I cut down upon the calculus and without much difficulty dissected it out from the attachments which it had formed to the urethra. The stone was of the size of a pigeon's egg, very rough and irregular and of a friable texture. To ascertain the condition of the bladder, I passed a sound through the wound in the perinæum into the bladder and there to my great surprise found several more calculi such as had just been extracted from the urethra. I now resolved on making an opening to the bladder, by extending the incision already made in the perinæum downwards, backwards, and to the right. The incision made for the removal of the stone from the urethra being on the right side of the raphé was the reason for my adopting the above line of practice instead of the usual incisions on the left side, as practised for the common lateral operation. A staff being passed into the bladder through the wound in the perinæum the external incisions were completed in the usual manner, and the bladder opened by

passing a scalpel along the groove of the staff in a direction downwards, backward, and to the right. At this stage of the operation some difficulty and awkwardness were experienced by being obliged to cut to the right instead of the left, and what increased the difficulty farther as the scalpel was being passed onwards, the rectum was forced down against the edge of the knife and protruded at the anus, by a violent straining effort, which could not be resisted by external pressure. This wound in the rectum caused some uneasiness at the time, but had not the slightest bad effect on the result of the case, for the boy is now quite well and voids his urine freely by the natural passage. A bullet forceps was then passed into the bladder, and several pieces of a soft, friable, greyish calculus, removed one after the other. There still remained small pieces which could not be removed, but afterward came away with the urine during the cure. The inner surface of the bladder felt to the finger very rough, and several pieces of the calculus appeared to be in some degree imbedded in its substance, or at least adhered to it, but I have no doubt that they were all washed out along with the urine. The boy stood the operation with great fortitude, although the forceps, and the protracted nature of the operation, caused an unusual degree of suffering. The boy was then sent to bed and had an anodyne draught given him. He recovered without a single untoward symptom and the case is interesting as it shows the facility with which wounds of the rectum heal up, and it also shows that the urethra may be laid open to a great extent without the apprehension of bad consequences in cases such as this.

Summary of the case during recovery.

July 9th 1834.—Slept half the night and he feels easy. Pulse not affected. Urine and small pieces of gravel passing by the wound and also by the anus. Bowels not moved since the operation. Sumat Statim, Ol. Ricini, ʒiv.

10*th.*—As his bowels were not moved by the castor oil, he took four cathartic pills in the evening, which moved his bowels freely during the night. Pulse small and rather frequent, but the abdomen is soft and free from pain. Admoveantur hirudines xv regioni hypogastricæ, et foveatur abdomen aqua calida frequenter.

11*th.*—Urine chiefly passed by the rectum. Pulse natural. Thinks that he is going to die and says that he is unable to swallow any thing. He is however doing well, and I made him swallow some water in my presence. His relations look on at a distance, and have an idea that as his "hulluck is bound" he must soon die. Introduced a female catheter by the wound into the bladder, and fixed it to the pelvis by means of pieces of thread fastened to its extremity, and thus made fast to the pelvis about the anterior superior spinous process, of the ilium, with sticking plaster. I found the catheter of great service during the cure, as it allowed the wound in the rectum to heal up, by affording an easy outlet to the urine by the wound in the perinæum.

12*th.*—Gravel and urine passed partly by the rectum and partly by the wound. Pulse good. Sago and conjee for diet. Female catheter still kept in the bladder.

13*th.*—Two thirds of the urine passed by the catheter and the remaining third comes by the rectum mixed with a little blood and pus. Bowels have not been moved during the last two days, and he does not get purgative medicines for fear of disturbing the healing of the wound of the rectum. Small fragments of stone occasionably escape by the wound of the rectum and also by the wound in the perinæum. Catheter taken out to be cleaned and then replaced in the wound. Diet—sago, milk and conjee. He has not been troubled once with prolapsus ani since the operation, and he is free from pain—wound looking well.

14*th.*—All the urine passed by the catheter and the boy is in good spirits and appears to be doing well. Bowels still confined.

Capiat Pil. cathart. ad No. iij. secunda quaque hora, donec alvus plene responderit.

15*th.*—His bowels were freely moved after he had taken 12 of the cathartic pills. P. nat. Skin cool. Appetite good—wound in perinæum healing. No urine passed by the rectum—Gravel still being washed out along with the urine at the wound.

17*th.*—Catheter withdrawn as no urine passes by the rectum. Wound in perinæum doing well. Appetite good, Bowels regular. P. nat. Passes his urine without pain or difficulty.

July 28*th.*—A few drops of urine mixed with pus passed by the urethra—wound of perinæum healing rapidly and is filled with healthy granulations. Bowels kept open by a few cathartic pills occasionally. Diet—milk, sago and rice.

31*st.*—One fourth of the urine comes by the urethra and he is doing well in every respect. A few grains of gravel are occasionally passed along with the urine at the wound.

No return of prolapsus ani and he is improving in his general health and appearance.

Aug. 3*d.*—Half the urine passed by the urethra and in a pretty full stream. The wound in the perinæum cicatrized to a mere point, and the opening is now not larger than the orifice of the urethra.

16*th.*—All the urine passed in a full stream by the urethra and without pain or difficulty. Wound in perinæum completely cicatrized. The boy is in good condition, and has a happy expression of countenance.

21*st.*—The boy returned to his home completely cured, and with an expression of gratitude and happiness in his countenance, that

afforded more satisfaction to his medical attendant, than the highest professional fee could. *Ib.*

Case of Formation of Fat in the Heart and Neighbouring Blood Vessels. By A. Campbell, M. D.—I have just read Dr. Easdaile's notice of a "Case of formation of fat in the Heart and neighbouring blood vessels." As Dr. E's pathological explanation of phenomenon appears novel, I hope he will pardon me for communicating, a somewhat similar case, from memoranda made a few years ago at the dissection of a patient, who died in the Horse Artillery Hospital at Meerutt. The more particularly, as the circumstances attending my case were very different from those of Dr. E's, and the explanation of the diseased appearance consequently at variance with his. Truth being the object of all medical inquiries, it must be that of your Journal, but without many facts, you cannot be assisted towards the light of divine veracity. Here then is the summary of the patient's illness and appearances on dissection.

Serjeant Lennan of the 3d Brigade Horse Artillery, aged 50, and of nearly 30 years' service in India, a constant hard drinker of ardent spirits, and of loose habits, was subject for many years to attacks of inordinate action of the heart, accompanied by difficulty of breathing, and great prostration of strength. His intermediate mode of life was the sole apparent cause of the frequent attacks; for when without the means of procuring spirits, he was completely exempt from the disease, and the functional nature of it was in consequence, with justice inferred.

The treatment on each occurrence of the palpitation, had reference solely to such symptoms, as indicated general derangement of the system, or of some other organ than the heart, torpor of the liver, dysentery, and delirium tremens were the common terminations to "a screed o drinking;" always however, accompanied by the palpitation of the Heart, difficulty of breathing, and extreme weakness.

For years previous to my acquaintance with him in 1828, he had led the life above detailed, and suffered, as already stated. At length a severe attack of acute dysentery in the rainy season of 1829 proved fatal, when extensive ulceration of the large intestines and an abcess in one lobe of the liver, set at rest any questions as to the real and immediate cause of death. The heart was of the natural size and free in all its parts from organic disease, but in its cavities, the peculiarity of the case manifested itself, and the appearances being novel to me, were noted down for recollection.

On dividing the ventricles, the left one was found *nearly* filled by a yellowish fatty looking substance, semi-transparent and somewhat elastic; processes of the mass lay entangled in the muscular bands of the cavity and the arch of the aorta as well as two inches of its descending portion, with about an equal space of the arteria innominata. Left cephalic and brachial were *completely filled* by a continuation of the same substance. The right ventricle had a thin layer of a similar nature lining its cavity, shoots from which extended for about an inch into the pulmonic artery.

The name given to diseased appearances often leads to much mistake. This would have been called in the olden time "Polypus of the Heart," and would or might have been, considered a disease of long standing and in this case, the ultimate cause of death. I believe however, that the possible existence of polypi in the cavities of the heart, the same being formed during life is denied; and verily the nature of the heart's action with the effect that such a formation would necessarily have on the performance of its functions, being taken into consideration, common sense would incline to the truth of such a denial. I have not had pathological experience enough of any kind to warrant the drawing of a conclusion, from personal observation, but it is so adverse to possibility to allow that, the deposition of an organised substance (fat and polypi are both organised) can take place in such an agitated whirlpool as the ventricles of a living heart, and that too to the extent of completely filling them, that I pin my faith at once, to those who deny the occurrence of such formation; and implicitly adopt the idea, that such formations are composed of coagulable (or coagulated) lymph, the same being deposited after death, or soon before it, when the living principle is so far weakened as to admit of the blood's separating into its component parts.

In this belief I think that the diseased appearance in my case, and in Dr. Easdaile's were of the same nature, and that it still remains to be settled, whether the formation was one of "fat" or merely a coagulum of fibrin, with the accidental appearance of fat.

Dr. E. says, "fibrin began to be slowly deposited, became organised, and was converted into fat." I do not recollect any thing parallel to this course in the human body, organised substances form, not in cavities smooth and in perpetual action, or where a deposit of fibrin from partially living blood is made, but where arteries alive and beating, from an unexplained living power form and deposit it.

The formations in the gall bladder and bile ducts are not organised, neither are those in the uterus, and urinary bladder.

The contents of an impregnated uterus are doubtless in some degree parallel to the formation of organised substance in the ventricles of the heart, but not a case in point, for in the former, the directing hand of nature interferes to produce causes impenetrable, and extended throughout the entire range of viviparous creation; in the latter a foreign growth

is supposed to spring up, and proceed rapidly, amidst the contractions and dilatations of the engine, from whence is distributed the most tangible representative of the living principle.

Dr. Baillie describes this appearance nearly in the same words as Dr. Easdaile, but he is inclined to deny the possibility of an organised formation in the ventricles of the heart. He says, "It may be worth while to remark that there is sometimes found a portion of a coagulum in one of the ventricles, of a yellow colour, and with an oily appearance so as to *resemble exactly fat.* There is however no admixture of oil in it, and it possesses all the ordinary properties of coagulable lymph."

The yellow colour of these formations may according to Dr. B. arise from some bile having circulated with the blood during life, "but it takes place also when there is no reason to suppose that bile is mixed with the blood."

Dr. Garden now in Calcutta, superintended the dissection of Lennan, and may perhaps favour you with his sentiments on the nature of the case as well as on these formations, generally. *Ib.*

Ulcer of the Pylorus. By Ben. Wilson, *Assistant Surgeon* 31*st Regt. N. I.*

On Wednesday the 6th of August about 7 o'clock in the evening, I was requested to visit Mr. M.——— as soon as possible, he having been taken seriously unwell.

Upon inquiry it appeared that he had not felt well, for several days and complained, of a peculiar sinking sensation in the stomach as if, (as he expressed it) his stomach was quite gone, and sometimes he felt as though a heavy weight was pressing upon it: that when walking in the verandah he was seized with a sudden severe pain accompanied with a sensation as if something had burst, or given way in or near his stomach, at which time it appears he fell down. He said he was convinced that an abcess of the liver had burst internally and that he should never survive it. He was in a cold sweat, pulse very small and feeble, countenance pale and anxious, with great restlessness, and dreadful weight at his stomach with an inclination to vomit, but unable to get any thing up, had taken a glassful of warm water to encourage it. Boiling water being at hand, hot fomentations were immediately applied to the region of the liver and stomach, and I sent off for a supply of leeches, the feeble state of his pulse, and nearly exhausted state of his system generally, precluded my taking blood from the arm: about a quarter of an hour after my arrival he vomited twice: each time about half a pint, of dark brown fluid as if tinged with blood, and flakes of what appeared thick matter or pus floating in it, which led me to suppose that Mr. M's opinion might be correct as to the bursting of an abscess of the liver. After this his stomach appeared more settled, and I gave him 10 grs. of calomel and a draught of camphor mixture containing 45 drops of laudanum: the leeches also arriving at this time 40 were applied to the hepatic region the seat of pain. 10 o'clock. After the leeches had been applied a short time he complained of feeling very weak and faint and as his pulse had become more feeble, I was under the necessity of removing them immediately and staying the bleeding. From this time to 12 o'clock no favourable change took place, for though he said he felt the pain less severe, still the anxiety and restlessness continued; requesting occassionally to have a cup of warm tea, or a glass of camphor mixture. About half past 12, I repeated the 10 grs. of calomel and a draught with 35 drops of laudanum: after taking which he said he should like to endeavour to get a little sleep: he continued to doze and had some disturbed sleep, and about half past 2 o'clock he awoke and expressed a wish to sit up in bed, which he did for about 5 minutes, when he became very restless, saying he felt himself getting worse and felt assured that he should not live till day-light. As his bowels did not appear at all affected by the calomel, an ounce of castor oil was given, which he retained though he was afraid it would make him sick. He continued to doze, occasionally asking for a little warm tea, till day-break; and as the castor oil did not appear to be acting upon the bowels, I went about 5 o'clock to the hospital for an enema syringe and to prepare a purgative mixture, pills, and a blister: the mixture of Epsom salts and infusion of senna I immediately despatched with directions for a large wine glassful to be taken every hour till the bowels were purged. During my absence he felt himself worse and directed Mr. Lang to send for me; he took a dose of the aperient medicine immediately on its arrival, and on my return he appeared in great distress that the medicine did not appear to act on his bowels, and was convinced that something serious had happened to his stomach, as his bowels were always very easily moved, he took another dose of the mixture and washed it down with some tea, he also expressed a wish occasionally to have a little soda water which he was allowed to take during the night; said that it was all useless, as what he took, he felt go down to the bottom of his belly, and it did not appear to enter his bowels: two purgative enemas were afterward administered but without success and they were returned without bringing anything away; from this time (9 o'clock) he became gradually worse and expressed his conviction that he was in a dying state. He refused to take any more medicine, and also some warm wine and water which was recommended and had been frequently during the night, he being in a cold sweat and his pulse

scarcely perceptible: he continued to become weaker from 9 o'clock to 11 with occasional fits of hickup with cold sweats, very restless and countenance extremely anxious. About 11 o'clock his breathing became stertorous, with frequent deep sighing and hickup, pulse scarcely perceptible at the wrist, from 12 o'clock he continued to sink very fast, becoming comatose, the eyes closed, breathing short and stertorous, and died about a quarter to 1 o'clock P. M.

Post Mortem Examination 24 hours after death. Abdomen in a state of great inflation and on perforating the peritoneum, a strong gust of highly offensive air was expelled. On laying open the peritoneum along the whole length, a large quantity of dark brown fluid, (say two pints) appeared diffused among the intestines, which upon being collected and examined appeared to be the contents of the stomach, with the Castor Oil floating on the surface. The stomach still continued in a state of great inflation: however on carefully drawing out the pyloric end from under the left lobe of the liver, another gust of fetid air burst out of a small orifice discovered on the outer front surface of the pylorus from which some fluid, still remaining in the stomach continued to escape: on minute examination, the coats of the pylorus at its junction with the duodenum to the extent of about two inches were very much thickened and the passage so contracted as to be rendered nearly impervious; —the ulcer was situated just at the edge or commencement of the contraction, on the front outer surface of the pylorus. On turning up and examining the under concave surface of the left lobe of the liver, the part in contact with and resting upon the pylorus where the ulcer was situated, appeared quite livid and in a sphacelous state. The ulcer was of an oval shape with regular round thickened edges and was large enough to admit easily the little finger: on pressing the stomach, the air and a little fluid which still remained, continued to escape from the ulcer. No disease appeared to exist in any other part of the stomach. The right or large lobe of the liver was reduced in size, and much smaller than natural, the substance was of a dark blue slate colour, with great congestion: there were no adhesions, through nearly the whole convex outer surface from the lower thin edge upwards, was covered with a deposition, elevated above the suface, apparently ulceration, the effect of long continued chronic inflammation; the substance of the right lobe generally, was in a state of great disease. The left lobe had a very different appearance to the right, being of a yellow or buff colour on the outer convex surface, and appeared much larger than natural, the under concave surface had assumed a dark livid colour and appeared in a sphacelous state. The gall bladder was nearly filled with pale yellow bile.—The Omentum, and whole surface of the peritoneum lining the abdomen in a state of high inflammation, and the vessels of the former gorged with blood, the outer peritoneal coat of the intestines in a state of general inflammation; the bowels were inflated with air, but otherwise quite empty, the lungs appeared in a perfectly healthy state.

It appeared that Mr. M. had frequently complained of a peculiar sinking sensation in the stomach, from which he had suffered previous to the last fatal attack; during the last three days he felt he said as if his stomach were quite gone, and occasionally as though a heavy weight was pressing upon it. I am of opinion that inflammation had been going on for a long period of time, and that during the process, adhesion had formed between the under concave surface of the left lobe of the liver and that part of the pylorus, on which the ulcer was situated, which parts would naturally be in contact. On the night of the attack these adhesions giving way during the act of falling, or the effect of vomiting, the contents of the stomach made their escape into the abdomen, for, as he expressed it, he felt as if something had given way in his stomach; and was convinced that an abcess of the liver had burst internally, that some fatal occurrence had taken place, and that he should never survive it. He mentioned having taken occasionally blue pill over night, with a purgative the following morning, which with starvation for a day or two he said generally relieved him: he had taken no solid food during two or three days and from the appearance of the ulcer which I think had existed some time, I am opinion that had he taken a full meal the fatal occurrence might have taken place earlier, the adhesion to the under surface of the liver having alone been the means of preventing it. From the exhausted state in which I found Mr. M. on first seeing him, in a cold sweat with scarcely any pulse at the wrist, and a countenance of extreme anxiety and restlessness with an insupportable weight and oppression at the stomach exclaiming "what can have happened? I never felt such a sensation in my life, I am sure I shall die." I was led to fear that some serious injury had occured and the very unfavourable change which subsequently took place convinced me that nature had suffered a fatal and irrecoverable shock and the circumstance of finding the contents of the stomach, the senna mixture and castor oil, diffused among the intestines in the abdomen, evinces that any measures adopted for the relief of the patient in the present melancholy case must have proved alike unavailing. *Ib.*

Apoplexy at Chunar. By A. K. Lindesay.

In the hot season of 1833 many of the Europeans here died suddenly, I sent a series of cases to the Medical and Physical Society,

and my paper was published in their transactions (vol. vii.) I have been disappointed that no abler pen has taken up this subject, and as the hot weather again approaches, this disease (be it what it may) which kills so surely and so suddenly, begins to force itself on my meditations. I therefore take the liberty of sending a few more cases with some remarks, and I shall anxiously look forward to your editorial comments for some information regarding this malady, which I have formerly called apoplexy, but I now hesitate to give it a name, though in the paucity of light on the nature of the disease I append as a note* an extract of a letter from a much lamented friend had he been more full, the extract would have possessed much more interest for there were few men whose opinions were entitled to so much weight, I may be wrong in thus using a private letter, but his name (clarum et venerabile nomen !) shall be my excuse—Dr. George Reddie—all who knew him and who may read this, will need no apology for a few words of digression at the mention of this highly accomplished and amiable man.—

To resume—the train of symptoms no doubt much resembles that of an apoplectic seizure, but the post mortem appearances far more resembles those found after death in the asphyxia from noxious gases, drowning, hanging, or death by lightning; in all the dead here, the skin was purple, and this often appeared before death, and the right side of the heart, as well as the venous trunks, was gorged with dark fluid blood. Coup de soleil may be vague enough and therefore convenient as involving no theory, though its exact propriety may be questioned for in one of the fatal† cases published the man had been 32 days in Hospital, and many died who were but little exposed to the sun.

This frequency of sudden death prevails in many parts of Upper India usually only during the few intensely hot days that precede the first fall of rain; it is known in Bundelkund by the name of "Loo" or "Looh" which literally means "a hot blast," clearly implying an opinion that the fiery heat of the inspired air is the cause of death; many cases occurred among the natives here during 1833, and I made it my business to inquire from the learned among them how they treated the premonitory symptoms, I was told that the proper remedies were mint, goojratee cardamoms, and Lahore salt !*

Had I access to a large library I should consult the Abyssinian Bruce on the death blast from the Simoon, and the French authors who were in the Syrian expedition when their future Emperor was repulsed from Acre; but as I have no such works I shall proceed with the cases, trusting that the communication may elicit such notices as may give me some confidence of a happier result than I have ever yet witnessed when I next see this formidable disease.

Case I.—Bombardier Jones Æt 46. and 24 years in India, (July 10, 1833.)—A robust, steady man, but who has lately been drinking as his comrades say "off and on for six days, and hard for two;" he is reported to have complained of feeling unwell yesterday, he was found insensible at 2 A. M., and by the time he reached the Hospital he was dead.

Inspected at 6 A. M. Body fat, mottled with blue. Much blood flowed from the scalp, and the vessels of the dura mater were greatly loaded, the archnoid was semi-opake and covered a large accumulation of serum, no excess of bleeding points of brain, nor was the fluid of the ventricles very abundant, the arteries of tuber annulare minutely injected, right choroid plexus contained a few gelatinous granules, and the velum was much injected where it joins the pia mater of the crura cerebelli and tuber annulare. A small excess of fluid in pericardium, slight traces of recent increased action on the surface of the heart, the ascending aorta had several ecchymosed spots, and the vasa vasorum were injected, no cartilaginous deposit, no disease of structure of the heart, right side full of large fluid blood; lungs very healthy. The rugæ of the mucous membrane of the stomach towards the cardia were red at their prominent margins, the intervening hollows being naturally pale, a few scattered specks of vascularity near pylorus. Other viscera healthy.

Case II.—Serjeant S. Hurst, Æt 48, (May 25, 1834.)—A very steady, robust man, has lately lost his wife and has tippled a little, at least he says so, though his comrades say that he has not been drinking, but that he wanders in his conversation and has for days

* Extract of a letter from Supg. Surgeon Reddie, dated Cawnpore June 29, 1823.

"This violent set of symptoms has got the name of apoplexia (tremulenta ?) carditis gastritis and (*remedial*) fever, that is if not strangled as apoplexy it will grow into a fever "etiam in Hippocrati notatum fuit, summam ebrietatem sequi obmutescentiam et lethalem quandoque apoplexiam, nisi febris orta remedia fuerit. The gastritic cases had erythema over the whole internal coat instead of patches as usual, the carditis showed some singular appearances in the cavities of the ventricles and aorta. Nearly all were drunken and gorged with animal food; violent exercise and exposure to the sun, fill the cup of evil. Time allows little remedy being employed they are gone after the first bleeding."

† Trans. Med. and Phys. Soc. vol. vii. Part I p. 94.

* I almost repent having thus sneered at the native practice, inert though it be, when I reflect how unsuccessful my own has been.

complained of being out of sorts; he has been in Hospital for a few days and by a small bleeding, laxatives and shaving the head, he appeared rapidly regaining composure and health, when suddenly yesterday, after the evening visit, he became incoherent and gradually lapsed into coma. Cold was applied to head, mustard pediluvia used, hot salt rubbed over surface, an enema administered and 10 grs. of calomel to-day P. regular, soft has constant muscular twitchese oma not complete, for on being loudly addressed, he held out his hand and smiled, no stool has followed a second enema, a third with five drops of croton oil brought away no feces, a caustic blister was applied over scalp, sinapisms to legs and over the heart, and 15 drops of croton oil rubbed over abdomen—a catheter was also passed—he however sank at 11 A. M. about 15 hours after commencement of coma. Inspected at 6 P. M. Surface livid, body fat, as usual the morbid appearances were unsatisfactory, brain firm, few bleeding points, there were a few well marked veins on the inner surface of the lateral ventricles, no material excess of fluids, a few patches of opacity on arachnoid, and the velum interpositum was red and thick, having probably been the seat of slight increased action. Other organs appeared healthy, but from excess of fat semi-fluid from the intense heat of the weather, they were not minutely examined, the heart adhered at some points to the pericardium (from former disease clearly,) right auricle and ventricle distended by dark fluid blood, which abounded in all the central organs.

Case III.—(May 26, 1834)—Weather fiery, thermometer at 2 P. M. in the shade 114°.) Private J. Riely, Æt 46, 19 years in India brought in dead about 3½ P. M. his companions stated at the Inquest assembled, that he with some others walked to the grog-shop (about 1½ mile) between 10 and 11 A. M., that after tippling for more than an hour under a tree, during which time the deceased may have drank two quarts of toddy, he complained of feeling ill, was suddenly seized with stupor, foamed at the mouth, became black (livid?) and died in ten minutes.

Inspected at 6½ P. M. Surface livid, no mark of violence, scalp bled much during preparatory dissection, the outer coverings of the skull much injected with blood (uniformly so, not in echymosed spots as after blows,) brain not congested, indeed rather pale, a little serum under arachnoid, a few branches of full veins in floors of ventricles, but nothing that might not have been observed in one who had died from disease unconnected with the head. Right side of heart distended with dark fluid blood, which welled out on cutting the auricle, generally the central viscera were full of blood. The stomach distended by food and toddy, and all the intestines, especially the colon, excessively distended by flatus.

Case IV.—(May 29, 1834.)—Gunner Stein, æt 35, 18 years in India, a hale, soldier-like man, has been drinking much toddy since the heats commenced, to-day after breakfast walked several miles for a fresh supply, and is said to have felt faint during his walk under the burning sun, after he returned he is said to have drank about two gallons! and about 3 P. M., was seized with the prevailing apoplexy —attended with perfect coma and excessive tremulous agitation of the whole body—the stomach pump used to clear the stomach, and strong enemata with croton oil to relieve the tense abdomen, both acted well, the head was shaved, cold applied, sinapisms and pediluvia to feet and legs, and frictions to surface, but the coma, stertor, convulsed movements with closed pupils continued unmitigated, and although too well aware how ill such patients can bear bleeding, I opened a vein, but the pulse faltered so as to threaten immediate dissolution after 10 oz. were drawn, he survived the attack about five hours.

Inspected about 11 hours after death. Body livid, scalp and interior of skull vascular in every part, membranes minutely injected with bright red blood, a few specks of coagulable lymph at several points, this acute meningitis pervaded the whole upper surface of the brain, descended to the corpus callosum, and tuber, the choroid plexus and velum partook of the inflammation, but the carebellum and most of the base were free from it; some bloody serum in the base of the skull, and pink liquid in the ventricles; in short meningeal apoplexy clearly developed, in this differing from the other cases. Viscera of thorax and abdomen remarkably healthy and the accumulation of dark blood in the right side of the heart and venous trunks did not exist here.

Case V.—(June 5, 1834.)—Sergeant J. Best, æt 42, and 16 years in India, a steady, respectable man, not robust, and has suffered from a slight paralytic attack three years ago, was lately in Hospital with the epidemic bronchitis since which has not regained his strength: three days ago his wife begged of me to see him in his quarters; he was weak, thirsty, with slight febricula, and had several times fainted on moving, he is not epileptic; these faintings began some days previous after bathing while hot, he was recommended laxatives and abstinence and to come to Hospital if not soon better.

5 P. M. Just admitted, having had several fits resembling epilepsy during the day with cramps, for which he has taken some *brandy*, an enema has fully relieved his bowels; he is now quite rational, though he says that he feels confused, and articulates with difficulty, slight diminution of power of right side, puts out tongue straight, though it is tremulous and white, moans though he has no specific pain, circulation not excited, prickly heat not repelled—the head shaved, cold applied, and

sinapisms to legs, cupping to neck, and enema repeated :—8 oz. of blood by cupping decidedly lowered the pulse but did not relieve the malaise, indeed coma almost immediately approached, scalp hot, cold lotions freely applied, no effect from enema—deglutition difficult—in half an hour he was dead.

Inspected at 5½ A. M 11 hours after death. Livid, scalp not injected, substance of brain natural, a small quantity of reddish serum in base of skull, none under arachnoid, the latter membrane in some places milky, ventricles had scarcely an appreciable excess of fluid, congestion of mesentery of choroid plexus, which was thick and matted to the root of the medulla oblongata, congestion around circle of Willis which extended a little way along the course of the right anterior cerebral artery, no other part inspected as the funeral party was waiting, though I have no doubt that the venous system would have been found congested.

Case VI.—(Sept. 4, 1834.)—G. Walker, Drummer, æt 38, a native of India, admitted four days ago after 15 day's drinking—tongue very foul, and nervous symptoms excessive, during the night the delirium potatorum so expressively called "horrors" came on in an aggravated form, (6 A. M.) put into the strong room with a man to watch—he continued restless, and talkative, and about 4 P. M. while talking to imaginary beings at the window he was observed to fall; coma complete, stertor, pulse soft and regular, bowels acting of themselves, abdomen full—he had a few spoonfuls of wine and water, a stimulating enema, friction to surface, shaved head applied cold, and cupping of epigastrium—but no improvement took place and he died in four hours.

Inspected at 6 A. M. Body partially livid, skull very thick, slight general congestion of brain and membranes, but no part affected more than another, serum abundant though it could not be said to be excessive—heart gorged with dark fluid blood, some patches of false membrane on its surface, apparently the remains of long passed disease. Stomach moderately distended by flatus, no vascularity or trace of morbid action of its mucous membrane—nor any other morbid appearance.

My note book can unfortunately furnish more cases, but those above detailed seem sufficient as specimens, it is true that Nos. one and six did not occur during the hot winds, but as the weather was still very warm when they occurred, I have copied them as being very nearly allied to the congestive apoplexy of the hot winds, and also I suppose that if I can in any way elucidate the subject, it must be by giving such cases as have shown some variety in the time of occurring, or in the train of symptoms,—I grieve to say there are no varieties of termination.

Before concluding, let me anticipate an opinion that I feel some will entertain of blood-letting not having been carried far enough in these cases. Both from recollecting early instructions, and from observing the congested state of important parts, I was led to bleed freely in similar cases, blood has been taken from the temporal artery, the external jugular, the arm, nay both arms—and leeches and cupping have been used, I cannot recollect ever seeing any benefit, and have often been certain that it accelerated the fatal event: the powers of life seem to have received so severe a shock at the time of the first attack, that an abstraction of the circulating fluid far short of relieving congestion is still sufficient altogether to destroy life, nay so strong is the "tendency to death," that in two instances I saw men expire, (who appeared otherwise likely to survive some hours) from merely lifting up the head and shoulders to give place for additional pillows.

About the premonitory symptoms little can be said in most cases, yet it is difficult to believe that the opalescence of the arachnoid, and the turgidity of the pia mater can arise without sub-acute meningeal inflammation having been present for some time before the last fatal seizure, in cases Nos. 2 and 4 both steady Sergeants there were slight evidences of this meningitis, in the former it seemed subdued by a bleeding and a few days Hospital treatment, in the latter I confess that the exhausted state of the patient and the fits of fainting as described to me when I saw him in barracks, led me to attribute his complaints to the debility of imperfect convalescence. In other men whose habits were less cautious, cerebral symptoms were narrowly looked to during the dangerous season, and I may fairly infer that in some cases the attack of apoplexy or asphyxia was adverted, when it once unequivocally took place I have never had the happiness of seeing a recovery. *Ib.*

Anomalous Ulceration of the Foot—and Injury of the Penis. By H. M. Galt.

Gentlemen,—Should you have a spare column at any time, and for want of better matter, would wish to fill it with the following curious case of ulceration, it is at your service.

This case will, I dare say, be recognised by two of your readers who saw it, and kindly assisted me with their opinion and advice. Some time last year a prisoner, confined for life in this Jail, complained of a small ulcer in the centre of the sole of the metatarsal half of the foot, about the size of a shilling, its edges slightly elevated above the surface, and its centre apparently of a diseased but dry cutaneous texture, without any granulation or discharge. When pared down to a level with the skin, it consisted of what appeared to be diseased white cellular substance nearly of the consistence of tallow, but without any dis-

charge, and when the circumference of the sore had increased to more than that of a rupee, and its internal part was scooped out to about the depth of an inch (which always gave great pain) the same appearance presented itself, and an offensive ichorous discharge flowed out; as the circumference of the ulcer increased, the edges became more elevated. Nearly opposite on the Dorsum Pedis, and over the third toe, two small ulcers opened, and discharged similar matter: from examination by the probe, they appeared to communicate with the large ulcer in the sole. Escharotics, as Argent. Nit. were frequently applied when the inside was scooped out, and mercurials, &c., given; but the cavity always filled up in a very short time, and the elevation and circumference of the ulcer increased. One of the gentlemen alluded to was of opinion that the third metatarsal bone was diseased, and recommended the bone to be cut down on, and if diseased to be extracted; but soon after, spontaneous exfoliation of this bone commenced and was going on when the other Gentleman saw it, who of course recommended the process to be encouraged by emollient applications, which accordingly was done; and I had hopes that in this way the disease might work itself out. However, after about half an inch of the bone was extracted from the large ulcer, the exfoliation ceased, without any abatement of the disease. As the irritation was great, but the patient's constitution apparently good, I resolved on removing the diseased part of the foot as the only means of affording him relief. With the view of preserving as much as possible of the foot, and eradicating the whole of the disease, I operated immediately above the junction of the tarsus and metatarsus. He bore the operation well, and was delighted at having got rid of the source of so much pain. This took place in August last, as I was unwilling to have recourse to such a measure until every other remedy had failed.

On examining the amputated portion I found almost all the parts contained between the greater portions of the second and fourth metatarsal bones, from the dorsum pedis to the sole, converted into white or yellow matter of the same appearance and consistence as that which I have noticed in the large ulcer, which, I observed communicated with the two smaller ones. The wound healed up slowly, but without any unfavourable symptoms.

Injury of the Penis—A Faqueer was brought to me, who gave the following account of himself. Thinking that the lusts of the flesh prevented him from attaining to a higher degree of sanctity to which he aspired, he determined on mortifying them: for which purpose, on the preceding morning he laid what he considered "the offending member" on a stone, and with some sharp instrument endeavoured to cut it off and cast it from him. His attempt was followed by such a hemorrhage as caused syncope, in which state he was found by some of his neighbours. When I saw him the next day, the wound was concealed by a great clot of coagulated blood which also covered the groins and perinæum. The Penis was greatly swelled, and no urine had been passed since the previous morning; and being in great pain, he requested me, for the sake of both his soul and body to complete what he had begun; which from the probable injury of the large blood vessels, and other causes, I feared I might be compelled to do, and had every thing prepared for the amputation if necessary. I got a catheter with difficulty passed about half way down the urethra, which, when withdrawn, was followed by some coagulated blood and urine. Not wishing to disturb the injured vessels by removing the coagulated blood from between the divided parts, I bound up the Penis with lint and plasters. After a couple of days, on examining the parts, I found that the urine escaped from the large wound in the dorsum penis, and from another gash in the course of the urethra, which communicated freely with that canal, so that there were two passages for the urine besides the natural one. With some difficulty I got a catheter passed into the bladder, which was kept there for several days with a small cork inserted into its extremity, which the patient could remove and adjust at pleasure. When the irritation caused by the urine was thus removed, the lower wound healed in a short time by the first intention, and the upper one by suppuration and granulation, and he went away quite well. Some weeks after he returned to pay his respects, when I learned that the only inconvenience he suffered from the above misfortnne was that of being cut by his Reverend brethren until such time as by giving them a "Burra Khanna" he should atone for the offence by which, as they asserted, he had disgraced his cloth. *Ib.*

Cases of Diseased Mesenteric Glands, &c.

By W. A. Green. The two following cases are somewhat similar in the train of symptoms and in the results of examination after death. The symptoms common to both were an almost daily accession of fever, or at any rate of increase of pulse, sometimes ushered in with violent shivering; the absence of pain on pressing the abdomen; extreme debility; and gradual waisting of the flesh. I did not anticipate finding Mesenteric disease after death. In the first case Dysentery was supposed to be the influential disease, but the bowels did not exhibit signs of violent disease after death. In the second case the affection of the heart was not the main disease, but part and parcel of a most formidable mass of morbid structure, and yet in either case how few the diagnostic signs!

1st Case.—K. B. a prisoner, age 30, was admitted into Hospital, July 23d, 1833, with dysentery which lasted more or less until December. During this period he recovered from the dysentery, and it relapsed several times, a little slimy matter was almost always to be seen in his evacuations. In December he became much more feeble, anasarcous swellings appeared generally over the body, the pulse in the morning was very feeble, fever came on in the afternoon with slight shivering and went off at night with gentle perspiration, the tongue moist and pallid, the evacuations of a pale colour. Bark was given in the absence of the fever, combined with chalk mixture when slime appeared in the stools; castor oil occasionally; antimony during the attacks of fever, and a mild diuretic.

January. During this month the fever diminished, but there was increase of pulse daily in the afternoon, lasting for several hours. *January 25th.* Fever returned ushered in with severe shivering and closing with perspiration —no slime in stools.

February. The debility now became extreme; carbonate of ammonia and wine were added to the bark given, the dysenteric affection came on again and was relieved, and during the latter half of the month he remained free from fever or increase of pulse in the afternoon, his evacuations feculent.

March. For the first half of the month he remained much the same—on the 19th he again passed slimy stools and the pulse quickened towards evening. The debility increased, he gradually sunk, and died on the 25th. The mouth had been affected for the relief of the dysentery; and blue pill, calomel and colocynth had been occasionally given, to improve the secretions, in the course of the disease.

Post Mortem examination. Head. About an ounce of fluid in the bag of the arachnoid—the vessels on the surface of the brain rather vascular.

Chest. The lungs were studded with recent tubercles—in the left bag of the Pleura one pint of fluid, in the right four ounces. The heart smaller than usual by one third.

Abdomen. The whole surface of the Peritoneum lining the abdomen, and the mesentery, studded with minute seed like depositions of lymph. The external surface of the liver covered with the same—the blood vessels of the mesentery distended with blood and of a purple colour. The glands of the mesentery very much enlarged, some as large as unbroken almonds, upon dividing them the substance of the glands was found vascular, and in their centre a quantity of pus—the fatty appendages of the large intestines thickened and increased in size, and containing pus within their structure. There were several smooth apparently healed ulcers, and one fresh ulcer, on the mucous membrane of the large intestines.

2d Case.—G. S. prisoner, age 35, was admitted into Hospital, April 27, 1834. He was feeble, with a quick pulse, rather hot, dry skin, and furred tongue, bowels in good order, a dull heavy expression of countenance and sallow complexion, he had no cough, no uneasiness on pressing the abdomen. The symptoms remained thus. *May 22d.* Upon applying the ear over the heart greatly increased sound was heard beneath the sternum, and on the right side of the organ extending to beneath the right clavicle, and over the back. I considered that the disease was, enlarged right side of the heart. From about this time he had a daily attack of fever, coming on with slight shivering, sometimes in the morning, or in the afternoon, or at night and subsiding after a few hours with perspiration, during the intervals of the fever he expressed himself to be easy, his pulse which was at first small, quick and regular, latterly became feeble, he could lie in any position without distress, breathing easily, no pain in chest nor in abdomen, the respiration was heard distinctly by the ear applied to the chest, the evacuations healthy; the tongue, at first moist with a central white fur latterly became red and dry, the skin dry. The symptoms continued, with scarcely a change, to the day of his death, there was the daily attack of fever; increasing debility, and gradual wasting of the body, with anasarcous swellings of the legs towards the close of the scene. On the 10th of July the surface became chilled, he lay during the day in an unconscious state, and died that evening. The morbidly increased sound of the heart continued violent to the last, the bowels were a little disordered for a day or two previous to death. He was treated at first with tartar emetic, salines and purgatives; subsequently for the supposed disease of heart, leeches were applied to the chest, bark and camphor, and ammonia and T. Valerian. Am. were given, and T. Digitalis and Vin. Antim. during the fever; latterly 5 grs. of Plummer's Pill every night.

Post Mortem examination, ten hours after death. Head. Minute ramifications of vessels on the surface of the brain highly injected, about 2 oz. of fluid altogether within the arachnoid and ventricles. The veins of the choroid plexus congested—the brain at its base, particularly that part beneath the lateral ventricles, very soft. The brain generally somewhat softened.

Chest. On left side partial adhesion between the two Pleuræ, 3 or 4 oz. of fluid on this side, the lungs of both sides here and there tuberculated, the apex of the right lung somewhat consolidated—both lungs posteriorly gorged with blood, of a dark purple colour, and emitting frothy mucus when cut. The Bronchiæ and trachea filled with frothy mucus. In Pericardium 1½ oz. of fluid. Heart very small, right ventricle of half the common size, and two or three lines only thick. The pulmonary gland being under the aorta, right pulmonary artery, and ascending vena cava united into a mass, firm and cheese-like when cut.

Abdomen. The walls of the abdomen, the omentum, intestines, liver and spleen agglutinated together. The whole surface of the peritoneum, throughout the several viscera the mesentery, &c., covered with small granules, of

lymph giving it a nutmeg grater appearance, its surface of a deep red colour, purple congested veins ramifying over it, these granules between the layers of the mesentery of a larger size—the glands within the mesentery and those lying on the loins enormously enlarged forming a large mass filled with dark coloured and white creamy matter. The veins of the mesentery and those encircling the intestines, purple and congested. There were several large bladders (hydatids I suppose) with thin transparent walls and containing a yellowish fluid lying amongst, and attached to, the agglutinated intestines and viscera, these could be separated from their attachments and taken out entire. Liver covered externally with a layer of lymph which was left attached to it after tearing off the peritoneum, its surface in places of a dark colour and softened in texture, the gall bladder empty, its walls thickened, the cystic duct diminished in calibre, the glands about the hepatic duct enlarged. Spleen studded externally and internally with tubercles of lymph.

Intestines.—An ulcer at the termination of mucous membrane of Ileum, and another large one at the commencement of the Cœcum, the mucous surface of descending colon in patches red and uneven, a few minute ulcers scattered here and there. *Ib.*

Five Cases of Blindness, two from Infancy and three from early Childhood, Restored to Sight by Operations. By F. H. Brett.

Case of Congenital Cataract.—Shadie, Brahmin caste, residing at the village of Luolpoor, near the K,hérie pass, aged 16 years, has no recollection of ever having seen: his relations became aware of his blindness when he was six months old. Has some difficulty of hearing. Always enjoyed good health, excepting a purulent discharge from the ears, and has also suffered from ophthalmia. In the hot weather especially suffers much from the glare of light, producing lachrymation and redness of the conjunctiva.

Present appearance of the eyes. Has no power of volition over the balls of the eyes, the muscles rolling them about with great irregularity and spasm. Appendages all healthy and well developed. Some preternatural vascularity of sclerotic arteries, he distinguishes light from darkness, and the shadows of objects passing before him. Cornea clear, Iris dark and healthy, and expanding and contracting correctly—a good anterior chamber, has a bright pearly appearance, being capsular, with little or none of the lens remaining, affording every appearance of toughness like parchment. The eye keeps very study when sitting unnoticed and undisturbed.

On the 27th November after some days of preparatory treatment, which it would be needless to describe, Shadie underwent the operation on the right eye, in the presence of Dr. Robinson at Landhour. A delicate and slightly curved needle with cutting edges was introduced about a line and a quarter from the cornea, a little below the transverse diameter, no impression appeared to be affected on the cataract. But on reclining, it descended to the bottom of the vitreous humour, leaving the pupil perfectly clear. The needle was therefore withdrawn without allowing it to be raised again, and a pledget dipped in cold lotion applied. He expressed himself as highly delighted; the light and objects appearing brilliant. The operator and his dress as very pretty (Buhoot Khoobsoorut) and every thing, in fact which came within the sphere of his vision, seemed to produce a highly gratifying impression: and as I was sitting in front of him, my coat which was scarlet, attracted his attention, producing involuntary laughter or smiling—but of course these observations were but momentary as the bandage was applied without delay. He complained of the flashing of light, but otherwise he experienced no inconvenience or pain, and said he felt very happy. The after treatment for anticipating inflammation need not be described.

On the 29th being pressed for time, and not the slightest inflammation having occurred the operation was performed on the left eye. The cataract had risen in the right eye so as to appear behind the inferior half of the pupil, dancing behind it whenever he moved his eye, but it was sufficiently distant to avoid doing injury to the Iris, and it was thought advisable to allow it to remain, intending at a future period to make a further attempt to divide it, and push the fragments into the anterior chamber. The needle was therefore introduced in the same manner in the left eye, and carried to the front of the cataract, which was equally tough and resisting to the cutting edge of the needle. I succeeded however in penetrating it with the point of the needle, and exposing its substance to the action of the aqueous humour, and, avoiding too much freedom with the eye, the needle was withdrawn, and the cataract left to undergo absorption.

Nothing further was done until the 3d December when, on examination, the right appeared in the same condition, the cataract remaining unaltered. His friends were extremely impatient to return to their homes, for seeing so many other cases of ordinary cataract restored to sight immediately they began to think the case hopeless. Reflecting on the case I thought of the following expedient, which I do not remember to have heard or read of; and I hope will be attended with invariable success in all cases of long standing congenital cataract. The patient being seated before me as for extraction of the cataract, an incision was made with a sharp pointed lancet, about a line from the union of the sclerotica, with the cornea, to the extent of full one line and a half, midway between the external canthus and the inferior portion. The pupil being well dilated by the Belladonna, and, introducing a delicate and sharp pointed hook, the cataract was seized and withdrawn immediately, leaving the pupil perfectly clear. A few drops of vitreous humour escaped and nothing but a slight vascularity at the incision was the consequence.

A second operation was performed in the

left, in which it was more completely divided, and absorption seemed to be slowly progressing, having succeeded in bringing a small mucleus forwards into the anterior chamber, which was absorbed in about eight days. The boy accompanied me in a litter to Meerut, and remained with me until the 22d December, when the report was as follows. Vision restored. Right eye perfectly healthy—pupil clear—iris contracting and expanding—no inflammation.—Left eye—slight vascularity, but no pain—absorption going on, but a small portion remaining and further interference was deemed unnecessary, especially as I was ordered to proceed from Meerut to Cawnpore with convalescents, and he was already a great distance from home.

During the development of the blessing of sight, which has justly been named "the sovereign of all the senses;" the boy was of course often examined as to his increasing acquaintance with objects.

The bandages were removed every evening at sunset; and his attention was directed to men, the tents, the sky, the trees, and the foliage, animals of different kinds; the colours, and figures, and motions of all which he was in time able to describe, but much confused at first. There was no correspondence between the sight and touch, neither did he for several days direct his eyes straight to objects so as to examine them minutely, at night he noticed the stars, and the flame of a candle and the features of my face. He had been much reduced by such repetitions of operations and occasional purgatives—a slight mercurial course, and a few leeches (though no other depletion was requisite;) but, as he gained strength by better diet, his vision greatly improved. He was watched to take up various objects and notice them—latterly I was in the habit of calling him into my tent when at breakfast, he noticed the cups and saucers and their patterns—chintz on the canvass—and he observed attentively a hookka describing the bell (cutglass) as bright—noticed the smoke and mouthpiece (silver) and saw distinctly the smoke ascending.

On the 20th December he walked several yards without assistance. A lady gave him a coloured chintz cap, with which he was much pleased, and he distinguished on it the colours of green and red and the white ground—as his new sense could scarcely be said to have been exercised more than fourteen days—further observations could not be made as to his judgment of distances, position, forms and motions; but these will be ascertained by a friend hereafter.

Cataract from the age of five years.—Goomanie, brother of Shadie, Æt. 25. healthy habit, has experienced slight pains and redness in the eye during the glare of hot weather, blind from the age of five years old. Can distinguish light from darkness, and the shadows of objects and colours when brought close to his eyes—state of Lens anq Capsule very similar to his brother's. Both reside at Luolpoor near, K,hérie pass. He has the power of steadying the ball of the eye better than Shadie.

The usual operations for rupturing the cataract and submitting them to the action of the aqueous humour, was performed at intervals of several days. The operation was successful in the left, but the right became amaurotic after a rather severe attack of inflammation occasioned by his having been allowed, contraay to my injunctions, to walk up the hill from the Rajpoor to Landhour, and although the inflammation was speedily subdued by active measures the eye remained amaurotic. His vision however with the left, is sufficient for every useful purpose. The case is interesting as illustrative of the optic nerve, after twenty years of blindness, remaining capable of receiving the impressions of external objects—and from the circumstance of cataract occurring at the unusual age of five years. His judgment of colours, size distances, figures, positions and motions was more rapid, and was very good, when he left me; the two brothers were anxious to return home, and cultivate their knowledge with the external world, in the beautiful scenery of K,hérie pass.

Case of Blindness from the age of three weeks in a boy restored to sight by the Operation for the Formation of an Artificial Pupil.

Ull-ooddeen son of Kuluvider Bux, aged twelve years, an intelligent boy, lost his sight in consequence of neglected inflammation and ulceration of cornea of both eyes, at the age of three weeks, leaving two dense opacities of the cornea. There was a small transparent semi-lunar portion of the cornea opposite the external canthus of the left eye, where the iris was observed behind of a healthy appearance—rolls the eye ball about in a spasmodic manner, retina sensible to the glare of light and the shadows of objects passing close before him, but further than this, the child was completely blind, he could not distinguish colours, and was led about by his family perfectly helpless. He resides at K,hérie. A small sharp knife was introduced about a line from the cornea (coratomia) and an opening made in the iris, immediately after which he was much delighted and surprised at the objects appearing before him, and after a few moments examination of him, during which he exhibited the phenomena of Shadie, the light producing a powerful effect, the bandages were immediately applied. On the fourth day the bandages were removed, and he was permitted to examine various objects presented to him—colours, a hand, a cap, the ring on the finger, a penknife, all of which he observed, and appeared highly amused and delighted with his new condition, exclaiming "I am very happy." There was the same want of correspondence with the touch, he noticed attentively my face, smiling. He sees of course obliquely. He was much gratified by looking at the sky, trees, fields. The stars at night and the beautiful appearance of the horizon after sunset and before sunsise when

"Morn, her rosy steps in the eastern clime
Advancing, sows the earth with orient pearl."

His parent refusing to accompany the camp further, I was prevented from making many intesting observations on this child, as his knowldege of the visible world increases ; but, of course, he knew not the names of anything until he was told, or permitted to touch, as he quitted me on on the 6th day—it is gratifying however to know that Ull-ooddeen (or Alladin, as his name would be in the "Arabian Nights") has obtained that "lamp" which will light him to the fair aspect of this visible world, and that he can now no longer say to *light*, with the incurable Milton,—

——— "But thou
Revisit'st not these eyes, that roll in vain
To find thy pearcing ray, and find no dawn."

Case of a Boy Blind from the age of five years from Small Pox, restored to sight by excision of a portion of the iris (corectomia).

P, hool Sing brahmin, son of Dilla Sing, aged eleven years, dense opacity of the cornea, from the small pox, six years since, leaving the circumference of the cornea of left eye clear for the space of half a line, and to the extent of two lines at the external inferior portion. Left eye sunken in. He could see objects and colours, when brought near his temple by distorting the eye towards the nose, being able to count the fingers of a hand.

An incision was made in the external and interior portion of the cornea close to its union with the selerotica, the iris protruded by pressure, seized, and cut off with a pair of curved scissors. (Corectomia.) No hemorrhage, and not much pain, pupil formed of a very fair and natural extent, and ovoid, the boy saw admirably well.

Case of Cataract at the age of four years in a Girl, restored to sight by the Operation of Relination.

Luchmie, Hindoo girl, residing at Khujoorwala near Suharunpoor, aged eleven years. Blindness conmenced at the age of four years, Cataract capsulo-lenticular, the capsule having a starry appearance, and shining white like mother o'pearl. Could distinguish light from darkness, and the shadows of objects. The operation was performed on both eyes and the girl saw immediately.

In concluding this imperfect account I would observe that the opportunities afforded on a line of march were insufficient to enable me to give a more complete one. They were dependant on my private support most of the time, and some of them are much indebted to Dr. Robertson at Landhour for the comforts provided for them during several days stay there. A comfortable conveyance was supplied and every care taken of them whilst with me.

The operation for extraction of the congenital cataract through the sclerotica appears to me very practicable. The cure is instantaneous, and unattended with difficulty, and little or no injury is inflicted on the eye—at all events much less than what must result from repeated introductions and movements of the needle for cutting up, tearing the cataract, and I trust that Surgeons will give it a fair trial. Of course it is only applicable where the capsule is thickened, and unyielding, as in all advanced cases of the disease.

Circumstance of cataract occurring at the ages of four and five years, in the above cases, is not perhaps unworthy of notice.*

* With reference to the above interesting cases, the following remarks of Mr. Guthrie on the sensibility of the eye, may not perhaps be unacceptable to our readers.—

"The eye being opened and the eyelids retained asunder, the organ loses all the extreme sensibility with which it is endowed for its security and preservation in its ordinary state. Public opinion, which, no medical subjects, is generally erroneous, although for the most part founded on professional authority, is in no instance more injurious than in relation to the eye. It pronounces it to be an organ of a very delicate nature, exquisitely sensible, requiring the greatest delicacy of touch, and the utmost nicety of management ; which opinion some oculists formely found it convenient to support, and which the public may still believe without any great disadvantage ; but students in surgery must be taught otherwise. They must learn that the eye is not a delicate organ, that it will suffer more comparative violence, with less injury than any other of importance in the whole body ; that, so far from being exquisitely sensible, it is, when exposed in a healthy state, nearly the reverse, only becoming permanently so on the occurrence of inflammation ; and that the ablest and most successful operators are not apparently, although they are in reality, the most tender in their proceedings. The opinion of the exquisite sensibility of the eye has arisen from the pain which is felt on the admission of a small piece of dirt or a fly between the eyelids ; but this occurs from a wise and preservative provision of nature on account of the insensibility of the eyeball itself. Let the eyelid be raised, and the same piece of dirt applied to the surface of the eye, no pain, and scarcely a sensation will be produced : remove the piece of dirt, turn out the lid, and whilst it is retained everted, place the piece of dirt upon it, no greater sensation will be induced than is felt when it is applied to the eyeball. The inference is that both surfaces, when touched separately are nearly insensible to this species of irritation. But let the same piece of dirt be put between the eyelid and the eyeball, and the sensation produced is exquisitely painful. To give rise to this sensation it is necessary that the two surfaces should eome in contact.

Luxuration of the Femur.—Gentlemen.—I send you a case of Luxuration of the Femur into the ischiatic notch, which although not perhaps very creditable to me as a Surgeon, may prove interesting to some of your readers. I think it is, in some measure, the duty of every practitioner to record such cases as fall under his care, more especially where particular symptoms or circumstances render them unusually perplexing.*

October 30, 1834. The subject of this case was a tall well made bearer named Assaram, apparently about fifty years old, of temperate habits and good constitution. In the evening, he left the station of B.——for the village of N.——with some baggage under his care, and having mounted a loaded hackrey, soon fell asleep. About 9 P. M. the vehicle passing over a high bank, he was thrown off, alighted upon his right buttock and remained in that situation all night, during which he was exposed to some rain that fell.

31. He was conveyed in a cutoly* to—— and placed under my care.

Having listened attentively to his account of the accident (which I have already detailed) I examined the limb, the state and appearances of which were as follows.

The buttock was a good deal swollen, there was pain in the neighbourhood of the joint and tuber ischii, the trochanter major was felt in its usual situation, and there was no scar or bruise upon the patella or foot. The limb was in a slightly flexed state (that being the easiest posture) the power of the extensors of the leg was gone, there was no inversion of the foot, (which Sir Astley Cooper lays down as one of the symptoms of dislocation into the ischiatic notch) and I found that by pushing the thigh back upon the trunk, the pelvis was moved, which showed that no fracture existed. I was confirmed in this view of the case by the absence of any grating noise during the examination of the parts and by the patient's declaration that no fracture had occurred. The natural position of the foot and the manner in which the accident had happened, lulled to sleep any suspicion of the femur having been luxated. After the lapse of a fortnight, the patient was found to be still in a helpless state, suffering a good deal from pain and complaining particularly of tension of the gracilis muscle. He then for the first time mentioned that at the moment of the accident he had heard a snapping noise; and on placing him on his back with his lower limbs extended, the injured one was found to be about half an inch shorter than the other.

I confess I was sorely puzzled for I could not bring myself to believe that dislocation backwards could be effected, except by force applied to the knee when the limb is flexed, or to the foot when the limb is extended, and at a right angle with the trunk, yet after repeated inquiry of the patient, I found that such had not been the case. The absence of so material a symptom as inversion of the foot served to render the nature of the injury, still more perplexing—I ordered a purgative, leeches in great numbers, fomentations and poultices and gave opium at night, but without producing any decided relief.

Nov. 17. I examined him again very deliberately, and besides permament shortening of the limb, tensions of the gracilis muscle, and pain on moving the thigh; I observed that the right buttock was more prominent than the sound one and thought I could feel the head of the bone obscurely, behind the trochanter major.

and that the foreign body be grasped between them. If this were not the case, an irreparable, injury would often occur to the transparent part of the eye, before it would be observed; and if the raising of the lid and the separation of the surfaces did not nearly annul sensation an operation could not be performed for cataract; for who could bear quietly the sensation which must arise from pushing a needle into the eye, if it were analogous to that arising from a fly or a dry solid substance between the eye and the lids? The experiment may be tried in a very simple and conclusive manner by any one on himself, by merely keeping the lids apart by an effort of the will, when the end of the finger may be placed boldly on the eyeball without any inconvenience. Inflammation, by enlarging the vessels, gives rise to pain in the same way, and the sensation is at first as if some extraneous matter were interposed between the lids.

* Had the Medical Profession generally followed the maxim recommended by this writer, what numbers of *beacons* could have been "placed on the rocks where the wrecks were made;" they would indeed "have been guides for posterity." We have in our possession many facts of this description, some of which if made public would even *startle* certain *Newspaper Medical reporters*, and their professional brethren, they have so *kindly puffed* and *puffed*; a sketch of their *practice, operations, &c.* might be given *on undoubted authority*, which would show that *Doctors* living in *glass-houses* ought not to throw stones; but we pity the individuals immediately under consideration, therefore, leave them (at least for the present) to wallow in their own mire.

Ed. U. S. Jour.

* A Cutoly is a very small kind of conveyance for sick persons, and may be procured in every village in Hindoostan.—It is like a Hospital Dooly, only not long enough to admit of the patients lying at full length, and is usually carried by two men.

The right knee, when left to itself, was always a little in advance of its fellow, and the man appeared to lean forward, in a slight degree.

Nov. 19. The last examination having left no doubt on my mind that the case was one of dislocation into the ischiatic notch, and being fortunately provided with a set of pullies, I had made preparations for reduction. Three grains of Emetic Tartar were given in divided doses at short intervals, the injured limb was brought across the other so as to form an obtuse angle with the trunk, and extension gradually increased was kept up for about half an hour. The limb was then rotated at the knee, I passed a than of cloth under the thigh near the Pelvis, and over my neck, and then by lifting with some force succeeded in reducing the dislocation. The patient and the Native doctors heard the noise occasioned by the bone slipping into the Acetabulum, but I did not. The limb did not at once regain its proper length, but in the course of two days, I had the satisfaction of finding, that it was as long as the other, and that the patient felt much less pain than previous to reduction.

Dec. 16. His progress towards recovery is extremely slow. To-day for the first time I had the pleasure of seeing him walking without a stick or any other assistance, and although he can move the limb in every direction, yet he suffers a good deal when he rests his weight upon it.

Treatment of Hœmorrhoids.—There is a practice prevalent in Dacca of removing Hœmorrhoids however bad, and from patients in the last state of debility. It is done by the application of corrosive substances, after which the Hœmorrhoids protrude (and as far as I can understand a part of the Rectum) another corrosive is applied, and at the end of from seven to nine days the whole mass is separated, after which emollient dressings are applied, and the patient gradually recovers. The pain is excruciating, until the separation, when immediate relief takes place. The practice is highly successful; only one fatal case in 100 being known, but very disagreeable symptoms frequently follow, of insensibility of the lower extremities, or involuntary twitchings, but these yield to time and treatment—four of my servants have undergone the operation successfully, and the lower extremities are restored to their natural function—a fifth who thought proper to salivate himself, with the vapours of cinnabar *to cure the twitchings*, has lost the use of arms and legs—but the Hœmorrhoids are cured.

A most favourable opportunity for satisfying yourself as to the nature and progress of the cure offered itself. I enclose the direction of a very respectable and well educated Hindostani gentleman now residing in Calcutta who (if you will send a person to appoint an hour within two or three days) will wait upon you and describe his case—The only symptom, which it is necessary for me to mention, is that for two or three months previous, Lamb had found his pulse at 120 or above it—his family residence is at Dacca where he is highly thought of.

Report on Cholera. Particularly as it occurred, in the Right Wing of the Queen's Royals, in the Town Barracks of Bombay, in August 1833. By R. H. A. Hunter.

These Barracks, raised in double rooms upon Bomb-proofs, form three sides of a square opening westward. The officers' quarters, built in the same way, would complete the square, did not the thoroughfare to Bazár Street interpose. The east and south sides are tolerably open, but the north and west are closely surrounded by narrow dirty streets, in which most of the houses are very high. There is no regular hospital attached, but half of the Right Wing barrack was separated off for a temporary one, and an accommodation for the hospital servants.

Cholera, though prevalent and fatal amongst the natives in and about Bombay, in April and May, did not more than usually show itself in the Queen's in Colaba till the middle of the latter month. Even then it only continued very partial for a few days and gradually subsided. In June it returned more alarmingly in a detachment of fifty men, who had been over in the native town, as a guard at the procession of the Taboots, the two previous days. In July it again broke out in the Left Wing in Colaba; but its greatest visitation was in the Right, in the Town Barracks, in the beginning of August.

The first attacked was a ward boy, about 3 P. M. of the 1st. The second, a few hours after, a patient just recovered from dysentery: The third, about 9 P. M., a patient with diarrhœa, in a bed directly opposite; and about 1 A. M., the only two others with bowel complaint in that ward—of these four Europeans, only one of the last recovered. The next, a weakly scrophulous subject, only a few days out of hospital, was admitted at 3 A. M. of the 2d from the very opposite corner of the barracks, and also died in a few hours—after this they were seized in all directions; in barracks, on the Town Guards, and in the Hospital. In all, from the 1st to the 6th, we had forty-four decided cases of cholera, exclusive of nearly as many of diarrhœa or colic, closely approaching to it; and of these, seven proved fatal, all admitted on the 1st or morning of the 2d. Besides patients in hospital, nine were attacked whilst waiting on sick comrades, or immediately after.

On the morning of the 2d, from the tendency the disease evinced to spread in Hospital, and to relieve the wards for fresh admissions, we commenced to send off the other sick to the

Regimental Hospital in Colaba, but getting slowly on with two dhoolies, I mentioned the circumstance to the then Commanding Officer, Colonel Baumgardt, who immediately suggested and granted us palanquins "ad libitum"—By this means they were soon all off, but not in time to save the only other patient with bowel complaint (a convalescent in another ward,) for he had scarcely reached his destination, when he also was seized, and died a day or two after. Next morning we again relieved the wards by sending off to Colaba in palanquins, the convalescents, which mostly were in from twelve to twenty hours, and continued to do so till the then superintending surgeon Doctor Wallace, (who also readily afforded us every other assistance) allowed us to send them to the General Hospital, which was close at hand.

The first cases were accompanied with vomiting, severe purging and very rapid sinking, but the cramps were slight, and chiefly confined to the lower extremities. Gradually, however, as the disease extended, the purging and sinking diminished, while the cramps increased, extending to the abdomen, and ultimately approaching convulsion. On the evening of the 3d and morning of the 4th it generally required two or three men to hold them, on first coming in. After that the cramps also declined till the morning of the 6th, when the disease subsided. Nausea, headache, and griping, however, were frequent for some days later.

With regard to the treatment adopted, we may say it did not differ from the usual routine, except perhaps in the omission of bleeding in the first cases, which we were induced to do from what we had experienced of its effects in similar cases, and particularly of that year. Whether that contributed or otherwise to the mortality, must be mere conjecture—we lost none, it is true, after we commenced to bleed on admission (about 11 A. M. of the 2d,) but these and the first were very different—Of thirteen admitted in the course of a couple of days, in the beginning of June, (except an apprentice at the same time) not one was bled. We lost four of the first, but none after. In the worst forms, it matters little any way, but betwixt that and the opposite extreme, there are probably cases where it is of vital importance to judge rightly. We certainly were imbued with the empiricism, bleed in cholera, till taught that it, like other diseases, was not the same in all constitutions, seasons and localities. The only rational method to us appears to be, to try first, like Sydenham, to find out the reigning constitution of the season, and then take into account the more immediate circumstances, connected with each individual case. The other treatment consisted in scruple doses of calomel and opium, repeating them according to circumstances; the warm bath, except in the cases with rapid sinking, and the usual stimulants. When recovering, small doses of calomel and opium, with occasionally caster oil or salts—sago and wine.

As for the kind of internal stimulant, we consider it a matter of indifference, and therefore think, where a number are together, the readiest is by far the best. We tried a great variety, including concentrated doses of Liq. Ammon, and Phosphorus, but latterly had chiefly recourse to brandy and water in equal proportions. Blisters to the epigatrium we thought beneficial in almost all cases, and preferable to mustard poultices. The latter give great annoyance, and are too transitory in their effects.

But of all the cases of cholera, those are the worst which succeed to great fatigue or diarrhœa. The diarrhœa is often considered merely cholera in an incipient state—perhaps it frequently is. At least it is always a powerful predisponent, but so also is a strong cathartic, and particularly if combined with the tartrite of antimony. So convinced we became of this, that the latter medicine seldom entered our prescriptions the last year in Bombay, and when it did, it was in very minute proportions. It is perhaps a curious fact, that of the eight who died, including the convalescent sent to Colaba, seven were, or had been in hospital within the previous fourteen days, with diarrhœa or dysentery. As in other epidemics, the first were always the most fatal; and the most fatal, these with the slightest cramps. Indeed the solitary cases, we had at all seasons at that station, were chiefly of this description, which is perhaps the reason bleeding was so unsuccessful in our hands. Bleeding, however, did not seem so prejudicial the two previous years, and I think, it is better borne in the Fort than in Colaba. The cause is not perhaps very obvious, though it may in some measure be accounted for, from the strong disposition to purpura, and disease of the heart and blood vessels; these are most probably a consequence of some morbid state of the blood, which always existed in Colaba. By the latter we lost three or four annually; and after the first ten months, had almost always some of the former in Hospital.

The grand cause of the visitation, more immediately in question, is as usual, a mystery, but the predisposing and exciting, may be attributed to several circumstances; and particularly to the unusual heat and dryness of the season. The two previous years, by the end of July, we had forty-five and fifty-eight inches of rain, whereas in that, we had only thirty. At its commencement, the weather was close and cloudy, threatening rain (about full moon,) and that we observed was, far the most favourable for Cholera. These, however, were general causes, but neither the Wing in Colaba, the artillery in Fort George,

nor any of the native troops suffered at that time. Indeed whatever it was, it seemed to be confined to the upper rooms of the Town Barracks, for not a case occurred amongst the married people below, nor amongst any of the Officers' servants—(I never saw an Officer with Cholera.) But if the cause of its origin be unknown, that of its rapid change and disappearance is equally inexplicable, for though the weather was a degree or two cooler, there was no rain for some days after (the change of the moon)—after that, however, when the rains set in very heavy, we had scarcely any return.

With regard to Cholera ever becoming contagious in this country, there may be some difference of opinion; but if by contagion we mean a morbid poison, generated in one body, which when conveyed to another, through the medium of the atmosphere, excites a like disease in it, provided the person is predisposed, and the epidemic constitution of the season or locality fovors it, *but not otherwise*, I am now inclined to believe it occasionally does—(plague itself is only thus contagious)—No disease, the exanthemata excepted, appears to be in any degree contagious in this country, unless under the most favorable circumstances, and therefore very unequivocable proof can seldom be looked for. What first struck me was the following circumstance. In June 1833, when nine cases were admitted in the course of a few hours of the men who had been over the procession of the Taboots (no others from Barracks were admitted of that time,) the apprentice of the ward was attacked whilst waiting on these men, the only case I ever witnessed in that class of persons—shortly after the apothecary was seized with vertigo and head-ache; and in the course of the night, the Hospital Sergeant with Cholera. Again in the Fort, how is the great proportion in Hospital otherwise satisfactorily to be accounted for? The chief objection to me is that I know of no other disease without fever, being contagious—small-pox for instance, is contagious, but cow-pox is not, because it is unaccompanied by contagious fever. Puerperal peritonitis, phlebitis, &c. &c. are contagious, but is it not the fever that makes them so? Simple gangrene is not contagious, but Hospital gangrene is, because it is accompanied by contagious fever. Dysentery is now said not to be contagious, but I think from a partial view of the subject—when the fever with which it is united becomes contagious (which it no doubt would under favourable circumstances) I think there is no doubt that it is. Diseases seldom contagious at the present day, were frequently so formerly, when less attention was paid to ventilation and cleanliness—but still in all these, it is the fever which first becomes contagious—Cholera with fever, contagious, can be easily comprehended; but without fever, is the difficulty.

From 1st January to 31st December, 1833.

Strength, average 800	admitted—Cholera 170, of whom died.		29
	Colic.	120 . . .	0
	Diarrhœa. .	190 . . .	1

N. B. A great proportion of the second and a number of the third, might have been called Cholera, but we admitted none under the latter but decided cases—as Cholera itself is a species of colic, we did not hesitate to make free with the latter term. *Ib.*

Treatment of Cholera by Emetics. By Geo. Evans—Having noticed that common culinary salt given in large doses had been attended with success in several cases of cholera; I was induced (on being called up hastily at 3 o'clock this morning to see one of my own bearers who had been attacked with cholera) to have recourse to its aid, as being a remedy I had never tried, and one so easily procurable in cases of great emergency. The man it seems was taken ill about 11 o'clock on the preceding night, and had vomited, and passed several watery stools before I was summoned to attend him. On my visiting him I found his skin cold clamy and shrunken. Face thin, hollow and haggard. Pulse so threadlike and feeble as scarcely to be perceptible, with insatiable thirst, a burning sense about the stomach, suppression of urine, and slight cramps of the inferior extremities: in fact, he was decidedly labouring under the usual concomitant symptoms of cholera morbus, though not in its most frightful form. As no time was to be lost, I immediately procured three table spoonfuls of common table salt, and having dissolved it in half a pint of moderately warm water, I gave him the mixture to drink; with some reluctance he swallowed it, but as I anticipated, it was too nauseous and saline a potation for a sinking and thirsty man to relish or keep down, as was soon proved by its almost immediate return without affording him the slightest relief. I then had recourse to a remedy I have been in the habit of using for the last 12 years in my treatment of cholera cases, and from which I have witnessed the very happiest results. It consists in the simple exhibition of emetics of the sulphate of zinc given in half drachm doses dissolved in a quart of warm water. To this man I gave three separate half drachm doses in the space of three or four hours, till the copious vomiting thereby produced had considerably abated the thirst and burning sensation at the stomach; which in the end it never fails to do if properly persevered in, as was the case in the present instance. The patient from this moment rallied, when the aid of a little brandy and water, to which half a drachm of carbonate of ammonia and some pepermint cordial had been added so far recovered him as to place him out of all further danger from the present attack.

Being impressed with a thorough conviction

drawn from the best of all evidences, the post-mortem examinations of those who have fallen victims to this Protean disease, that the immediate causs of cholera is a temporary suspension of the secretion of bile, as is also proved by the total absence of any of this fluid in the egesta per orem vel anum, and its absence again in the intestinal tube when opened. I can readily understand the rationale of the emetic mode of treatment. Vomiting in cholera, and whenever it occours sympathetically as in some cases (uterine hœmorrhage, sickness after bleeding ad deliquum, for instance) I take to be a restorative process of nature, to bring round the balance and excitability of the nervous and circulating system borne down and oppressed by some operating cause, and in cholera probably by the want or absence of that most essential of all secretions, the very main spring of the animal economy, can be re-established and that very speedily, no matter by what means or ends it is accomplished, the powers of life diminish and finally become extinct. I am so fully persuaded of the value and importance of vomiting and following up its action in these cases, that were I attacked with the disease (which Heaven avert) I would of all remedies place my soul and only reliance on its all saving efficacy Any emetics will answer, even simple hot water in sufficient quantity to evacuate the stomach frequently will do, but I prefer the sulphate of Zinc to all others, because it produces decidedly less nausea, it does less harm to the stomach, it acts with much more certainty and with far less distress to the patient than tarter emetic, which often exhausts the excitability of the organ and leaves it in a state of atrophy very difficult to recover it from. The nauseating state is not indicated or required in cholera, on the contrary it must be injurious, it is the full concussion of emesis that is wanted to rouse into action the expiring spark of life, and set the secreting fountain free. At the time of administering emetics I usually apply a large mustard cataplasm to the præcordia, frictions and hot bottles to the feet, hands and extremeties, and not unfrequently I make use of a small portable steam bath, when the powers of life are ebbing fast away; and when this is not attainable I find a good substitute in bags of bran made warm with hot water. In this way I have recovered many cholera patients apparently in a moribund state, and I would strongly recommend a trial of the plan to my professional brethren as one worthy of adoption. Where electricity is at hand it might be advantageously used, but my own experience does not enable me to speak of its effects in cholera cases. *Ib.*

Case of Malignant Tumour.

Jan. 5, 1835.—A native, apparently about 41 years of age, presented himself this morning, requesting medicine for a tumour. I told him that the only remedy was the knife, to which he very readily submitted.

The tumour was situated to the right of, and in a line with, the nipple of the left breast; its surface, before excised, was about as large as the upper circle of the breakfast tea cups now generally used, fissured deeply throughout, having also a fetid discharge; the patient described his sufferings as very great, no rest at night, more or less pain at all times, and occasionally, bleeding very freely. I also remarked some tolerably large, dark veins ramifying on the surface of the skin, about the base of the tumour.

The operation was simply a circular incision, beginning at the lower part first; and enclosing a portion of the dark areola of the left nipple. The tumour appears to have been superficial, as it was only slightly connected with the pectoralia major muscle, by a small net-work of dark red vessels. No arteries required tying. I performed the operation under a tree, and the wind being fresh and cool, proved styptic enough. Dressed the wound with dry lint, simple cerate, and a bandage.

On Wednesday the 7th, the wound was re-dressed with basilicon, slight compress and bandage; this dressing was continued daily.

The man took a little purgative medicine once after the operation and was restricted slightly in his diet during the first two days. He had, however, a haggard and rather anxious look from the first, but, he said, that he considered himself getting well, as he could now sleep soundly at night, and all that he had to complain of, was a want of appetite. This I attributed, as a probable consequence of the recent operation; the wound too, notwithstanding his general appearance and loss of appetite, had assumed a very healthy aspect; and the pus, secreted on the surface of it, was thick and of a straw colour.

Matters were in this state on the Saturday morning following the operation when, during the night he was taken *suddenly* ill, complaining of excruciating pain in the bowels and great thirst with a sensation of sinking. This took place in the middle of the night, the native doctor did all he could, such as fomentations, &c. and he also gave him a full dose of compound Jalap powder, which had no effect. He died early in the morning shortly before I saw him.

Post mortem examination took place three hours after his death. On cutting into the abdomen, I found a considerable quantity of serum effused; and the whole of the intestines were, to use a familiar phrase, glued together, requiring a moderate force to separate them; general inflammation had taken place, particularly of the small intestines; the medicine, as well as the fluid he had taken, had escaped into the cavity of the abdomen. I found the the inner or mucous coat of the

stomach pale, but much thickened; and just where the pylorus verges into the duodenum, on the lower part, I found a rugged edged ulcer, which had penetrated; it was large enough to put the tip of the little finger through. This, of course, accounted at once for his sudden and unexpected death.

On further examination, I found the mesentery glands enlarged; one tumour was as large as a small egg, the others less. A considerable quantity of fat was attached to the omentum and large intestine; and from the general appearance of the poor man, it was evident that he had lost much flesh. *Ib.*

Cases of Amputation. By P. Stuart.—In the month of July 1834, his highness the Guicwar's minister of justice, convicted and awarded punishment to numerous prisoners. Some were condemned to die, others mutilated and set at liberty. On the 21st of July, while several officers were engaged at a pigeon match, the first mutilated object presented himself. He seated himself on the ground, with a clotted stump on each knee, apparently more for the purpose of exciting commisseration than wishing assistance. Both his hands had been chopped off in the morning, and from the town of Baroda he had wandered into camp, a distance of about two miles. I had him conveyed to hospital, but before he arrived, the (distance being considerable,) he was for some time exposed to heavy rain. About nine hours had elapsed from the time his hands were cut off to the time he reached the hospital. He looked exhausted and haggard: pulse slow and feeble—no bleeding from the stumps, but occasionally a little serum dropt from the coagulated blood. Nothing had been done to prevent hemorrhage; nor did he now wish any thing to be done. He was contented to get under a roof where he could escape the rain and die comfortably. I ordered him some brandy with water, and examined the stumps. The left hand was hacked off at the carpus in so bungling a manner, that it had more the appearance of having been torn off than cut. One cut higher than the others penetrated the wrist joint and injured the ends of the radius and ulna. I had no hesitation in proposing immediate amputation, to which at first he refused to submit, preferring, he said, rather to die than live a burden to himself and others. Fortified, however, with some more brandy and water, which he earnestly called for, and which his exsanguinated state required, he consented. I removed the arm by the flap at the upper third of the fore-arm, only the radial and ulnar arteries required to be secured. I afterward examined the other stump: it was likewise taken off at the carpus, but in a more carpenter-like style; the surface was regular, and probably had been separated at one blow: when washed and wiped with a sponge, scarcely a drop of blood flowed. I proposed to take out the carpal bones at the wrist joint and leave skin sufficient to cover the ends of the bones. He would not consent to have it done then, and I did not urge him, as he was already much exhausted. Simple dressings were applied;—he had an anodyne draught and was put to bed. The following day he had much fever, and nothing was done to the right arm.

The fever continued for three days, and was followed by diarrhœa, which nearly proved fatal. Notwithstanding his bad state of health, the amputated arm healed by the first intention, and was quite well in twenty days. The right stump inflamed and fœtid sanies was discharged from the bones;—granulations sprung up, but so irritable, that the dressings gave him great pain. Finding that the amputated arm healed so quick, and that he could not sleep on account of the pain and irritability of the other, he wished to have it amputated likewise. I took it off by the flap, at the same place as the other, on the 13th of August. A pustular eruption with inflammation of the integuments of the whole arm was the only unusual occurrence. He was well, and discharged on the 17th of September.

The next case was a man under the care of Assistant Surgeon Stovell. Two days after the loss of his hand he was taken into hospital. Nothing had been done to stop hemorrhage, and the only application was a dirty rag to keep away the flies. He never had fainted from loss of blood, nor did he describe the hemorrhage as much. The executioner had here also mistaken his aim: the hand was taken off just above the wrist joint. The sore looked healthy, with the splintered ends of the radius and ulna protruding. Amputation was proposed, but he would not consent.

From the 22d of July to the 16th of August simple dressings were only applied. Granulations sprung up, but without any appearance of covering the bones, which now protruded white and decayed, leaving no doubt but that they must slough before the stump healed. Amputation was again proposed and consented to. The limb was amputated by the flap in the middle of the forearm, and he was well and discharged on the 16th day.

The only other case I have had an opportunity of seeing was a man under the care of Assistant Surgeon Budds. His hand was taken off at the carpus: the surface was regular, and only two small specks of bone perceptible. He was not received into hospital till some days after he had lost his hand, but the only thing done or applied was, as in the former case, a piece of rag. He would not submit to amputation: nor was it insisted on, as granulations were springing up with every appearance of covering the bones and forming a tolerable stump. Simple dressings

were only applied, and three months after, it healed, forming a conical stump covered with tender cuticle.

The above cases in conjunction with those by Mr. Campbell, in the 7th number of your Journal, prove, evidently, that there is little danger of fatal hemorrhage, from the radial and ulnar arteries. In the case under my charge, when both hands were cut off, the bleeding stopt nine hours after the amputation. The blunt hacking instrument employed, by bruising rather than cutting, may have, in some measure, contributed to this. But the chief preventative of fatal hemorrhage, in my opinion, is the excessive bleeding at first exhausting the strength of the circulation; so that small arteries removed from the heart are not supplied with blood, having sufficient impetus to remove the coagula and prevent contraction of the divided vessels. On this principle do we not bleed in hœmoptysis and other diseases? During the amputation of the first arm, after the patient had taken a considerable quantity of brandy, only two arteries bled, and they were more like the languid flow from a vein than the sharp spurt from an artery. As the arteries of the unamputated stump were not secured, I was apprehensive lest hemorrhage should take place with the return of a more powerful circulation, and ordered him to be carefully watched. Twelve hours after, he had a bounding pulse; but the efforts of nature proved effectual, and there was only a slight serous discharge. The natives of Nipál in their treatment only anticipate nature. They, by tight bandaging, partially obstruct the circulation; so that the blood at the stump is diminished in force and quantity. Dr. Koch's plan, as recommended by Mr. Bramley, is similar; but there is not much of novelty in it,—for, in the beginning of the 17th century, before the use of ligatures was generally known, *Verduin* recommended the flap operation, because the fleshy flap formed an excellent cushion with a bandage to press on the mouths of the bleeding vessels. Among the many late improvements in Surgery connected with this subject, *Torsion* of arteries, as recommended by M. Amusat, is particularly worthy of the attention of surgeons;—and when we know that such arteries as the femoral are effectually secured by simple *torsion*, we need not be surprised at the efforts of nature being sufficient to prevent fatal hemorrhage from such arteries as the ridial and ulnar. In the 33d number of *Johnson's Medical Review* there are several cases of amputation where the arteries were secured by *torsion* with astonishing success. Mutilated arms, on account of the manner in which the Guicwar's executioners perform their duty, must generally require after-amputation, and the above cases show the advantages of it.—Amputation on healthy subjects is neither dangerous nor difficult; and the advantages of a good stump, particularly when the patient has been deprived of both hands, are paramount. When left to nature, these cases must require from ten to twelve weeks to heal; and when healed, they are scarcely of any service, the tender covering of cuticle being ruffled by the most trifling injury.

Here, as in Nipál, a common sweeper is the executioner, and both trial and punishment are got over in the most summary manner. The *judge* passes sentence, and the executioner, ready with an adze (*busoola*) blindfolds the culprit—places hand after hand on the block, and at one, two, or three strokes, separates the condemned member. The victim to the offended laws of his country is then released and at liberty to wander where he listeth, a disgusting monitor to all transgressors. Theft is generally punished with the loss of one hand, but the man whose case is related above, and who lost both his hands, was, I have no doubt, a hardened villain, and, by his own confession, killed a man on account of some ancient feud. These punishments appear barbarous and disgusting in the eye of Europeans; and the history of Nipál patients, related by your correspondents, shows the futility of them. Nevertheless, if we reflect on the history of our own country, at no very distant period; we may find some apology for the commission of these cruelties by an Asiatic potentate of the present day in *the full exercise* of despotic power. *Ib.*

A Case of Lithotomy. By Dr. K. Mackinnon, *Tirhoot.*

Bhurossee, a boy five years of age of the Toorûâh caste, was brought to me on the 22nd of last month, for advice.

A very short conversation with the father served to convince me, that the boy must be afflicted with stone in the bladder. The symptoms were most unequivocal. I had no sound sufficiently small to pass into the boy's bladder, but having had one made by a lohar mistree, I immediately detected the presence of a calculus. The convexity of the sound touched it as it entered the bladder, and it could always be made to do so by depressing in the direction of the rectum. No motion of the sound could move the stone. That and the dull heavy touch the contact occasioned, induced me at once to conclude that the stone was of a large size. The boy was also of very delicate appearance, thin and emaciated, and labouring under diarrhœa, with prolapsas ani—the usual concomitant of stone in the bladder, especially in young subjects. Passing the sound always brought on violent spasms of the bladder and rectum, with erection of the penis. Seeing that the child's life could not be of long duration, if left unassisted, I resolved to operate, although the case was an unfavourable one, and though

I had no instruments but such as I could get made in the bazar. In the meantime, I thought it advisable to prescribe remedies for the intestinal irritation. Some doses of rhubarb and calomel were given with apparent benefit, and opiate injections allayed, for a time at least, the spasmodic action.

This day the 2d, at 2 P. M., I performed the operation, having previously administered a purgative injection—throwing up, after it had operated, about an ounce of water with thirty drops of laudanum. Having secured my little patient, I made the external incision in the usual manner, and after the integuments were divided, I held the rectum aside with the fore-finger of the left hand. I found some difficulty in distinguishing the staff, sufficiently to cut upon it; owing, I suppose, to its being too small. The same cause rendered the utmost caution necessary in pushing my knife on to the bladder (a common scalpel guarded half blade up with lint.) Fixing it well in the groove, and seizing the staff, I accommodated both to the direction of the wound and passed the knife on. A free gush of urine followed. I withdrew the knife carefully, passed my finger, and found the prostrate and neck of the bladder freely divided. The stone was evidently of a large size and filled the opening as a natural presentation does the dilating os uteri. I thought it advisable to extend the wound—the stone being so large—and I did so with a very indifferent bistoury but the best I had: I passed it along the fore finger, and when it reached the bladder, I turned its edge in the direction of the wound already made. Strong muscular action of the parts attended this part of the operation. Having enlarged the wound as much as I could with safety, I again passed my finger and was able to detect more accurately, that the stone, from its size, seemed to fill the cavity of the bladder. I passed up then a very rude pair of forceps, and attempted repeatedly, but with great caution, to seize the stone between its blades. The stone so completely filled the cavity that there was not room to open the forceps. I tried to push the stone back with my finger but could not. Having failed in these attempts, I tore asunder one pair of forceps, and used one blade in place of a scoop, with which I endeavoured to turn the calculus, thinking that it lay on its unfavorable axis. After much trouble I succeeded in this attempt and again passing the finger, I found I had gained a little room. The stone was, after some further trouble, firmly fixed between the blades of the forceps. The difficulties of the operation were, however, not yet overcome—the size of the stone rendered its extraction difficult and tedious, and the force, necessary to be used even after the free incisions I had made, induce me to think and fear, that the issue of this case will too probably be fatal. Whatever it may be, I shall not fail to record it, and shall add the account of the progress of the case, perhaps the termination of it, up to the date of my despatching this. It is but discouraging to a Surgeon, to have such a case, for his first operation. Had the stone been of ordinary size, my first cut into the bladder would have sufficed, and I think I should have had it in less than 3 minutes. The faultiness of instruments must be taken into consideration also. The stone weighs 9½ drams. It is of an oval shape, its long circumference is 6 inches, its shortest above 4 inches. It appears to be of Lithic acid composition, with an outer layer of the triple phosphate.

2d March 8 P. M.—I omitted to mention that after having extracted the stone, I injected the bladder well out with several syringes full of tepid water, I then lost no time in unbinding my little patient. The removal of the stone gave instant relief, of course; but about 5 minutes after the operation, he complained of pain, a good deal. I gave 10 drops of laudanum, and fomented the abdomen and perineum. The pain soon ceased and he appeared wonderfully comfortable. When I came back from my evening drive, the little fellow was sound asleep. I saw him—he looked placid and tranquil.

3d March 5 A. M. I have just seen the boy who has passed a comfortable night. The bowels have acted several times during the night, and urine has come freely through the wound, which looks well. Close to the verge of the anus, the wound has some fœces upon it. It may be that the rectum has been slightly wounded. If so, that must have happened during the contractions that took place, whilst I was enlarging the wound with the bistoury—a most awkward one with a long narrow blade and very short and weak handle. The boy's countenance is good. He is free from fever and talks in a lively manner.

5 P. M. Goes on well. No bad symptoms, except a considerable degree of intestinal irritation, as before the operation. The motions are somewhat slimy, and he has been slightly sick once or twice; no tenderness any where over the abdomen. I have seen no fœces pass by the wound nor any urine from the rectum; but his attendants tell me they have seen the former. The rectum is therefore, I suppose, wounded. The greater part of the fœces pass by the anus. I passed my finger up the rectum just after the operation—and did not discover any wound. He is a most wilful little fellow, and will take no medicine, and little food, as I wont let him have a piece of kid. I have got him to take some spoonfuls of arrowroot, which were retained.

4th March. 5 A. M. Has not passed so good a night, moaning and whining a good deal towards morning, with tormina and irritation

of the bowels. The pulse is yet good and he has no tenderness, and no heat of skin, and no collapse of countenance. The wound too looks well—and the urine continues to come freely. After much trouble I got him to swallow a spoonful or two of an electuary made up with castor oil, sugar, peppermint and some drops of laudanum—I thought of putting him into a warm bath, but did not.

12 M. Soon after my morning visit he went to sleep—and has been in a quiet and peaceful slumber ever since.

2 P. M. Has awoke and appears quite comfortable. The oil has just acted once copiously.

5 P. M. Continues the same, and wishes much for his beau ideal of the good things of this life, a bit of kid.

I have now hopes of the boy's recovery though not very sanguine ones. As far as the operation goes, he appears pretty safe, but the bowel complaint may carry him off slowly but surely.

10 A. M. 5th March. The boy has had a very comfortable night, is going on very favourably, but there is yet some diarrhœa. The wound is gaping but looks well upon the whole. *Ib.*

MEDICAL INTELLIGENCE.

Legalising Anatomy—Extracts from Professor Rhinelander's Introductory Lecture to a course of Anatomy, in the College of Physicians and Surgeons, New-York.

"If then this feeling is not opposed to the great principle of humanity and religion, why should it be fostered? We all desire to live as long as we can, yet we deprive ourselves of the means of prolonging our enjoyments and sacrifice to a blind superstition, perhaps the dearest friend we have. Is it not then time that we should rouse and show to the world, that we are not behind the age and are willing to tread the paths which must lead to the greatest interests of the human family? It depends upon ourselves. The legislature never can refuse its aid—it can have no wish to class the scientific with the thief, the murderer and the forger—it can have no desire to drive our youth from this state to foreign countries, to obtain advantages which here are provided in such abundance—it can never intend to fix a stigma upon free principles; that they are hostile to the cultivation of science, and especially when a remedy can be provided, which will remove all difficulties; and it is this, to prohibit dissection whenever morbid sensibility can be interfered with; *and in the first place to make exhumation punishable as felony. Secondly, to deliver to those appointed by law, the bodies of those who are not claimed by relations, or who have no friends interested for them.* Thirdly, to appoint an inspector, to whom the body shall be delivered after dissection for interment.

I know that it will be said that tha great objection to this, is that it applies to the poor; and you will perhaps bear this as a theme of some demagogue for a popular harangue. But when we come to examine the question a little nearer and strip it of all generalities, we shall find that it is precisely the reverse of the imputed effects.

"The first effect of this law, would be to prevent the a violation of the grave; and consequently the cupidity of many, would not be stimulated to provide the means for anatomical instruction. *All apprehensions would be removed, that the poor man's grave would be desecrated, and the feelings of his kindred would remain untouched and respected.* Now we all know that thousands of wretches are dying in our establishments, who have no claims upon our sympathies, and who are natives of countries where the same prejudice does not exist, as does here; for example, on the continent of Europe the feeling is unknown; in France the law is imperative, and no one objects, for the necessity is so apparent, that even the most vulgar mind, admits its utility. Now what objection can the former classes of our community have, when they are exempt from the operation of the law? they are benefitted by the instruction, which must be communicated by anatomical knowledge? is it not better that we should study our science upon a dead body, which had no friends, than upon their living bodies? Who attends them in their illness, but the young Physician; and if he be deprived of the proper means of instruction, will he not be compelled to commit errors upon them, and correct his knowledge by his mistakes? Can we then suppose, that the poor would object to a law, which is made for their benefit? can they refuse the aid of a young Physician, who comes to them better furnished with all the materials of experience, and more certain means of relief? would they be surrounded with steam doctors, stick doctors, hormopathy and other humbuggeries, and believe in the virtues of a thousand drugs, which never reach the seat of disease? they assuredly would not, and it is our duty to disabuse their minds of the vulgar prejudices, which quackery is encouraging.

"I have thus endeavoured to prove to you, that to make medicine an exact science, it must rest upon fixed principles, and these fixed principles are to be found in the structure, upon which our remedies are to act. Second, that the prejudice against dissection, originates in superstition, and has neither the

sanction of religion or humanity for its continuance; and lastly, that its cultivation is decidedly advantageous to the poor, and should be encouraged for their benefit and protection.

"It appears to me that not a single proposition which I have submitted, can be controverted; indeed they are acknowledged by all; then how comes it, that laws so injurious to us, have been enacted and suffered to continue on our statutes as now disgrace it. Can it for one moment be thought, that such restraints could be continued against any branch of industry or enlightened profession, without remonstrance and speedy relief? and why are we so patient and submit to such monstrous abuses? The truth is, our profession is most unhappily constituted; and it is a most melancholy fact, that this constitution originates in the want of fixed principles. I fear that the last thing to make a unit of it, would be doctors. Every man has a theory, and consequently all differ. It is time that we should consider our position and commence with the salutary reform, which has been so long needed; and is it possible that the legislature can resist the appeal of so enlightened a body, as the physicians of this state? has any effort ever been made? and can it be supposed, that if this question was fairly put, that we should long be without relief. Every branch of commerce receives enlarged extensions year after year, canals and rail roads are multiplying in every direction; public schools are disseminating the fruits of liberal views; religion is merging the asperities of sectarianism in plans of general benevolence, while medicine, which embraces every department of human knowledge, is left neglected, scorned and trampled upon, by the constituted authorities. Despot as was Napoleon, he left the Republic of letters free, and while we boast the purest Republic upon the earth, have cut the Corinthian capital from our shaft of learning; and who is to be censured for the present state of things? I fear that the fault must be at our doors. We hear the cry of reform in every breeze, that teaching is trammeled, and that odious monopolies are fastening upon us; and yet we neglect the very foundation, which can make public teaching successful and competition, beneficial to science. Suppose that the present laws relative to medical education, were repealed, I ask what benefit could accrue? do you suppose that anatomical schools could exist, when surrounded, as they would be officers of the law, to punish every violation of existing statutes? and could you induce any young practitioner, to embark in an enterprise, which would result in breaking up his prospects, and perhaps lose his life in the chills and damps of a prison? and if anatomy cannot be taught with safety, what benefits can result from repealing the present laws? We are losing ourselves in a contest, which if successful could not asssist us. It is far better that we should throw aside all petty bickering and jealousies, and lend our best exertions to effect the grand object. Massachusetts, Connecticut and other states have succeeded, and what can resist our efforts, if we persevere.

"The mighty rush of public opinion, is sweeping away the wrecks of old doctrines, which have been gathering on our shores; and it demands a vigorous exertion, and they sink never to rise. We have been engrafting feudal experience upon republican institutions. We have seen that they fit not each other. The temple to be pure, should be perfect; but we have mixed the Gothic with the Grecian and have lost the harmony and beauty of the order; our path is plain—it leads to resolution. Reform is worse than useless—it is but a mixture of tastes and opinions of the present and past centuries. The foundation of the present state of things must be broken up, and then we can boast of a temple, attractive for its beauty, dignity and freshness. Now we are in the midst of its ruin; its altars are broken—the porch is desolate—the groves are blasted, and its scattered fragments are dissolving. Where are the fountains of sparkling purity, to send forth streams of refreshing power, to the thirsty soul? their waters are bitter—they are poisoned by empyricism. Upon you, gentlemen, rests the responsibility of substituting philosophy for speculation, experiment for theory, and science for empyricism. If your zeal talents and enthusiam cannot breast the torrent, which is rushing upon us; we must bid farewell to medicine, which ought to be the light and ornament of the arts, the handmaid of religion and the supporter of the best characters of our nature; but now lies crushed and in ruins amid the imposition of quackery and legislative restrictions. Is this an object worthy your ambition? if it be, strive to legalise anatomy.*

* From conversations we have had with members of our legislature, we are aware of their unwillingness to meddle with the affairs of the medical profession; but we trust that the subject of the above extracts, will be viewed by the members of the legislature, about to assemble, as one of the highest importance to the whole human family; we hope they will loose no time in passing a law to legalise anatomy, the necessity of which Dr. Rhinelander has just pointed out.

We take this opportunity to refer to the necessity of adopting some mode, to prevent the mischiefs and impositions practised on the public, by the sale of spoiled and adulterated drugs, nostrums, &c. An outline of a plan to cure the evil complained of, we published in our number, for November 1835, p. 156, 7 and 8, to which we respectfully call the attention of the legislature of the state of New-York.

Eds. U. S. J.